

# National Casualty Company

Madison, Wisconsin  
Property/Casualty Home Office  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • Fax (480) 483-6752  
A Stock Company

## Commercial Inland Marine Application

(Including Agr. Mach., Bailee's Customers, Golf Carts, Mini Warehouse, Trip Transit, Signs, Valuable Papers)

Assured: \_\_\_\_\_

P.O. Address: \_\_\_\_\_

Loc. Address: \_\_\_\_\_

Inception Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount of Deductible: \$ \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reason for Changing Companies: \_\_\_\_\_

Loss Experience—Amount & Cause (Five Years): \_\_\_\_\_

Where Theft is an insured peril on premises, indicate the burglary premium at the coinsurance limit in Burglary Manual:

\$ \_\_\_\_\_

### Agricultural Equipment (Schedule Required)

Unit storage facilities: \_\_\_\_\_ Radius of use: \_\_\_\_\_

Type of Crop normally farmed and use of equipment: \_\_\_\_\_

Schedule of item(s) (including description; serial #; value): \_\_\_\_\_

### Bailee's Customers

Description of goods: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Maximum Limit any one item: \$ \_\_\_\_\_

☐ All Risk      ☐ Named Peril

### Signs

Describe Location and support structure on premises: \_\_\_\_\_

Print sign wording: " \_\_\_\_\_ "

Two sides? \_\_\_\_\_ Limit of Liability per sign to be covered: \$ \_\_\_\_\_

☐ All Risk ☐ Named Peril

### Golf Carts

Description of where and how carts are stored: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Is operation of cart limited to the premises of named golf course only? ..... ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

☐ All Risk ☐ Named Peril

### Mini Warehouse

Description of general merchandise stored: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Maximum Limit any one item: \$ \_\_\_\_\_

Type of security for premises: \_\_\_\_\_

### Trip Transit

Description of item(s) to be transported: \_\_\_\_\_

Name; Date of Birth; Driving Record of operator: \_\_\_\_\_

Value of item(s): \$ \_\_\_\_\_

Radius of operation: \_\_\_\_\_ Number of days of trip: \_\_\_\_\_

Description of Vehicle and/or trailer: \_\_\_\_\_

### Valuable Papers

Construction of building: \_\_\_\_\_

Type of safe or vault papers kept in: \_\_\_\_\_

Are duplicate copies kept on or off premises? ..... ☐ Yes ☐ No

Value of papers: \$ \_\_\_\_\_

Type of fire or police protection system: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NO.: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***

\_\_\_\_\_  
**IMPORTANT NOTICE** \_\_\_\_\_

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.