



Evanston Insurance Company
Markel American Insurance Company
Markel 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? Yes No Wet 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____									
PRESENT CARRIER: _____ Expiring Premium: _____ Rate: _____ Deductible: _____									
LOSSES PAST 3 YEARS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">DATE OF LOSS</th> <th style="width: 60%;">DETAILS</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	DATE OF LOSS	DETAILS	_____	_____	_____	_____	_____	_____
DATE OF LOSS	DETAILS								
_____	_____								
_____	_____								
_____	_____								
TOTAL GROSS RECEIPTS (PAST 12 MONTHS) \$ _____	AVERAGE CHARGE PER ITEM \$ _____								

Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Notice to Florida and Oklahoma 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)*. *Applies in Florida only.

Notice to Kansas applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: 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 to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington 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 and denial of insurance benefits. *Applies in Maine only.

Notice to Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: 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 the person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

APPLICANT'S SIGNATURE	DATE
AGENT'S OR BROKER'S SIGNATURE	AGENCY LOCATION _____ _____ _____