



Red Shield Insurance Company®

1411 SW Morrison St, Ste 400
Portland, OR 97205-1945
800-527-7397 • Fax 800-742-5176

SALES REPRESENTATIVE FLOATER APPLICATION

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Business Name/DBA		Agent Address	
Mailing Address			
		Agent's Phone No.:	
Applicant's Phone No. Home: Work:		Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security No.	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Inspection Records Name: Contact Phone:	

COVERED PROPERTY INFORMATION –Description of sales representative samples

COMMODITY	# SALES REPRESENTATIVES	AVERAGE/MAXIMUM VALUES IN CUSTODY
		/
		/

FOR **EACH** SALES REPRESENTATIVE, PLEASE PROVIDE THE FOLLOWING (attach additional sheets for multiple representatives):

What is the sales representative's territory?
How long has the sales representative been with the applicant?
What is the loss experience of each sales representative?

TRANSPORTATION INFORMATION

Mode of transportation: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Owned Vehicles
Vehicle security / protection (incl. alarms):
Are vehicles kept indoors in a secured garage overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours of operation:
Are samples to be insured overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where are samples stored when unattended?

COVERAGE INFORMATION

Limit, any one sales representative:	Limit, any one occurrence:
Deductible:	Coinsurance: <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> %

Prior/Current Insurance Company Information

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If YES, explain:

Explain any periods when insurance was not in place:

If coverage is currently in place, explain reasons for making a change:

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past 5 years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN (O) CLOSED (C)	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

ADDITIONAL REMARKS:

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

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, and finances. 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 from the binding of this application. 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 _____