



# ESSEX INSURANCE COMPANY

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

|   |   |  |  |
|---|---|--|--|
| NAME AND ADDRESS OF APPLICANT (NUMBER, STREET, CITY, COUNTY, STATE, ZIP):   |   | PRIOR CARRIER:   |  |
|   |   | DESIRED EFFECTIVE DATE:  |  |
| <b>WHAT KIND OF WORK IS DONE ON CUSTOMER'S GOODS?</b>   |   |  |  |
| ARE CUSTOMERS' GOODS ACCEPTED FOR STORAGE?<br><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?<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   |  |
| IS THERE A LOUD SOUNDING GONG OR SIREN ALARM ON OUTSIDE OF BUILDING?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                | ARE THERE ANY PRIVATE WATCHMEN WITHIN THE PREMISES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | ARE SUCH WATCHMEN ON DUTY AT ALL TIMES WHEN PREMISES ARE NOT REGULARLY OPEN FOR BUSINESS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| DO THEY REGISTER ON A WATCHMAN'S CLOCK AT LEAST HOURLY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | DO THEY SIGNAL A CENTRAL STATION AT LEAST HOURLY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | ARE ALL DOORS AND ACCESSIBLE WINDOWS BARRED?<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? _____   |   |  |  |
| How often serviced? _____ By Whom? _____  |   |  |  |
| Is system equipped with a Sprinkler Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |  |
| Describe:   |   |  |  |
| <b>GIVE DATE, CAUSE AND AMOUNT OF APPLICANT'S LOSSES FOR AT LEAST THE PAST THREE YEARS:</b>   |   |  |  |
| <b>TOTAL GROSS RECEIPTS (PAST 12 MONTHS)</b><br>\$ _____  | <b>AVERAGE CHARGE PER ITEM</b><br>\$ _____  | <b>HAS ANY INSURANCE COMPANY EVER CANCELLED, REFUSED TO RENEW, OR DECLINED TO ISSUED ANY INSURANCE FOR APPLICANT? (IF SO, NAME OF COMPANY?)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No Why? |  |

|  |                                       |
|--|---------------------------------------|
| <b>QUESTIONS TO BE ANSWERED BY AGENT OR BROKER</b> |                                       |
| DO YOU HANDLE OTHER INSURANCE FOR APPLICANT?       | DID YOU RECEIVE THE ORDER DIRECT FROM |

|  |                     |   |                       |
|--|---------------------|---|-----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                     | <b>APPLICANT?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| <b>FIRE RATE(S)</b>                                      |                     |   |                       |
| <b>LOCATION</b>  | <b>CONSTRUCTION</b> | <b>CONTENTS RATE</b>  | <b>% CO-INSURANCE</b> |
| 1.   |                     | \$  | %                     |
| 2.   |                     | \$  | %                     |
| 3.   |                     | \$  | %                     |
|  |                     | \$  | %                     |
| <b>APPLICANT'S SIGNATURE</b>                             |                     | <b>DATE</b>   |                       |
| <b>AGENT'S OR BROKER'S SIGNATURE</b>                     |                     | <b>AGENCY LOCATION</b>  |                       |