

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: _____