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INLAND MARINE/TOOLS/EQUIPMENT

How did you hear about us?

		□ Referr		Chamber of Commerce ☐ Google ☐ Mailer ☐ ☐ ☐	Yahoo	o □ Yel	low pag	ges		_	
Named insured						Contractor's License #					
				Contact's name							
Phone #:				Cell #		Fax #					
Email:				Preferred method of contact: Phone Fax Email Mail							
M	ailing add	ress:									
Pł	nysical/Pro	emise addres	s								
Вι	ısiness en	atity: 🗖 Sole	proprietorshi	ip 🗖 Partnership 🗖 Co	porat	ion 🗖	LLC 🗖	Other:			
	Schedule	d Equipment	Information:	ACH ADDITIONAL PAG	GES AS						
	Year	Year Company / Manufacturer		Equipment Type		Serial/ID No.		Weigh	t Value		
	Loss Pave	ee/Lender Inf	Cormation								
	Bank/Lender Name			Address	Acc	Account #		Loss Payee		Additional Insured	
							☐ Yes	s □ No	□ Yes	□ No	
							☐ Yes	s □ No	□ Yes	□ No	
							☐ Yes	s □ No	□ Yes	□ No	
3	Blanket s	mall tools (ur	nscheduled ed	quipment valued \$1000 c	or less)	. Total	value:	\$			
Signature of Prospective Insured							Date				