



Red Shield Insurance Company®

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 Portland, OR 97205-1945
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FLOATING PROPERTY APPLICATION RECENT PHOTO REQUIRED

Policy No.		Proposed Effective Date From: To:		Agent's Phone No.		Agent Code	
Applicant's Name				Agent Name and Address			
Mailing Address (Explain Below if Different Than Location)							
				Location (Moorage Name & Address)		Berth/Space #	
Applicant's Phone No. Work:		Home:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill <input type="checkbox"/> Company Installment Plan <input type="checkbox"/> 10-Pay <input type="checkbox"/> 8-Pay			
Occupation of Applicant				Floating Home Registration #		Body of Water	
Social Security Number				Square Footage		Protection Class:	
Coverage: <input type="checkbox"/> Floating Home <input type="checkbox"/> Boathouse <input type="checkbox"/> Combination <input type="checkbox"/> Other <input type="checkbox"/> Broad <input type="checkbox"/> Basic				House: Boatwell: Float:			
SECTION I COVERAGES		LIMIT		PREMIUMS		Feet to hydrant: Miles to Fire Department:	
A. FLOATING PROPERTY						Year Built: Year Remodeled: <input type="checkbox"/> Fuses <input type="checkbox"/> Breakers	
B. OTHER STRUCTURES (Describe Below)						# of Operating Smoke Alarms: # of Fire Extinguishers:	
C. PERSONAL PROPERTY				Type of Floation <input type="checkbox"/> Log <input type="checkbox"/> Log & Foam <input type="checkbox"/> Concrete Hull <input type="checkbox"/> Barge <input type="checkbox"/> Pontoon		If Pontoon flotation, # of Pontoons:	
D. LOSS OF USE (Optional)				Type of Siding: <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> T111 <input type="checkbox"/> Plywood			
OPTIONS		LIMIT		PREMIUMS		Type of Heating System: <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced <input type="checkbox"/> Space <input type="checkbox"/> Other	
<input type="checkbox"/> Earthquake						Type of Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Other:	
<input type="checkbox"/> Replacement Cost Personal Property						Type of Roof: <input type="checkbox"/> Wood <input type="checkbox"/> Comp <input type="checkbox"/> Shingles <input type="checkbox"/> Other:	
<input type="checkbox"/> Increase Other Structures						Condition of Siding: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair Condition of Floation: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair	
UPDATES (Specify Year):							
Description:				Plumbing		Roof	
				Electrical		Heating	
Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000				Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is it used for?			
SECTION II COVERAGES				Does the Floating Home have a boat well? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a pool or hot tub on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. LIABILITY <input type="checkbox"/> CPL <input type="checkbox"/> OL&T				Floating Home is Secured With?		Condition? Lines, Collars, Cleats <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair	
OPTIONS							
Residence rented to others (Show Location Below)				Roof Exclusion <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Residence Location Address (Attach Photo):				Other Structures Exclusion <input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Injury				Is Structure Isolated (Not in Moorage)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TOTAL PREMIUM :							

Additional Interest : <input type="checkbox"/> Mortgagee <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Loss Payee		Under Construction/Renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain any 'Yes' answers on reverse)		
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Other:(Identify below)		Wood/Pellet stove or Insert? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Woodstove questionnaire & photo required)		
		Is this a new purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach copy of appraisal)		
		Last Surveyed? (Attach copy if within 5 years)		
Occupied on a seasonal basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Other:	# of Families:		
# of Bilge Pumps:	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair	Is there a Bilge Pressure Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, specify make and size (GPH)		Date Installed:	Date Last Inspected:	
Is Hull a converted vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, describe original use:	Date Last Surveyed (Attach Copy)		
If Floating is enclosed hull, indicate the #of compartments:		Are they foam filled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Business is conducted on premises please indicate: Portion of Residences used for business: #of Emp ^^^*K Nature of Business:				
If Floating Home Is under construction, Name of Builder: (Certificate of Insurance Required)		Contractor's License #		
Do you have an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach paperwork.		Does Boathouse have living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is square footage?		
Do you own any other Homes? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' explain in additional remarks)				
Additional Remarks:				
Prior Carrier	Policy Term	Cancelled or Non-Renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?		
Loss HISTORY (past 3 years)				
Date of Loss	Open or Closed	Amount of Loss	Description	Amount Paid

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed on this application, and consequent policy, endorsements and renewals. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____

Signature Required Above