



## MISCELLANEOUS PROPERTY FLOATER APPLICATION

**PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Applicant's Name:

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2. Operating As:

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3. Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Mailing Address & Postal Code/Zip Code:

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5. Address of where is property stored when not in use?  Same  Other  
If Other, please provide details:

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6. Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_

7. MORTGAGEES – Name and Address:

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8. OCCUPANCY - Applicants process description:

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Special Hazards: (Flammable liquids/heat processes/welding):

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9. Is property subject to being transported?  Yes  No  
If Yes, confirm mode of transportation used:

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Where is the property transported?

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10. CONSTRUCTION

Year Built: \_\_\_\_\_ Additions: \_\_\_\_\_ Upgrades: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_

Wall Construction:  Concrete/Brick  Steel Frame  Wood Frame  Other: \_\_\_\_\_

Roof Construction:  Concrete  Steel Deck  Wood Joist  
 Steel on Steel  Other: \_\_\_\_\_

Roof Finish:  Shingles  Tar & Gravel  Rubber Membrane  
 Wood Shingle  Metal  Other: \_\_\_\_\_

Roof Year Updated: \_\_\_\_\_

Floor Construction:  Concrete  Concrete on Steel  Wood  Other: \_\_\_\_\_

Area -grade(sq. ft.): \_\_\_\_\_ Total Area (sq. ft.): \_\_\_\_\_

Heating: \_\_\_\_\_

Year Updated: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Year Updated: \_\_\_\_\_

Wiring:  Fuses  Circuit Breaker Year Updated: \_\_\_\_\_

Protection:  Burglary  Local Alarm  Central Station Monitored Alarm  
 Metal bars or grill protecting all glass doors and windows  
 Fenced Yard  Other: \_\_\_\_\_

Fire:  Sprinkler %: \_\_\_\_\_  Local Alarm  Central Station Monitored Alarm  
 Fire Alarm  Local Alarm  Central Station Monitored Alarm  
 Fire Extinguishers #: \_\_\_\_\_

Municipal Protection:

Number of Hydrant(s) within 500 feet: \_\_\_\_\_ Fire Hall: \_\_\_\_\_ Miles \_\_\_\_\_

Exposures: Right: \_\_\_\_\_ Left: \_\_\_\_\_  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_

11. Other unusual hazards within general operation of Applicant?

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12. Is the property used solely by the Applicant?  Yes  No

If property is leased to others, complete the following and attach a copy of the Applicants standard lease agreement:

a) Equipment is leased on:  Long Term Lease  Short Term Lease

b) Maximum value of property on lease at any one time: \$ \_\_\_\_\_

c) Average value of property on lease at any one time: \$ \_\_\_\_\_

d) If property is leased to others describe operations of lease:

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e) Does Insured obtain Proof of Insurance from Lessee? \_\_\_\_\_

13. Are maintenance and overhauls done on a scheduled basis?  Yes  No  
 Who does maintenance:

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14. Has any Insurer cancelled or declined to provide this type of insurance to Applicant?  Yes  No  
 If Yes, explain why:

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Previous insurance carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

15. List all losses (insured or uninsured) occurring within the past 5 years providing dates, details and amounts.

Date of Loss	Cause of Loss	Amount of Loss

16. Attach list of property providing a full description including the serial number, or complete table below:

Date of mfg	Description of items to be insured including model & serial number	Replacement cost	Actual cash value

17. Does the amount to be insured involve the applicant's entire schedule?  Yes  No  
 If No, where is the remainder insured:

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18. What is general condition of property?  
 Excellent  Good  Fair  Poor

19. MORTGAGEE/LOSS PAYEE (including mailing address):

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**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

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Signature of Applicant (authorized representative)

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Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**