



Red Shield Insurance Company®

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FLOATING PROPERTY APPLICATION

RECENT PHOTO REQUIRED
 (TAKEN WITHIN LAST 30 DAYS)

QUOTE BIND REQUEST POLICY # / QUOTE #

Coverage		<input type="checkbox"/> Floating Home	<input type="checkbox"/> Boathouse	<input type="checkbox"/> Combination (floating home with inclusive boatwell)
		<input type="checkbox"/> Broad Form	<input type="checkbox"/> Basic Form	
Proposed Effective Date:		Agent Code:		Phone:
From: _____ To: _____				
Applicant's Name (If LLC or Trust titled, complete LLC Questionnaire):		Agent Name and Address:		
Mailing Address: (Explain below if different than location)				
Applicant phone for Inspection.	Home:	Billing Status: <input type="checkbox"/> Direct Bill (<input type="checkbox"/> 10-Pay or <input type="checkbox"/> 8-Pay) <input type="checkbox"/> Agency Bill <input type="checkbox"/> Company Installment Plan		
	Cell:			
Email:		Location - Moorage Name:	Address:	
Occupation of applicant (if retired, prior occupation):		Is this a gated moorage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Berth Space #:
Occupancy: <input type="checkbox"/> Primary Home <input type="checkbox"/> Secondary Home <input type="checkbox"/> Tenant Occupied* <input type="checkbox"/> Vacant *Tenant occupied: Does tenant carry renters Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Floating Home Registration No:		
		Body of Water:		
		# of Families?		
If seasonal or secondary home how often do you visit?		New purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach copy of appraisal)		
Under Construction/Renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain any "Yes" answers in additional remarks)		Last Marine Survey or Appraisal Date? (Attach copy if within 3 years)		
Year Built: _____	Year Remodeled: _____	Protection Class:		
		Feet to hydrant: _____ Miles to Fire Department: _____		
System Updates: (Specify Year):		Fire Extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No Fully Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing	Heating	Roof	Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical	<input type="checkbox"/> Fuses	<input type="checkbox"/> Circuit Breakers		
Does the Floating Home have a built-in boatwell? <input type="checkbox"/> Yes <input type="checkbox"/> No		Operating Smoke Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Replaced: _____		
		Operating CO Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Replaced: _____		
Square Footage:		Do you have any roomers or boarders? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home	Built-in Boatwell	Float		
Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost	Does the Boathouse have living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dimensions: Length: _____ Width: _____	If "Yes", what is the square footage?			
Do you own other Homes or residences? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain in additional remarks)		Do you have any residence employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain in additional remarks).		
Do you have a business on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business: _____		Business policy #:	Policy Term: _____	
		# of Employees: _____	Foot Traffic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have animals on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type/breed(s)? _____		Is there a pool or hot tub on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior Carrier		Policy Term	Policy No.	Cancelled or Non-Renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes explain in add'l remarks)
LOSS HISTORY (PAST 3 YEARS)				
DATE OF LOSS	OPEN OR CLOSED	DESCRIPTION	AMOUNT PAID	OPEN RESERVES (AMOUNT)

SECTION I COVERAGES	LIMIT	PREMIUMS*	SECTION I OPTIONS	LIMIT	PREMIUMS*
A. FLOATING PROPERTY			<input type="checkbox"/> Earthquake (California Only)		
B. OTHER STRUCTURES (Describe Below)			<input type="checkbox"/> Personal Property Replacement Cost (Broad Form Only)		
C. PERSONAL PROPERTY			<input type="checkbox"/> Increase Other Structures		
D. LOSS OF USE (OPTIONAL)			<input type="checkbox"/> Increased Debris Removal (Additional 50K for homes up to 500K in value)		
*Company Use Only TOTAL PREMIUM			*Company Use Only TOTAL PREMIUM		
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000					
For floating homes, do you lease / rent the moorage space <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it from the State of Oregon <input type="checkbox"/> Yes <input type="checkbox"/> No (Underwriter to apply FP6026 for Yes answer)					
Type of Flotation: <input type="checkbox"/> Log <input type="checkbox"/> Log & Foam <input type="checkbox"/> Concrete Hull <input type="checkbox"/> Barge <input type="checkbox"/> Pontoon If Pontoon, How many?: If Barge or Pontoon, construction materials: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe) If Hull, underwater windows? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a furnished basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how is this space used?:					
For boathouses and floating homes with built-in boatwells, <input type="checkbox"/> Metal Roll Up Door? <input type="checkbox"/> Traditional Track Door <input type="checkbox"/> Curtain <input type="checkbox"/> Curtain with vent <input type="checkbox"/> Sliding Doors			Condition of Flotation: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair		
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 <input type="checkbox"/> EFIS			Condition of Siding: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair		
Type of Heating System (if "Other" please describe): <input type="checkbox"/> Baseboard <input type="checkbox"/> Wall <input type="checkbox"/> Forced Air <input type="checkbox"/> Space Heaters <input type="checkbox"/> Forced Hot Water <input type="checkbox"/> Other			Type of Roof (if "Other" please describe): Flat Roof: <input type="checkbox"/> Yes <input type="checkbox"/> No % of flat roof <input type="checkbox"/> Wood <input type="checkbox"/> Composition <input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Membrane <input type="checkbox"/> Other		
Type of Heat Source (if "Other" please describe): <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other			Wood/Pellet stove or Insert? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Woodstove Questionnaire & photo required)		
Floating Home is secured with? Any owned pilings? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition of Lines, Collars, Cleats: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair		
# of Bilge Pumps: If so, make and size (GPH): Date Installed: Date of last inspection:		Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair		Is there a Bilge Water Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Hull a converted vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe original use:				Date Last Surveyed:	
Please check all that apply: <input type="checkbox"/> There is a fire/smoke detection system and/or a burglary alarm system with local alarms (This means a loud exterior gong or alarm noise, not just the sounds made by a traditional smoke detector.) <input type="checkbox"/> There is a burglary system with central station reporting <input type="checkbox"/> There is both fire/smoke detection with central station reporting					
SECTION II COVERAGES	LIMIT	PREMIUMS	Additional Interest:		
E. LIABILITY <input type="checkbox"/> CPL <input type="checkbox"/> OLT			<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured <input type="checkbox"/> Other (describe):		
SECTION II OPTIONS			Name:		
Personal Injury Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address:		
Residence rented to others? (if yes, attach photo) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Extension of Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No			Location Address:		
TOTAL PREMIUM			Loan #:		

Additional Remarks:

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, and WV).**

Applicable in CA SB 1511 was passed and relative to ACORD forms, California insurance applications will need to change. Section 1871.2 of the Insurance Code is amended to read: (a) An insurer who, in connection with any insurance application, contract, or provision of contract described in Section 108, prints, reproduces, or furnishes a form to any person upon which that person applies for a policy, seeks to make a change to an existing policy, or gives notice of a claim to the insurer or makes a claim against the insurer by reason of accident, injury, death, or other noticed or claimed loss, or on a rider attached to the form, shall cause to be printed or displayed in comparative prominence with other content the statement: "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." This statement shall be preceded by the words: "For your protection California law requires the following to appear on this form" or other explanatory words of similar meaning. Acord is presently reviewing applications applicable in California and will be making the changes to be compliant with this new legislation. We plan to do a mid-cycle release with all of the forms that will be changed/created. Please do not hesitate of ACORD if you have suggestions, questions or comments.

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Maine, Tennessee, Virginia and Washington: 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.

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.

Please note that the coverage you are applying for has payment requirements which must be met before coverage will take effect. If payment is not received, or the instrument on which payment was offered is not honored by the financial institution upon which it was drawn, coverage will be considered null and void from inception. This includes coverage provided under any oral or written binder, or other temporary insurance contract which may be issued in reliance upon payment of premium.

Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.

APPLICANT'S SIGNATURE _____ Date _____

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