

**Red Shield Insurance Company®**

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**INSTALLATION FLOATER
APPLICATION**[Clear Form](#)**APPLICANT INFORMATION**

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.:			
				Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone No. Home: Work:				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)			
Inspection Records Name: Contact Phone:				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							

UNDERWRITING INFORMATION

Description of Installation / Property to be Installed:	
Rigging/Lifting Exposures (incl. Equipment used):	
Operating Territory:	
Prior Year's Gross Receipts:	Current Year's Anticipated Gross Receipts:

BLANKET COVERAGE

Average # of Jobs per Year:	Total # of Jobs Past 12 Months:
Average / Maximum # of Jobs in Progress: /	Average Duration of Jobs: <input type="checkbox"/> Days <input type="checkbox"/> Weeks
Average / Maximum Job Value: /	Material Cost (% of Total) %
Limit, Any One Jobsite:	Limit, Any One Catastrophe:
Limit, Offsite Storage Locations:	Limit, In Transit:
Deductible:	Reporting Conditions: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual

SCHEDULED LOCATION COVERAGE (i.e. *not* Blanket) – ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

Address:			
Number of Buildings or Structures Involved in the Project:			
Installation Values for Each Building or Structure:			
Age of Building(s):	Construction Classification:	Building Occupancy:	%

SCHEDULED LOCATION COVERAGE (i.e. *not* Blanket) Continued

Protection Class:	Jobsite Security:	
Limit, Scheduled Location:	Limit, Any One Catastrophe:	
Limit, Offsite Storage Location:	Limit, In Transit:	Deductible:

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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/ Closed	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 producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____

Clear Form