



# 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> <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> <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. IS THERE ANY BURGLARY ALARM SYSTEM AT THE PREMISES? (IF SO, STATE TYPE)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>IS IT CONNECTED WITH ANY OUTSIDE CENTRAL STATION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IS THERE A LOUD SOUNDING GONG OR SIREN ALARM ON OUTSIDE OF BUILDING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ARE THERE ANY PRIVATE WATCHMEN WITHIN THE PREMISES?</b> <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> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DO THEY REGISTER ON A WATCHMAN'S CLOCK AT LEAST HOURLY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DO THEY SIGNAL A CENTRAL STATION AT LEAST HOURLY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ARE ALL DOORS AND ACCESSIBLE WINDOWS BARRED?</b> <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? _____			
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
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>TOTAL GROSS RECEIPTS (PAST 12 MONTHS)</b> \$ _____	<b>AVERAGE CHARGE PER ITEM</b> \$ _____	<b>HAS ANY INSURANCE COMPANY EVER CANCELLED, REFUSED TO RENEW, OR DECLINED TO ISSUED ANY INSURANCE FOR APPLICANT? (IF SO, NAME OF COMPANY)</b> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No Why?
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QUESTIONS TO BE ANSWERED BY AGENT OR BROKER			
<b>DO YOU HANDLE OTHER INSURANCE FOR APPLICANT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DID YOU RECEIVE THE ORDER DIRECT FROM APPLICANT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE RATE(S)			
LOCATION	CONSTRUCTION	CONTENTS RATE	PROTECTION CLASS
1.		\$	
2.		\$	
3.		\$	
4.		\$	
<b>THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.</b>			
<b>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.</b>			
<b>APPLICANT'S SIGNATURE</b>		<b>DATE</b>	
<b>AGENT'S OR BROKER'S SIGNATURE</b>		<b>AGENCY LOCATION</b>	