

Red Shield Insurance Company®  
 1411 SW Morrison St., Suite 400  
 Portland, Oregon 97204-1517  
 800-527-7397 • FAX 800-742-5176

Floating Property Application  
**RECENT, CLEAR PHOTO REQUIRED**

Policy No.	Proposed Effective Date From: _____ To: _____		Agent's Phone No.	Agent Code
Applicant's Name			Agent Name and Address	
Mailing Address (Explain Below if Different Than Location)				
			Location (Moorage Name & Address)	Berth/Space No.
Applicant's Phone No. Work: _____ Home: _____			Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill <input type="checkbox"/> In House Financed <input type="checkbox"/> 10-Pay <input type="checkbox"/> 8-Pay	
Occupation of Applicant:			Floating Home Registration No #	Body of Water
Social Security Number:			Square Footage	Protection Class:
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			House: _____ Boatwell: _____ Float: _____	
<b>SECTION I COVERAGES</b>	LIMIT	PREMIUMS	Feet to hydrant:	Miles to Fire Department:
A. FLOATING PROPERTY			Year Built:	<input type="checkbox"/> Fuses <input type="checkbox"/> Breakers
B. OTHER STRUCTURES (Describe Below)			# of Operating Smoke Alarms:	# of Fire Extinguishers:
C. PERSONAL PROPERTY			Type of Floatation: <input type="checkbox"/> Log <input type="checkbox"/> Log & Foam <input type="checkbox"/> Concrete Hull <input type="checkbox"/> Barge <input type="checkbox"/> Pontoon	If Pontoon floatation, # of Pontoons:
D. LOSS OF USE (Optional)			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	
Options			Type of Heating System: <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced <input type="checkbox"/> Space <input type="checkbox"/> Other	
Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Type of Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Other:	
<input type="checkbox"/> Earthquake			Type of Roof: <input type="checkbox"/> Wood <input type="checkbox"/> Comp <input type="checkbox"/> Shingles <input type="checkbox"/> Other:	
<input type="checkbox"/> Replacement Cost Personal Property			Condition of Siding <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair	Condition of Floatation: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair
<input type="checkbox"/> Increase Other Structures			Updates (specify year):	
			Plumbing	Roof
			Electrical	Heating
Description:	Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is it used for?			
<b>SECTION II COVERAGES</b>	Does the Floating Home have a boat well? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a pool or hot tub on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. LIABILITY <input type="checkbox"/> CPL <input type="checkbox"/> OL&T	\$ _____	\$ _____	Floating Home is Secured With?	Condition of Lines, Collars, & Cleats <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Repair
<b>OPTIONS</b>			Roof Exclusion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence rented to others (Show Location Below)	\$ _____		Other Structures Exclusion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Residence Location Address (Attach Photo):			Is Structure Isolated (Not in Moorage)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Injury	\$ _____			
<b>TOTAL PREMIUM : \$ _____</b>				
Additional Interest: <input type="checkbox"/> Mortgage <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Other:			Under Construction/Renovation? Explain any 'Yes' answers on reverse)▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Wood/Pellet stove or Insert? (If yes, Woodstove Questionnaire & Photo required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Is this a new purchase? (If yes, attach copy of appraisal) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Last Surveyed? ( Attach copy if within 5 years)	

Occupied on a seasonal basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Other:		No. of Families:
# of Bilge Pumps:			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		If so, specify make and size (GPH)		Date Installed:      Date Last Inspected:
Is Hull a converted vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, describe original use:		Date Last Surveyed (Attach Copy)
If Floating is enclosed hull, indicate the #of compartments:			Are they foam filled?	
If Business is conducted on premises please indicate: Portion of Residences used for business:      # of employees:      Nature of Business:				
If Floating Home Is under construction, name builder: (Certificate of Insurance Required)				Contractor's License #
Do you own any other Floating Homes? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'yes' explain in additional remarks)				
<b>Additional Remarks:</b>				
Prior Carrier		Policy Term		Cancelled or Non-Renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?
Loss History (past 3 years)				
Date of Loss	Open or Closed	Amount of Loss	Description	AMOUNT PAID

*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.*

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The undersigned Producer agrees to be responsible for any earned premiums developed on this application, and consequent policy, endorsements and renewals. 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**