



INSTALLATION FLOATER

Please attach to Basic App or ACORD 125.

Producer Name: _____ Address: _____ _____ _____	Applicant Name: _____ <input type="checkbox"/> Project Owner <input type="checkbox"/> Contractor Or <input type="checkbox"/> _____ Proposed Policy Term From _____ to _____
--	---

ADDITIONAL INTERESTS TO BE ADDED

Name	Address	As an Insured	As a Loss Payee
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

LIMITS OF INSURANCE

\$ _____ at any one jobsite	\$ _____ at one temporary location
\$ _____ while in transit	\$ _____ in any one loss or disaster

Deductible: Amount per loss \$ _____ (not less than \$500 minimum)

Additional Coverages:

<u>Limits Included</u>	<u>Selected Limits (If Different)</u>	
Up to \$100,000	\$ _____	Temporary Structures
Up to \$100,000	\$ _____	Forms and, Scaffolding
Up to \$100,000	\$ _____	Removal Expense
\$5,000	\$ _____	Fire Department Service Charge
\$1,000	\$1,000	Loss Data Preparation
25% of property loss amount	25%	Debris Removal
\$5,000	\$5,000	Pollutant Clean Up

CONTRACTOR'S OPERATION (Complete only if the applicant is a contractor)

Operating Territory _____

Category (e.g. HVAC/Plumbing - Cold Storage Specialty) _____

% Residential vs. % Commercial; % Bid vs. % Negotiated Contracts
 % Public vs. % Private Work; % Union vs. % Non-Union Labor Force

COMPLETE either A. Specific Construction Project or B. Multiple Projects Reporting Form

A. SPECIFIC CONSTRUCTION PROJECT

Contractor's Job Number _____

Work to be performed is _____ (Provide detail in Comments Section on page 3)

How many of this specific kind of job has the contractor completed in the past year? _____

Job Contract amount is \$ _____; value of material provided by other than the contractor is \$ _____

When 25% of the job time period has elapsed, _____ % of the material values should be at the jobsite.

Jobsite Address: _____

If Installation site is in a building, show construction class (e.g. wood frame, etc.) _____

Building Occupancy _____; Building age _____ years

Materials will be installed on floor(s)# _____; Public Fire Protection Class _____ at jobsite

Site Protection when construction is not actively taking place: 100% Fenced, Floodlit, Watchman
 Security patrol service, Securely locked building, Central station burglar alarm system, Occupied

Transit Materials shipped in U.S. & Canada at your risk \$ _____
 _____ % on land _____ % air _____ % water

Shipped via common carrier _____ % (NOTE: Policy territory is within states of US and Canada Only)

Rigging Total values to be rigged/hoisted \$ _____; Maximum value on any one lift \$ _____

Is rigging subcontracted? Yes No; If yes, do you have subrogation rights against the sub? Yes No

Does the sub have adequate Riggers Liability Insurance for loss to property being rigged? Yes No

B. MULTIPLE PROJECT REPORTING FORM

Gross Receipts: Monthly, Quarterly, Annual or Monthly Completed Values

Type of Jobs you plan to do in the next 12 months - Please describe, with estimated % for each type.

On your typical job, the insured value (including profit) is about % Materials and % Labor
 When 25% of a job time period has elapsed, usually % of the total job material value is at the jobsite.

Transit: Annual value of material shipped in the U.S. and Canada at your risk should be \$
 Shipped via carrier for hire % , shipped via your or subcontractor's vehicles %

Rigging is required in about % of your jobs. Describe typical rigging work in Comments Section page 3

The average value per lift is about \$, the maximum value per lift is \$

About % of the rigging work will be done by your employees and about % by a subcontractor

Will you waive subrogation rights against rigging subcontractors? Often Sometimes Never

Are rigging subs required to provide riggers liability insurance for loss to property they lift? Yes No

Activity Summary

	Duration of Average Job	Annual # of Jobs	\$ Min	Total* Values per Job \$ Max	\$ Average	Annual \$ Gross Billings
Past 12 mos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next 12 mos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Total Value per job includes the value of property supplied by others, installed by you or your subcontractors.

Schedule of the Largest Jobs in Progress

	Location	Type Job	New vs. Existing	Total Value \$(000)	Occupancy	Duration	% Complete
Example	Chicago Il.	New A/C System	in existing Building	\$ 450	Office	45 days	33 %
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> %
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> %
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> %

OPTIONAL COVERAGES (check desired coverages & complete appropriate questions)

Flood Coverage

Sublimits [if different from standard coverage limit(s)]

\$ at
 \$ at
 \$ any other location
 \$ in any one loss and any one policy year
 (\$10,000 is the standard minimum)

Deductible

If a specific job policy, Federal Flood Zone at jobsite is , Any material in basement? Yes No

If a multi job reporting policy:

Any existing or planned jobs within the 100 year floodplain? Yes No

Any existing or planned jobs within the 500 year floodplain? Yes No

(NOTE: Normally, flood coverage will not apply at locations within the flood plain)

Earthquake & Volcanic Eruption

Sublimits [if different from standard coverage limit(s)]

\$ at
 \$ at
 \$ any other location
 \$ in any one loss and any one policy year

Deductible \$ OR % (standard is 2% to 10% of total completed value, depending on the geographic area)

If a specific job policy, is the jobsite within 10 miles of a known fault? Yes No (If yes, explain in comments)

OPTIONAL COVERAGES Continued

Equipment Breakdown (Adds coverage for mechanical breakdown and electrical injury loss to covered property)

Contingent Coverage
 For at least % of the total annual billings for all the applicant's installation work, others are contractually responsible for purchase of property/builders risk insurance to protect the applicant's interest.

Installation Plus Endorsement (Adds coverage for Service Work, Contract Penalties, Plans & Records, Inflation protection, Extra Expense, Fire Protection Equipment, Crime Reward with various sub limits, plus Building Ordinance Coverage for loss to undamaged property.)

Temporary Coverage at your Premises Endorsement (Adds Coverage for materials assigned to a specific job while temporarily located at your premises; the limit for Temporary Locations applies.)

COMMENTS

A. Specific Project:
 Work to be performed detail:

B. Multiple Project Reporting
 Typical Rigging Work:

C. Optional Coverages

SIGNATURES

Applicant _____ Date _____ Producer _____ Date _____

F.584D (05/04) 3 of 3

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

Surplus Line Managers, Inc., 152 So. Mast Rd., PO Box 490, Goffstown, NH 03045
 Phone: 888-258-1776 ext #296 Fax: 603-882-1843