**INSTALLATION FLOATER BLANKET APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |  | | | | | | | Date Completed | | | /       / | | |
| IF INSURANCE IS PROVIDED, THE INSURANCE WILL BE PROVIDED BY ONE OF THE FOLLOWING CNA COMPANIES: AMERICAN CASUALTY CO. OF READING PA, CONTINENTAL CASUALTY COMPANY, CONTINENTAL INSURANCE COMPANY, NATIONAL FIRE INS. CO. OF HARTFORD, TRANSPORTATION INSURANCE COMPANY, OR VALLEY FORGE INSURANCE COMPANY. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producer** | | | | | | | | | | | | | **Applicant:** | | | | | | | | | | | | |
| **Proposed Eff. Date:** | | | | | | | | | | | | |
| **Proposed Exp. Date:** | | | | | | | | | | | | |
| **INSTALLATION TYPES** | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Describe the types of installations:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Geographic area of jobs:** | | | | | | | | | | | | | | | **If any hoisting or rigging, please describe**: | | | | | | | | | | |
| **DESCRIBE JOBSITE SECURITY** | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **JOBS / VALUES** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| TYPE | ANNUAL NUMBER | | DURATION | | | | | | | # JOBS IN PROGRESS | | | | | | | | | VALUE OF EACH INSTALLATION | | | | | | MATERIAL COST (% of Total) |
|  |  | |  | | | | | | | MAXIMUM | | | | AVERAGE | | | | | MAXIMUM | | MINIMUM | | | AVERAGE |  |
| NEW OR REPLACEMENT INSTALLATIONS:  *RESIDENTIAL* |  | |  | | | | | | | $ | | | | $ | | | | | $ | | $ | | | $ | % |
| NEW OR REPLACEMENT INSTALLATIONS:  *COMMERCIAL* |  | |  | | | | | | | $ | | | | $ | | | | | $ | | $ | | | $ | % |
| REPAIR OR SERVICE WORK:  *RESIDENTIAL* |  | |  | | | | | | | $ | | | | $ | | | | | $ | | $ | | | $ | % |
| REPAIR OR SERVICE WORK:  *COMMERCIAL* |  | |  | | | | | | | $ | | | | $ | | | | | $ | | $ | | | $ | % |
| **GROSS INSTALLATION RECEIPTS** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| PAST 12 MONTHS | | | | | | | | | | | | | | | NEXT 12 MONTHS (ESTIMATE) | | | | | | | | | | |
| $ | | | | | | | | | | | | | | | $ | | | | | | | | | | |
| **Do receipts include the value of materials?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | **If Yes, are owner supplied materials always included in receipts?**  **Yes**  **No**  **Not Applicable**  **If No, what is the estimated total value of such materials installed each year?** $ | | | | | | | |
| **LIMITS AND COVERAGES** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Jobsite Limits:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Project Types unless further described below | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| **Transit Limit …..** …………………………………………………………………………………………………$25,000 or $ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temporary Storage Limit ……** …………………………………………………………………………………$25,000 or $ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Catastrophe Limits:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Earthquake Sublimit ……………………………………………………………………………………Not Covered or $ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flood Sublimit**……………………………………………………………………………………..….…**Not Covered or $ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER COVERAGE OPTIONS (Limits may be increased for a higher premium):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Coverage Basket:   * Expenses To Reduce Loss * Fire Department Service Charge * Loss Adjustment Expense * Recharge of Fire Protection Equipment * Reward Payments | | | | | Not Covered or $ | | | | | | | | | | | Contaminants or Pollutants Clean Up and Removal Coverage (Annual Aggregate) | | | | | | $25,000 or $ | | | |
| Debris Removal– Additional Amount | | | | | $25,000 or $ | | | | | | | | | | | Decontamination Expense (Annual Aggregate) | | | | | | Not Covered or $ | | | |
| Electronic Data Processing | | | | | Additional Covered Property: Not Covered or $  Data Restoration: Not Covered or $ | | | | | | | | | | | Emergency Removal | | | | | | INCLUDED | | | |
| Employee Theft | | | | | Not Covered or $ | | | | | | | | | | | Employee Tools And Work Clothing | | | | | | Not Covered or  $      per item  $      per employee | | | |
| Equipment Breakdown and Testing (please complete the Operational Testing supplemental information) | | | | | Operational Testing: Not Covered or $  Equipment Breakdown (after testing): Not Covered or $ | | | | | | | | | | | Expediting Expense | | | | | | $25,000 or $ | | | |
| Fungi Limited Coverage (Annual Aggregate) | | | | | Not Covered or $ | | | | | | | | | | | Furniture and Fixtures | | | | | | Not Covered or $ | | | |
| Green Coverage: project certification protection | | | | | Not Covered or $ | | | | | | | | | | | Inflation Guard | | | | | | Occurrence Limit $      Percent of Increase   % | | | |
| Jobsite Trailers | | | | | Not Covered or $ | | | | | | | | | | | On Hook (property attached to a machine that is designed to hoist property) | | | | | | Not Covered or $ | | | |
| Ordinance Or Law: Demolition Cost and Incr. Cost of Construction | | | | | Not Covered or $ | | | | | | | | | | | Project Expense | | | | | | Not Covered or $ | | | |
| Radioactive Contamination (Annual Aggregate) | | | | | Not Covered or $ | | | | | | | | | | | Site Preparation Expense | | | | | | Not Covered or, if checked,  INCLUDED | | | |
| Small Tools (per item) | | | | | Not Covered or $ | | | | | | | | | | | Temporary Structures | | | | | | Additional Covered Property: Not Covered or $  Costs to Dismantle and Re-erect: Not Covered or $ | | | |
| Trees, Shrubs, Lawns, Sod and Plants | | | | | Not Covered or  $      per occurrence  $      per item | | | | | | | | | | | Unintentional Errors and Omissions | | | | | | $50,000 or $ | | | |
| Valuable Papers and Records | | | | | Not Covered or $ | | | | | | | | | | | Waterborne Property | | | | | | Not Covered or $ | | | |
| **DEDUCTIBLES:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| AOP: $ | | | | | | | | | | | | | | | | | Named Storm: greater of      % / $      per location, subject to Max Per Occurrence of $ | | | | | | | | |
| Earthquake: greater of      % / $      per location, subject to Max Per Occurrence of $ | | | | | | | | | | | | | | | | | Flood: greater of      % / $      per location, subject to Max Per Occurrence of $ | | | | | | | | |
| Electronic Data Processing Equipment: $ | | | | | | | | | | | | | | | | | Employee Tools and Work Clothing / Small Tools: $ | | | | | | | | |
| Equipment Breakdown (after testing): $ | | | | | | | | | | | | | | | | | Operational Testing: $ | | | | | | | | |
| Property In Transit: $ | | | | | | | | | | | | | | | | | Theft or Vandalism: $ | | | | | | | | |
| Waterborne Property: $ | | | | | | | | | | | | | | | | | Water Damage: $ | | | | | | | | |
| **INTERESTS** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL INTERESTS (LOSS PAYEES/MORTGAGEES): – List name and address**  1) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUPPLEMENTAL INFORMATION** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **OPERATIONAL TESTING:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of equipment will be tested? | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will equipment be tested? | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydrostatic, pneumatic, electrical, mechanical & hydraulic start-up of HVAC systems | | | | | | | | | | | | | | | | | | | | | | | | | |
| Introduction of feed-stock | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | |

**SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)** | | |
| **NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.** | | | |
| **FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: 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.) (For New York residents only: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.) (For Puerto Rico residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars ($5,000) nor more than ten thousand dollars ($10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Oregon residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Vermont residents only: Any person who knowingly presents a false statement in an application for Insurance may be guilty of a criminal offense and subject to penalties under state law.) (For Washington residents only: 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.). | | | |
| **THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.** | | | |
| **Producer’s Signature** | | **Producer’s Name (Please Print)** | **State Producer License No. (Required in Florida)** |
| **Applicant’s Signature** | | **Date** | **National Producer Number** |