

**Strickland General Agency of FL, Inc.
Inland Marine Application**

Date: _____

SGA Underwriter: _____

Agency Name: _____

SGA Broker #: _____

Contact: _____

1. Business Name: _____

2. Address: _____

3. Names of Principals: _____

4. Complete Description of Operations: _____

5. Other Insurance coverage's you write for applicant? _____

6. Years Experience _____

7. Years in Business _____

8. Prior Carrier _____

9. Number of Prior Losses: _____

10. Exp. Date of Current Policy: _____

11. Current Deductible: _____

12. Loss Payee Information: _____

13 Prior Losses (Last 5 years) provide details: _____

14 Any Logging/clearing > 1acre: _____

15 Agent's Recommendations: _____

Important - Please Read!!! Complete information is required before binding coverage to include serial numbers, loss payees and complete descriptions of units. **Requirement** - Accounts which include individual units with limits exceeding \$100,000 - loss runs or loss letters must be submitted.

Deductible _____

Rate _____

Total Premium _____

Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____

Additional Scheduled Equipment

1. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
2. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
3. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
4. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
5. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
6. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
7. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
8. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
9. Type	ID/Serial #	New / Used	Capacity	Date Purchased
Manufacturer	Model	Model Year	Other	Amount of Insurance
10 Type	ID/Serial #	New / Used	Capacity	Date Purchased
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