



**APPLICATION FOR BAILEES' CUSTOMERS POLICY
(OTHER THAN DYERS, CLEANERS, & LAUNDRIES)**

NAME AND ADDRESS OF APPLICANT (NUMBER, STREET, CITY, COUNTY, STATE, ZIP):		PRIOR CARRIER: DESIRED EFFECTIVE DATE:	
WHAT KIND OF WORK IS DONE ON CUSTOMER'S GOODS?			
ARE CUSTOMERS' GOODS ACCEPTED FOR STORAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR HOW LONG A PERIOD OF TIME?	DURING WHAT SEASON?	ARE CUSTOMERS' GOODS PICKED UP OR DELIVERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
LIMITS OF LIABILITY (TO APPEAR IN POLICY) — IF OPEN LIMITS DESIRED SO STATE.			
LOCATIONS OF PREMISES OPERATED OR USED BY APPLICANT		DESIRED LIMITS OF LIABILITY	
1. _____		\$ _____	
2. _____		\$ _____	
3. _____		\$ _____	
METHOD OF TRANSPORTATION <input type="checkbox"/> OWN VEHICLES (GIVE NUMBER AND BODY TYPE) <input type="checkbox"/> OTHER (DESCRIBE)		DESIRED LIMITS \$ _____ \$ _____	
BURGLARY PROTECTION. IS THERE ANY BURGLARY ALARM SYSTEM AT THE PREMISES? (IF SO, STATE TYPE) <input type="checkbox"/> Yes <input type="checkbox"/> No		IS IT CONNECTED WITH ANY OUTSIDE CENTRAL STATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IS THERE A LOUD SOUNDING GONG OR SIREN ALARM ON OUTSIDE OF BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE THERE ANY PRIVATE WATCHMEN WITHIN THE PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE SUCH WATCHMEN ON DUTY AT ALL TIMES WHEN PREMISES ARE NOT REGULARLY OPEN FOR BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO THEY REGISTER ON A WATCHMAN'S CLOCK AT LEAST HOURLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY SIGNAL A CENTRAL STATION AT LEAST HOURLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE ALL DOORS AND ACCESSIBLE WINDOWS BARRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE PROTECTION Is location sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry Manufacturer's name & when installed? _____ How often serviced? _____ By Whom? _____ Is system equipped with a Sprinkler Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____			
GIVE DATE, CAUSE AND AMOUNT OF APPLICANT'S LOSSES FOR AT LEAST THE PAST THREE YEARS:			
TOTAL GROSS RECEIPTS (PAST 12 MONTHS) \$ _____	AVERAGE CHARGE PER ITEM \$ _____	HAS ANY INSURANCE COMPANY EVER CANCELLED, REFUSED TO RENEW, OR DECLINED TO ISSUED ANY INSURANCE FOR APPLICANT? (IF SO, NAME OF COMPANY) <input type="checkbox"/> Yes <input type="checkbox"/> No Why?	

QUESTIONS TO BE ANSWERED BY AGENT OR BROKER	
DO YOU HANDLE OTHER INSURANCE FOR APPLICANT?	DID YOU RECEIVE THE ORDER DIRECT FROM

<input type="checkbox"/> Yes <input type="checkbox"/> No		APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE RATE(S)			
LOCATION	CONSTRUCTION	CONTENTS RATE	% CO-INSURANCE
1.		\$	%
2.		\$	%
3.		\$	%
		\$	%
APPLICANT'S SIGNATURE		DATE	
AGENT'S OR BROKER'S SIGNATURE		AGENCY LOCATION	