Stuckey & Company 28 Hawk Ridge Circle, Suite 200 Lake St. Louis, MO 63367

Phone: 800-828-3452, Extension 22

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Email: kerry@stuckey.com

purchased Fire Extinguisher(s)located on site?



HARBORGUARD PROGRAM SUPPLEMENTAL PROPERTY APPLICATION

SECTION I - GENERAL INFORMATION	P	PLEASE COMPLETE EVERY ITEM OR INDICATE N/A			
Name of Applicant:				Requested	
DBA:			E	Effective Date:	
(If applicable, include DBA or Tra	de Name)				
Do you conduct Operations under an	y other Name(s)?	☐ Yes ☐ No I	f yes, please list N	lame(s) on a sepa	rate page.
2. Physical Address:					
(Street)					
(City)		(Cour	(State) (Zip Code)		
	LAND E	BASED PROPERTY	<u> </u>		
Please describe <u>each</u> Land Based Buil					
5	Bldg#	Bldg#	Bldg#	Bldg#	Bldg#
Occupancy Description (e.g. Office, Repair					
Shop, Store, Restaurant, Cabin, etc)					
Building Construction Type (e.g. Frame, Joisted-masonry, Non-combustible, Masonry					
Non-combustible or Fire Resistive)					
Building Age					
Total Square Footage					
Number of Stories					
Distance to Closest Owned Building					
Protection Class (e.g. 1 -10)					
Distance to nearest Fire Hydrant?					
Distance to nearest Fire Department?					
Operational Central Station Burglary Alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Operational Local Burglary Alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Operational Central Station Fire Suppression (Sprinkler) System?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Operational Local Fire Suppression (Sprinkler) System?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Operational Central Station Fire Alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Operational Local Fire Alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Recently (i.e. within 12 months) tagged or	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No

☐ Yes ☐ No

	Bldg#	Bldg#	Bldg#	Bldg#	Bldg#
Date of Most Recent Roofing Update					
Date of Most Recent Electrical Update					
Date of Most Recent Plumbing Update					
Date of Most Recent Heating Update					
5. Please list your desired Limit(s) for all des	sired Coverage(s)	for <u>each</u> Land Base	ed Building located	d at your premises:	
	Bldg#	Bldg#	Bldg#	Bldg#	Bldg#
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$ \$		\$
Business Income	\$	\$	\$		\$
	FLOA	TING PROPERTY			
6. Please describe your Floating Property:					
	Dock/ Bldg# ——	Dock/ Bldg# ——	Dock/ Bldg# ——	Dock/ Bldg# ——	Dock/ Bldg# ——
Dock Name, Letter or Number					
Description (e.g. Dock, Store, Restaurant, Cabin, etc)					
Dock Construction Type (e.g. Wood or Steel)					
Age					
Number of Slips					
Are your Docks covered (i.e. with roofs)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Located on a waterway that is subject to tides and/or rising water?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If any Land Based Building listed above is over 30 years old, please provide the date of the most recent update(s):

4.

Spud Pole construction?

Recently (i.e. within 12 months) tagged or

purchased Fire Extinguisher(s)located on site?

7. Please list your desired Limit(s) for your Floating Property :							
	Dock/ Bldg# ——						
Building	\$	\$	\$	\$	\$		
Business Personal Property	\$	\$	\$	\$	\$		
Business Income	\$	\$	\$	\$	\$		

☐ Yes ☐ No

				VESS	FI S/M	TERCRAFT			
	Diagon	liat a a a b a f			DELS/VVA	ATERCRAFT			
8.	8. Please list each of your Vessels/Watercraft:								
	HP	Year	Manufacture	rer Model		odel		Serial Number	Limit
1.									\$
2.									\$
3.									\$
4.									\$
5.									\$
6.									\$
7.									\$
	'	<u> </u>		<u>'</u>					1
				BOAT D	EALERS	S' INVENTOR	RY		
9.	Please		our Boat Inventory um Limit Per Vess		cation (d	lo not include I	the Vess	els/Watercraft listed abov	
	•	waximu	um Limit Per Vess	ei/watercraft				Total Limit at Premise	es ————————————————————————————————————
	\$					\$			
10.	-	ercentage of y by you?	our Boat Inventor %	_	consignm	nent for the M	1anufactur	er? %	
				MISCEL	LANEO	JS PROPER	TY		
11.		list <u>each</u> item							T
	Year Manufacturer		М	Model			Serial Number	Limit	
1.									\$
2.									\$
3.									\$
4.									\$
5.									\$
6.									\$
	PPROVAL THAT NO	OF THIS APP	PLICATION WILL <u>O</u> WILL BE PROVIDE	APPLICATION INLY PROVIDE I ED FOR ANY OT	FOR INS INSURA THER BL	NCE FOR MA JSINESS, OF	ND ANY F ARINA OF PERATION	POLICY ISSUED AS A R PERATIONS. I FURTHE NS OR SERVICES UNLE BELIEVE THE STATEM	R UNDERSTAND SS THEY ARE
	APPLICAT	TON ARE TRI	UE AND CORRECT	T. I UNDERSTA ALSE INFORMA	ND THA	T THE INSU	RER WIL	L RELY ON THESE STA DR INSURANCE IS FRAI	TEMENTS IF A

Applicant's Name:

Producer's Signature:

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Applicant's Title:

Producer's Name: