

# IJU Agency Ltd.

## Marine & Subsea Equipment Quote Form

(Please fill out to the best of your ability.)

### Part I: Applicant Information

Name Insured: \_\_\_\_\_

Address to be insured (City, State, Zip):  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Website: \_\_\_\_\_ DBA: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

What is the renewal date of your current policy (is applicable): \_\_\_\_\_

What Does Your Business Do: \_\_\_\_\_

### Part II: Scheduled Equipment

Equipment To Be Insured:	Item Name	Value \$	Topside Or Subsea	Days Of Utilization
(Please attach a separate valued inventory OR type details here. Please split values topside/subsea and advise as to the number of days utilization is expected over the next 12 months.)				

Who operated and maintains the equipment (Company, Third Party, Both): \_\_\_\_\_

If above you chose "Third Party," is the third, is the third party contractually liable to insure your equipment (If Yes, please supply a copy of the contract): \_\_\_\_\_

Do you hire in equipment, if so what are the annual rental costs: \$\_\_\_\_\_

Which area in the world will the equipment be used: \_\_\_\_\_

Address of any storage locations and the sum insured required at each location:  
\_\_\_\_\_  
\_\_\_\_\_

What are some management measures, safety controls, and recovery/disaster plan you business has:  
\_\_\_\_\_  
\_\_\_\_\_

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**Notice**

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

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Submitted By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

