Red Shield Insurance Company®
1411 SW Morrison St, Ste 400
Portland, OR 97205-1945
800-527-7397 • Fax 800-742-5176

SCHEDULED PROPERTY FLOATER APPLICATION

Clear Form

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission ☐ Quote ☐ Bind ☐ 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: ☐ Yes ☐ No	
Applicant Social Security No.	Applicant's Occupation/DBA	Billing Status: ☐ Agency Bill ☐ Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Installment Plan Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business ☐ Individual ☐ Corporation ☐ LLC/LLP ☐ Joint Venture ☐ Partnership ☐ Other		Inspection Records Name: Contact Phone:	

COVERED PROPERY INFORMATION – Description of covered property, including value of each item

ITEM #	DESCRIPTION	FUNCTION/ USE (if not apparent from description)	LIMIT

TRANSPORTATION INFORMATION – Complete if coverage is needed while in transit

Mode of transportation: ☐ Common Carrier ☐ Contract Carrier ☐ Rail ☐ Air ☐ Owned Vehicles
Radius:
Describe any special handling, rigging, packaging required for covered property:
Who is responsible for preparing covered property for shipment? ☐ Insured ☐ Carrier
Vehicle security, protection (incl. alarms):

COVERAGE INFORMATION

Limit: (Per schedule of property, unless noted here)	Deductible:
Coinsurance: ☐ 100% ☐ 90% ☐ 80% ☐ %	

ADDITIONAL INTERESTS

Name & complete address: **Loss Payee ☐ Lessor ☐ Add'l Insured ☐**	**Name & complete address:** **Loss Payee ☐ Lessor ☐ Add'l Insured ☐**
Loan #:	**Loan #:**
Covered Property:	**Covered Property:**

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:				

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

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 _____

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