



OREGON
(800) 452-9412

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(866) 499-5714

<http://www.hullconw.com>

QUOTE BIND REQUEST **POLICY # / QUOTE #**

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		
Proposed Effective Date:		Agent Code:		Phone:	
From: _____ To: _____					
Applicant's Name:		Agent Name and Address:			
Mailing Address: (Explain below if different than location)					
Applicant Phone:	Home/Cell:	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill <input type="checkbox"/> Mortgagee Bill			
	Work:	<input type="checkbox"/> Company Installment Plan <input type="checkbox"/> 10-Pay <input type="checkbox"/> 8-Pay			
Email:		Location (Moorage Name & Address):			
Occupation of applicant (if retired, prior occupation):		Is this a gated moorage?		Berth Space #:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupancy:		Floating Home Registration No:			
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Other		Body of Water:			
Description of Use:		# of Families?			
Occupied on a seasonal basis or as a secondary home?		Is this a new purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No How often do you visit?		(If Yes, attach copy of appraisal):			
Under Construction/Renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Marine Survey or Appraisal Date? (Attach copy if within 5 years)			
(Explain any "Yes" answers on reverse)					
Year Built: _____ Year Remodeled: _____		Protection Class:		Miles to Fire Department:	
		Feet to hydrant:			
Updates: (Specify Year):		# of Fire Extinguishers:			
Plumbing Heating Roof Flotation		Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical: <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers					
Does the Floating Home have a built-in boatwell?		# of Operating Smoke Alarms:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		# of Operating CO Detectors:			
Square Footage:		Do you have any roomers or boarders? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Built-in Boatwell Float					
Boathouse Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost		Does the Boathouse have living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dimensions: Length Width:		If "Yes", what is the square footage?			
Do you own other Homes or residences? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any residence employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If "Yes" explain in additional remarks)		(If "Yes" explain in additional remarks).			
Do you have a business on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business policy #:		Policy Term:	
Nature of Business:		# of Employees:		Foot Traffic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a pool or hot tub on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what is it used for?					
Prior Carrier		Policy Term		Policy No.	
				Cancelled or Non-Renewed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes explain in add'l remarks)	

LOSS HISTORY (PAST 3 YEARS)

DATE OF LOSS	OPEN OR CLOSED	DESCRIPTION	AMOUNT PAID	OPEN RESERVES (AMOUNT)

SECTION I COVERAGES	LIMIT	PREMIUMS*	SECTION I OPTIONS	LIMIT	PREMIUMS*
A. FLOATING PROPERTY			<input type="checkbox"/> Earthquake (California Only)		
B. OTHER STRUCTURES (Describe Below)			<input type="checkbox"/> Personal Property Replacement Cost (Broad Form Only)		
C. PERSONAL PROPERTY			<input type="checkbox"/> Increase Other Structures (Attach Photo)		
D. LOSS OF USE (OPTIONAL)			<input type="checkbox"/> Other, describe		
*Company Use Only TOTAL PREMIUM			*Company Use Only TOTAL PREMIUM		
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000					
Other Structures, Description: Is Structure isolated (not in Moorage)? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Structures Exclusion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of Flotation: <input type="checkbox"/> Log <input type="checkbox"/> Log & Foam <input type="checkbox"/> Concrete Hull <input type="checkbox"/> Barge <input type="checkbox"/> Pontoon If Barge, construction materials: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe)					
If pontoons: # of pontoons: Fiberglass pontoon flotation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition of Flotation: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair		
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 <input type="checkbox"/> EFIS			Condition of Siding: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair		
Type of Heating System (if "Other" please describe): <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced Air <input type="checkbox"/> Space Heaters <input type="checkbox"/> Forced Hot Water <input type="checkbox"/> Other			Type of Roof (if "Other" please describe): <input type="checkbox"/> Wood <input type="checkbox"/> Composition <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other		
Type of Fuel/Power Source (if "Other" please describe): <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other			Wood/Pellet stove or insert? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Woodstove Questionnaire & photo required)		
Floating Home is secured with? Any owned pilings? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition of Lines, Collars, Cleats: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair		
# of Bilge Pumps: If so, make and size (GPH): Date Installed: Date of last inspection:		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	
Is Hull a converted vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe original use:				Date Last Surveyed:	
If the Floating Home has an enclosed hull, # of compartments? Are they foam filled? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all that apply: <input type="checkbox"/> Do you have a fire/smoke detection system and/or a burglary alarm system with local alarms? (This means a loud exterior gong or alarm noise, not just the sounds made by a traditional smoke detector.) <input type="checkbox"/> Do you have a burglary system with central station reporting? <input type="checkbox"/> Do you have both fire/smoke detection and burglary alarm system with central station reporting?					
SECTION II COVERAGES	LIMIT	PREMIUMS	Additional Interest:		
E. LIABILITY <input type="checkbox"/> CPL <input type="checkbox"/> OLT			<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured <input type="checkbox"/> Other (describe):		
SECTION II OPTIONS			Name:		
Personal Injury / Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address:		
Residence rented to others? (if yes, attach photo) <input type="checkbox"/> Yes <input type="checkbox"/> No			Location Address:		
Extension of Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Pursuits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
TOTAL PREMIUM			Loan #:		

Additional Remarks:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, and WV).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a 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.

Please note that the coverage you are applying for has payment requirements which must be met before coverage will take effect. If payment is not received, or the instrument on which payment was offered is not honored by the financial institution upon which it was drawn, coverage will be considered null and void from inception. This includes coverage provided under any oral or written binder, or other temporary insurance contract which may be issued in reliance upon payment of premium.

Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.

APPLICANT'S SIGNATURE _____ Date _____

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