

New , Renewal No. _____ **Inland Marine Supplemental Questionnaire**

**SECURITY MUTUAL
INSURANCE COMPANY**
2417 North Triphammer Road
P.O. Box 4620
Ithaca, New York 14852-4620

Named Insured and P.O. Address (Number, Street, Town or City, County, State, Zip Code)

MR-52 Misc Property (Not handheld or self-propelled)

MR-54 Misc Property

Deductible: \$250 \$500 \$1,000
 \$2,500 \$5,000 \$10,000

MR-54 Group 1 Group 2 Group 3

Scheduled Total: \$ _____

Description of Scheduled Equipment

Year	Make/Model/Description	Serial #	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MR-61A Computer Coverage

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Scheduled Total: \$ _____ Loss Payee (name&address): _____

Increased Media Limit: _____ Increased Extra Expense Limit: _____

Description of Scheduled Equipment

Year	Make/Model/Description	Serial #	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MR-72 Contractors Equipment (Larger Self-Propelled Items ex: Backhoe, Excavator)

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Scheduled Total: \$ _____

Description of Scheduled Equipment

Year	Make/Model/Description	Serial #	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Tools and Equipment Coverage

Special **SMIC-MR-79** Broad **MR-78** Specified Perils **MR-80**

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Brief Description of Unscheduled Item(s) to be covered: _____

Unscheduled Total: \$ _____ (No one item to exceed \$5,000)

Scheduled Total: \$ _____ (For Items that exceed \$5,000, complete below)

Description of Scheduled Equipment

Item #	Make/Model/Description	Serial #	Value
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____

Installation Floater

Special **MR-76** Broad **MR-75**

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Item #	Installation Location	Installation Property	Value
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____

MR-74 Equipment Rental Reimbursement Agreement

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Scheduled Total: \$ _____ Optional Period _____ days (30 day increments)

Description of Scheduled Equipment

Item #	Make/Model/Description	Serial #	Value
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____

MR-89 Signs Type & Construction _____ Location _____ Limit _____

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

<input type="checkbox"/> Loss Payee Interest _____ Name _____ Address _____ Specific Item _____
<input type="checkbox"/> Loss Payee Interest _____ Name _____ Address _____ Specific Item _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Agency Name & Location

Insured's Signature

 Agent's Signature

 Date _____

SECURITY MUTUAL INSURANCE COMPANY
Privacy Protection Policy

Information Collection

- We collect and use information about you in order to provide you with insurance and other services.
- We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- Transaction Information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- Consumer Report Information: This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- We will not sell your personal information.
- We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.