



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.

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		DESIRED LIMITS	
<input type="checkbox"/> OWN VEHICLES (GIVE NUMBER AND BODY TYPE)		\$ _____	
<input type="checkbox"/> OTHER (DESCRIBE)		\$ _____	
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: _____			

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 (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"/> <input type="checkbox"/> Yes <input type="checkbox"/> No Why?
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QUESTIONS TO BE ANSWERED BY AGENT OR BROKER			
DO YOU HANDLE OTHER INSURANCE FOR APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID YOU RECEIVE THE ORDER DIRECT FROM APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE RATE(S)			
LOCATION	CONSTRUCTION	CONTENTS RATE	PROTECTION CLASS
1.		\$	
2.		\$	
3.		\$	
4.		\$	
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	