

# **TCIF TEXAS COMMERCIAL INSURANCE FACILITIES**

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## **INLAND MARINE QUOTE - EQUIPMENT PROPOSED EFFECTIVE:**

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**INSURED NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**NEW VENTURE: Y**\_\_\_\_ **N**\_\_\_\_ **YEARS IN BUSINESS/EXPERIENCE:** \_\_\_\_\_

**TYPE OF OPERATION:** \_\_\_\_\_

**PRIOR CARRIER(REQUIRED)**\_\_\_\_\_ **CANC/NON-RENEWED:** \_\_\_\_\_

**LOSSES (REQUIRED 3 YRS)** \_\_\_\_\_

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### **EQUIPMENT SCHEDULE – MAKE, MODEL, DESCRIPTION AND ACTUAL CASH VALUE OF EACH PIECE:**

\_\_\_\_\_

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(IF MORE SPACE IS REQUIRED PLEASE ATTACH SCHEDULED EQUIPMENT ON A SEPARATE SHEET OF PAPER)

**THEFT PROTECTION – PLEASE DESCRIBE:** \_\_\_\_\_

\_\_\_\_\_

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**AGENT NAME & PHONE/FAX:** \_\_\_\_\_

**THIS IS AN INDICATION QUOTE ONLY! A COMPLETED APP MUST BE RECEIVED BEFORE A FIRM QUOTE WILL BE ISSUED. THIS QUOTE IS NOT BINDING! MISSING INFORMATION ON THIS SHEET WILL RESULT IN A DELAY IN RECEIVING YOUR QUOTE. WE CANNOT ASSIGN THIS REQUEST TO AN UNDERWRITER UNLESS ALL INFORMATION IS PROVIDED.**