



KALIFF INSURANCE
ESTABLISHED 1917

CARNIVAL/TRAVELING INLAND MARINE — APPLICATION

Name of Insured (as will appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Contact Person: _____

Day phone: _____ Night phone: _____ Fax: _____

Owned Equipment: *Please attach the following separate schedule of owned equipment showing year, model, serial number and value.*

States traveled: _____

Operating season: _____

Years of experience: _____

Present carrier: _____

Do you rent equipment to others? Yes No

Location of equipment when not in use? _____

Is winter quarters fenced or enclosed? _____

Effective dates: _____

Current rate: _____

Loss information: _____

REMARKS:

I attest that the information provided above is true and correct.

Signature Title Date

