

Strickland General Agency of TN, Inc
2176 West St, Ste 208, Germantown, TN 38138
901-302-1601/ 877-718-0750/ Fax 901-302-1618

Inland Marine Application

Date: _____

SGA Underwriter: _____

Agency Name: _____

SGA Producer #: _____

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 may be required.

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
	Manufacturer	Model	Model Year	Other	Amount of Insurance