



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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