



# ESSEX INSURANCE COMPANY

## APPLICATION FOR BAILEES' CUSTOMERS POLICY (EXCLUDING DYERS, CLEANERS, & LAUNDRIES)

Name of Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_

Insured is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture.

|   |  |  |   |
|---|--|--|---|
| <b>WHAT KIND OF WORK IS DONE ON CUSTOMER'S GOODS?</b>   |  |  |   |
| <b>ARE CUSTOMERS' GOODS ACCEPTED FOR STORAGE?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>FOR HOW LONG A PERIOD OF TIME?</b>  | <b>DURING WHAT SEASON?</b>   | <b>ARE CUSTOMERS' GOODS PICKED UP OR DELIVERED?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>LIMITS OF LIABILITY (TO APPEAR IN POLICY) — IF OPEN LIMITS DESIRED SO STATE.</b>   |  |  |   |
| <b>LOCATIONS OF PREMISES OPERATED OR USED BY APPLICANT</b>  |  |  | <b>DESIRED LIMITS OF LIABILITY</b>  |
| 1.  |  |  | \$  |
| 2.  |  |  | \$  |
| 3.  |  |  | \$  |
| <b>METHOD OF TRANSPORTATION</b>   |  |  | <b>DESIRED LIMITS</b>   |
| <input type="checkbox"/> OWN VEHICLES (GIVE NUMBER AND BODY TYPE)   |  |  | \$ _____  |
| <input type="checkbox"/> OTHER (DESCRIBE)   |  |  | \$ _____  |
| <b>BURGLARY PROTECTION.</b> IS THERE ANY BURGLARY ALARM SYSTEM AT THE PREMISES? (IF SO, STATE TYPE)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>IS IT CONNECTED WITH ANY OUTSIDE CENTRAL STATION?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| <b>IS THERE A LOUD SOUNDING GONG OR SIREN ALARM ON OUTSIDE OF BUILDING?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                         | <b>ARE THERE ANY PRIVATE WATCHMEN WITHIN THE PREMISES?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>ARE SUCH WATCHMEN ON DUTY AT ALL TIMES WHEN PREMISES ARE NOT REGULARLY OPEN FOR BUSINESS?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>DO THEY REGISTER ON A WATCHMAN'S CLOCK AT LEAST HOURLY?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                      | <b>DO THEY SIGNAL A CENTRAL STATION AT LEAST HOURLY?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>ARE ALL DOORS AND ACCESSIBLE WINDOWS BARRED?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| <b>FIRE PROTECTION</b>  |  |  |   |
| Is location sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry                     |  |  |   |
| Manufacturer's name & when installed?<br>_____  |  |  |   |
| How often serviced? _____ By Whom? _____  |  |  |   |
| Is system equipped with a Sprinkler Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |
| Describe:   |  |  |   |

HAS ANY COMPANY CANCELLED, DENIED OR DECLINED TO RENEW COVERAGE?  Yes  No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

PRESENT CARRIER: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

| LOSSES PAST 3 YEARS: | DATE OF LOSS | DETAILS |
|----------------------|--------------|---------|
|                      |              |         |
|                      |              |         |
|                      |              |         |

|  |  |  |
|--|--|--|
| TOTAL GROSS RECEIPTS<br>(PAST 12 MONTHS)<br>\$ _____ | AVERAGE CHARGE<br>PER ITEM<br>\$ _____ | HAS ANY INSURANCE COMPANY EVER CANCELLED,<br>REFUSED TO RENEW, OR DECLINED TO ISSUED ANY<br>INSURANCE FOR APPLICANT? (IF SO, NAME OF COMPANY)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Why? |
|--|--|--|

**QUESTIONS TO BE ANSWERED BY AGENT OR BROKER**

|  |  |
|--|--|
| DO YOU HANDLE OTHER INSURANCE FOR APPLICANT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | DID YOU RECEIVE THE ORDER DIRECT FROM APPLICANT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**FIRE RATE(S)**

| LOCATION | CONSTRUCTION | CONTENTS RATE | PROTECTION CLASS |
|----------|--------------|---------------|------------------|
| 1.       |              | \$            |                  |
| 2.       |              | \$            |                  |
| 3.       |              | \$            |                  |
|          |              | \$            |                  |

**THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.**

**THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.**

|                               |                 |
|-------------------------------|-----------------|
| APPLICANT'S SIGNATURE         | DATE            |
| AGENT'S OR BROKER'S SIGNATURE | AGENCY LOCATION |