



**BAILEES CUSTOMERS APPLICATION**

1. Name of Applicant: \_\_\_\_\_
2. Web site Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Proposed Policy Term:      From: \_\_\_\_\_      To: \_\_\_\_\_
5. Applicant's Business: \_\_\_\_\_      Number of Years in Business: \_\_\_\_\_
6. Contact for Inspection:  
 Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_      Telephone Number: \_\_\_\_\_
7. Have you declared bankruptcy or been in receivership within the past five years? .....  Yes  No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

**GENERAL INFORMATION**

8. Complete type of work performed.

Indicate the percentage of principal work performed			
Dry Cleaning	%	Computer Repair	%
Laundry	%	Electronic Repair	%
Fur Storage	%	Television Repair	%
Appliance Repair	%	Other (Specify):	%

9. What is the average:  
 Service charge per order:.....\$ \_\_\_\_\_  
 Number of days required to service: ..... \_\_\_\_\_  
 Value per order:.....\$ \_\_\_\_\_  
 Number of working days: ..... \_\_\_\_\_
10. Indicate the age, type of construction and protection class of the premises: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROTECTION OF GOODS/PROPERTY**

11. What method do you use for keeping records of property in your care and how often are the records updated?  
\_\_\_\_\_

12. Is guard service employed? .....  Yes  No

13. Are there safes or vaults on the premises?.....  Yes  No

14. Are recognized approved central station burglar alarms installed and maintained?.....  Yes  No

15. Are storage areas locked at all times when unoccupied?.....  Yes  No

16. Are there any hazardous or flammable materials used or stored on the premises?.....  Yes  No

17. Are security cameras and video recording equipment used to continually monitor the storage areas? ....  Yes  No

18. Regarding the premises:

a. What is the Public Protection Class (PPC) rating? \_\_\_\_\_

b. What is the distance in feet to the nearest fire hydrant? \_\_\_\_\_

c. What is the distance in miles to the nearest responding fire department? \_\_\_\_\_

d. Are no-smoking rules posted and enforced? .....  Yes  No

19. Are the premises or any portion of the premises equipped with a sprinkler system? .....  Yes  No

20. Are there fire doors and fire stops between the various storage areas within the premises? .....  Yes  No

21. Are the premises equipped with a recognized approved central station fire alarm system and fire extinguished? .....  Yes  No

22. Is any property stored in basements or subbasements? .....  Yes  No  
If so, are these areas equipped with a water detection system, and is the property stored off the floor?  Yes  No

**LIMITS OF INSURANCE AND DEDUCTIBLE**

23. Property At Your Premises:	Limits of Insurance
Location 1.....	\$ _____
Location 2.....	\$ _____
Location 3.....	\$ _____
Total: .....	\$ _____

24. Property Away From Your Premises	Limits of Insurance
Location 1.....	\$ _____
Location 2.....	\$ _____
Location 3.....	\$ _____
Total: .....	\$ _____

25. Property In Transit ..... \$ \_\_\_\_\_

26. Property In Storage At Your Premises..... \$ \_\_\_\_\_

27. All Covered Property In Any One Occurrence..... \$ \_\_\_\_\_

28. Deductibles..... \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

29. List previous insurance carrier: \_\_\_\_\_  
\_\_\_\_\_

30. List the last three year losses: \_\_\_\_\_

31. List any additional information attached with the application: \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person 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 subjects such person to criminal and civil penalties. **(Not applicable to Nebraska, Oregon or Vermont).**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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 subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE ,VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ AGENT'S LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida agents only)

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_



## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
<b>Deductible</b>	\$	\$

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.