

Installation / Transportation Application

PLEASE PRINT OR TYPE THE APPLICATION FOR A QUOTE AND EMAIL TO PAUL.ONEST@IOAUSA.COM

GENERAL INFORMATION			
Insured Name:			Date:
Mailing Address	Street:	City:	State: Zip:
Effective Date	From:	To:	

OPERATIONS			
Describe the type of work being performed: Mobile Homes () Transportation () Installation () Both			
States you conduct business in:			
Years in business:		Years under current management:	
Number of projects completed in past 12 months:		Expected number of projects for next 12 months:	
Approximate % of Annual Installations	Commercial	%	Dwellings 100%
Maximum number of projects at one time:			
Estimated Average time to complete a job : 30 Days			
*** \$10,000 Deductible Applies to each Coverage ***			

RECEIPTS AND PAST CONTRACTS		
Installation Gross Receipts for installation projects in past 12 months		\$
Estimated Gross Income for installation projects in next 12 months		\$
	Year	Gross Receipts
Gross Receipts Past Three Years	1.	\$
	2.	\$
	3.	\$
Highest Job Value : \$		\$
Lowest Job Value : \$		\$
Average Job Value \$		\$

TRANSPORTATION	
Indicate annual values at applicant's risk of installation materials moving from facility to job site	
By own truck	\$ / Radius (Miles)
By carrier trucks	\$ /
Securement Practice	Please describe practice
Load Unattended	No
Route Familiarization	Yes – Less than 100 miles

PREVIOUS			INFORMATION					
Year	# of Thefts	\$ of Thefts	# of Collisions	\$ of Collisions	# of all other	\$ of all other	Total #	Total \$
Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?				Yes			No	

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____