



# U.S. Risk Insurance Group, Inc.

## Commercial Inland Marine Application

(Including Agr./Cont. Equip., Bailee's, Golf Carts, Installation Floaters, Mini Warehouse, Signs, Trip Trans., Valuable Papers)

Applicant: \_\_\_\_\_ Agent Name: Texas Partners Insurance Group

Mailing Address: \_\_\_\_\_ Address: 25329 I-45 N. Suite 101, The Woodlands, TX 77380

Loc. Address: \_\_\_\_\_

Inception Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ No. of Years Experience: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reason for Changing Companies: \_\_\_\_\_

Loss Experience—Amount & Cause (Five Years): \_\_\_\_\_

During the past three years has any company ever cancelled, declined or refused similar insurance to the applicant?

(Not applicable in Missouri.)  Yes  No If yes, explain: \_\_\_\_\_

### Agricultural/Contractors' Equipment (Schedule Required)

Storage facilities for equipment on premises and/or at site: \_\_\_\_\_

Radius of operation: \_\_\_\_\_

What equipment is used for: \_\_\_\_\_

If farming, type of crop normally farmed: \_\_\_\_\_

Schedule of item(s) including description; serial #; age; value: \_\_\_\_\_

All Risk  Named Peril Suggested rate: \$ \_\_\_\_\_

List lienholder(s) if any: \_\_\_\_\_ Suggested deductible: \$ \_\_\_\_\_

### Bailee's Customers

Description of goods: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Maximum Limit any one item: \$ \_\_\_\_\_

All Risk  Named Peril

### Golf Carts

Description of where and how carts are stored: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Is operation of cart limited to the premises of named golf course only?  Yes  No If no, explain: \_\_\_\_\_

All Risk  Named Peril

**Installation Floater  
(Per project basis only)**

Type of property to be covered: \_\_\_\_\_

Length of project: \_\_\_\_\_

Security at installation site: \_\_\_\_\_

Transit exposure: \_\_\_\_\_

Distance from insureds' to installation site: \_\_\_\_\_

How will material be installed? \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

All Risk  Named Peril

Suggested pricing: \$ \_\_\_\_\_

Suggested deductible: \$ \_\_\_\_\_

**Mini Warehouse**

Description of general merchandise stored: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Maximum Limit any one item: \$ \_\_\_\_\_

Type of security for premises: \_\_\_\_\_

**Signs**

Describe location and support structure on premises: \_\_\_\_\_

Print sign wording: " \_\_\_\_\_ "

Two sides? \_\_\_\_\_ Limit of Liability per sign to be covered: \$ \_\_\_\_\_

All Risk  Named Peril

**Trip Transit**

Description of item(s) to be transported: \_\_\_\_\_

Name; date of birth; driving record of operator: \_\_\_\_\_

Value of item(s): \$ \_\_\_\_\_

Radius of operation: \_\_\_\_\_ Number of days of trip: \_\_\_\_\_

Description of vehicle and/or trailer: \_\_\_\_\_

**Valuable Papers**

Construction of building: \_\_\_\_\_

Type of safe or vault papers kept in: \_\_\_\_\_

Are duplicate copies kept on or off premises?  On  Off

Value of papers: \$ \_\_\_\_\_

Type of fire or police protection system: \_\_\_\_\_

Suggested pricing: \_\_\_\_\_ Suggested deductible: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: Texas Partners Insurance Group AGENT LICENSE NO.: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.