



RAM Mutual Insurance Company

P.O. Box 308
Esko, MN 55733

Phone: (218) 879-3321
Fax: (218) 879-3403

**INLAND MARINE
APPLICATION**

Name and Address of Applicant: _____

 City: _____ MN Zip: _____

New Renewal of _____
 Endorse to _____
 From: _____ To: _____
12:01 a.m. standard time at address of named insured

<p>Billing Options</p> <p><input type="checkbox"/> <u>General Agent</u></p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly</p>	<p>Direct Bill Only</p> <p><input type="checkbox"/> <u>Insured</u></p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Monthly</p>
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General Questions - Answer all questions to avoid a delay in issuance.

- Occupation of applicant: _____
- Will property listed be used in applicant's occupation? Yes No
If yes, to what extent? _____
- If other than stated above, where will property normally be kept? _____
- Does applicant have other policies with RAM? Yes No Policy #: _____
- Is other similar insurance carried on any of this property? Yes No
- Previous carrier: _____
Has coverage ever been canceled, declined or non-renewed? Yes No
If yes, explain: _____
- What losses occurred in the past three years which would have been covered under this policy? _____
- Does the agent personally know the applicant? Yes No How long? _____
- Is the applicant a dealer of this type of property? Yes No Is property held for re-sale? Yes No
- Does the applicant travel extensively with this property? Yes No
If yes, explain: _____
- Is property ever rented to others, used in racing or speed contests, or modified in any way? Yes No
If yes, explain: _____
- Is property ever used by anyone other than immediate family members? Yes No
If yes, explain: _____
- Has the agent inspected the property listed on this application? Yes No
- If surge protection is required, is it properly installed? Yes No
- Loss Payee:** _____ **Loss Payee:** _____

- Property:** _____ **Property:** _____

Must be Read and Signed by Applicant and Agent

The signatures below certify that:

- the answers to questions on this application are true, correct, and complete representations.
- in making this application for insurance, it is understood that an investigative consumer report and/or credit report may be prepared whereby information is obtained through various information sources. This inquiry may include information to your character, general reputation, personal characteristics and mode of living and may, in certain circumstances, be disclosed to third parties. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons. You have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of this investigation. You may request the information to be corrected, amended or deleted.
- INSURANCE FRAUD IS A CRIME.** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Agent

_____ Agent Number

Reverse side of application must be completed.

SCHEDULE OF PROPERTY FOR PERSONAL ARTICLES COVERAGE

(If a single item in antiques, fine arts, furs, guns, jewelry or musical instruments is over \$1,000, attach a CURRENT appraisal.)

Description	Serial/ID Number	Deductible	Rate	Amount of Insurance	Premium
Total					

SCHEDULE OF PROPERTY FOR WATERCRAFT COVERAGE

Property (Make/Model)	Year	HP/MPH	Length	Serial Number	Non-depreciation	Deductible	Rate	Amount of Insurance	Premium
Boat					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Boat					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Motor			XXX		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Motor			XXX		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Accessories		XXX	XXX		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trailer		XXX			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total									

SCHEDULE OF MOTORIZED VEHICLE COVERAGE

(RV, golf cart, and farm machinery)

Property Description (Make/Model)	Year	HP/CCs	Serial Number	Non-depreciation	Collision	Deductible	Rate	Amount of Insurance	Premium
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total									

Complete the following for Watercraft, Jet Skis, and RVs.

List All Members of Household	Drivers License Number	Date of Birth	Driving Violations	Number of Violations	Type of Violations
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		