



800.626.5660  
[www.mfic.com](http://www.mfic.com)

## Inland Marine Quick Quote

Applicant Name \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Phone Number \_\_\_\_\_ County \_\_\_\_\_ Municipal Tax (if any) \_\_\_\_\_%

Individual  Partnership  Corporation  LLC  Non-Profit  Joint Venture  Other \_\_\_\_\_

Names of Principals \_\_\_\_\_

Type of Business \_\_\_\_\_ Radius of Operation \_\_\_\_\_

Date business started \_\_\_\_\_ Experience of Operators \_\_\_\_\_

Provide complete description of Operations performed and how equipment will be used \_\_\_\_\_

\_\_\_\_\_

Prior Carrier \_\_\_\_\_ Agent know personally?  Yes  No

What other Coverage do you write? \_\_\_\_\_ Logging risks contracted with \_\_\_\_\_

Current Terms & Deductibles \_\_\_\_\_ W/C Exp Mod \_\_\_\_\_

Any policy or coverage declined, canceled or non-renewed in prior 3 year?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

Prior Losses for last 5 years (provide details) \_\_\_\_\_

\_\_\_\_\_

Overall Financial Condition / Net Worth \_\_\_\_\_

Bankruptcies / Tax or Credit liens within past 5 years?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

Maintenance Program / Safety Program in place?  Yes  No Provide details \_\_\_\_\_

\_\_\_\_\_

Any equipment rented / leaded to or from others?  Yes  No Provide details \_\_\_\_\_

\_\_\_\_\_

Any equipment used underground or over water?  Yes  No Provide details \_\_\_\_\_

\_\_\_\_\_

Location of equipment when not in use \_\_\_\_\_

**AGENTS RECOMMENDATION / GENERAL COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Inland Marine Quick Quote

Applicant Name \_\_\_\_\_

Page 2

\*\*\* To Bind need complete description of units – Year, Make, Model, Serial #.  
If modifications to units, provide detailed descriptions.

Unit # \_\_\_\_\_ Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Serial # \_\_\_\_\_

---

---

---

---

---

---

Unit # \_\_\_\_\_ Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Serial # \_\_\_\_\_

---

---

---

---

---

---

Unit # \_\_\_\_\_ Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Serial # \_\_\_\_\_

---

---

---

---

---

---

*Quotes are good for 30 days – resubmit if change in schedule or loss experience.*

Agency _____
Agent _____
Phone Number _____ Fax Number _____
E-mail Address _____