



SUPPLEMENTAL APPLICATION for: **Inland Marine**

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage. This Application and all exhibits shall be used for purposes of this coverage only. The terms as used herein shall have the meanings as defined in the Policy.

Required Attachments:

- 1. Completed Acord 125 & Acord 146 (or equivalent)
2. Equipment Schedule (may be included on Acord 146, on this application or via separate attachment)
3. Applicable contracts

SECTION I. GENERAL INFORMATION

1. Contact Person: \_\_\_\_\_ Contact Person Title: \_\_\_\_\_
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name of proposed Insured ("Applicant"): \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Website: \_\_\_\_\_
3. Form of business: [ ] Individual [ ] Corporation [ ] Partnership [ ] LLC [ ] Other: \_\_\_\_\_
4. Type of Equipment: \_\_\_\_\_
5. Applicants' years in business: \_\_\_\_\_ Applicants' years of experience: \_\_\_\_\_

SECTION II. UNDERWRITING AND RATING INFORMATION

6. How many losses has the insured incurred in the past three years? \_\_\_\_\_ Total incurred amount? \_\_\_\_\_
Details: \_\_\_\_\_
7. Is property left in an unattended vehicle at any time? [ ] Yes [ ] No
8. What is the mode of transit for property (insured third party, private vehicle, etc.): \_\_\_\_\_
9. If private vehicle, is the vehicle left unattended overnight? [ ] Yes [ ] No
If yes, please explain: \_\_\_\_\_
10. Is property or equipment locked up and/or secured when not in use? [ ] Yes [ ] No
11. Where is equipment stored when not in use? \_\_\_\_\_

12. Year built: \_\_\_\_\_ Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_

13. Does storage facility have:  Central Station Burglar Alarm  Central Station Fire Alarm  Fire Extinguishers

14. Is equipment loaned or rented to others with Operators?  Yes  No Without Operators?  Yes  No

If yes, please provide copy of rental agreement with this application.

If yes, are certificates of insurance required from Lessee?  Yes  No

15. Is there a maintenance program in place to service the equipment?  Yes  No

16. Are routine quality checks performed to ensure proper working order?  Yes  No

17. Any plans to travel internationally?  Yes  No

If yes, please provide details including transit and security arrangements: \_\_\_\_\_

\_\_\_\_\_

If yes, which countries? \_\_\_\_\_

18. Describe any operations below ground, underwater or airborne: \_\_\_\_\_

\_\_\_\_\_

19. Loss payee: \_\_\_\_\_

**SECTION III. EQUIPMENT SCHEDULE (IF NOT PROVIDED VIA ACORD OR SEPARATE ATTACHMENT)**

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: \_\_\_\_\_  
(Agent)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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