INLAND MARINE & EQUIPMENT

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any equipment rented, leased, borrowed, or rented to others? Select

Any property regularly in transit or stored away from your premises? Select

Any waterborne, underground, or high-value specialized equipment? Select

Any prior theft, equipment loss, or unrepaired damage? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Inland Marine & Equipment

Equipment / property description

Operations and territory

Total scheduled replacement value

Highest single-item value

Owned / leased / rented property values

Maximum offsite / transit values

Storage locations / overnight security

Vehicles / trailers used for transport

Valuation requested / deductible

Rental reimbursement / other extensions

Lienholders / loss payees

Schedule date / appraisal date

4. Controls and supporting detail

Equipment schedule lists serial numbers, year, and values? Select

Items secured and keys controlled when unattended? Select

GPS, immobilizers, or theft tracking on high-value items? Select

Vehicles and trailers locked and parked in secure locations? Select

Regular maintenance and qualified operators? Select

Any flood, coastal storage, catastrophe, or unusual use exposure? Select

Attach itemized schedule: description, make/model, year, serial/VIN, value, and storage location.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Equipment / property schedule
- [ ] Current declarations
- [ ] Appraisals / invoices
- [ ] Photos / security details
- [ ] Five-year loss runs
- [ ] Lease / lender requirements

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date