SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Inland Marine Select Product

MISCELLANEOUS ARTICLES INLAND MARINE WARRANTY APPLICATION

1. Applicants' name:_____
2. Applicants' address:_____
   Phone number:_____ E-mail address:_____
   Web address: _____
3. Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____
4. Applicants' Equipment:

❑ Ambulance equipment	❑ DJ equipment	❑ Medical equipment	❑ Sports equipment
❑ Amusement rides	❑ Embroidery/Silk screening	❑ Mortician's equipment	❑ Survering equipment
❑ ATM machines	❑ Exhibition property	❑ Musical instruments – describe	_____
❑ Auto detailing	❑ Gaming equipment - excluding	❑ Photography equipment	❑ Theater eroperty
❑ Band uniforms	slot machines	❑ Pool cleaning equipment	❑ Vending - candy/snacks
❑ Carpet cleaning	❑ Go karts	❑ Power washing	❑ Vending - stamps
❑ Catering equipment	❑ Golf carts	❑ Radio or TV studio equipment	❑ Vending - videos
❑ Collection bins	❑ Janitorial equipment	❑ Recording studio equipment	❑ Videographer
❑ Concession stand-mobile	❑ Laundry equipment	❑ Scientific instruments	❑ Other_____

5. Applicants' years in business:_____ Applicants' years of experience:_____
6. No past, pending or planned foreclosure and/or bankruptcy or judgement for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years ❑ True ❑ False
7. The insured does not lease, loan or rent equipment to others ❑ True ❑ False
8. The insured is not involved in trucking or motor truck cargo ❑ True ❑ False
9. The risk does not include ocean marine or property on the water ❑ True ❑ False
10. The risk does not include property sent by mail or parcel post ❑ True ❑ False
11. This coverage has not been cancelled or non-renewed (expect if the prior carrier non-renewed this class of business), including for nonpayment of premium, in the past three years? ❑ True ❑ False
12. This risk does not include objects that are unique or difficult to replace, or have value beyond their apparent worth due to being rare or collectable ❑ True ❑ False
13. Schedule of property and equipment for which coverage is requested:

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			$
2			$
3			$
4			$
5			$
6			$
7			$
8			$
9			$
10			$

*Attach another page if necessary. Total Scheduled $ _____

Blanket coverage description (if requesting blanket coverage) - individual items under $2,500 in value:

Description	Largest Item	Total of Items
1	$	$
2	$	$
3	$	$
4	$	$
5	$	$

*Attach another page if necessary. Total Blanket $ _____

14. Deductible

❑ $500 ❑ $1,000 ❑ $2,500 ❑ $5,000 ❑ $10,000

UNDERWRITING AND RATING INFORMATION

15. How many losses has the insured incurred in the past three years? _____
    Total incurred amount? _____ Details: _____
16. Is the insured a trucking risk or requesting motor truck cargo coverage? ❑ Yes ❑ No
17. Is insured's covered property or equipment salesperson's samples? ❑ Yes ❑ No
18. Is insured's covered property or equipment located on the water? ❑ Yes ❑ No
19. Is insured's property or equipment routinely sent by mail or parcel post? ❑ Yes ❑ No
20. Does the insured lease, loan or rent covered property or equipment to others? ❑ Yes ❑ No
21. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? ❑ Yes ❑ No
    a. If so, is the place of storage protected by a central station alarm system? ❑ Yes ❑ No
22. Are any objects unique or difficult to replace? ❑ Yes ❑ No
23. Do any objects have value beyond their apparent worth due to being rare or collectible? ❑ Yes ❑ No
24. Prior carrier _____ Policy term _____ to _____ Premium $ _____
25. Loss payee _____

_____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: You have an option to purchase a separate limit of liability for the extension period. Policy common conditions I. If you do not elect this option, the limit of liability for the extension period shall be part of an not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature _____ Title _____ Date _____
(Owner or Officer)

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ Licence # _____

Agent's signature: _____
(Required in New Hampshire)

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____