



Agency: \_\_\_\_\_

Location: \_\_\_\_\_

# BAILEE/PROCESSOR COVERAGE

Proposed Effective Date: \_\_\_\_\_

Proposed Expiration Date: \_\_\_\_\_

## A. APPLICANT INFORMATION

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Entity:  Individual  Corporation  Sub Chapter S Corp.  Partnership  Joint Venture (H) Non-Profit Organization
4. Years in business: \_\_\_\_\_
5. Inspection Contact: \_\_\_\_\_
6. Accounting Records Contact \_\_\_\_\_
7. Description of Operations: \_\_\_\_\_
8. Any other insurance with this company or being submitted? \_\_\_\_\_

## B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years?  Yes  No If yes: \_\_\_\_\_
2. Prior Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_
3. LOSS HISTORY

Describe all losses to the property of others which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

## C. DESIRED LIMITS OF LIABILITY

1. \$ \_\_\_\_\_ at \_\_\_\_\_
2. \$ \_\_\_\_\_ at \_\_\_\_\_
3. \$ \_\_\_\_\_ at \_\_\_\_\_
4. \$ \_\_\_\_\_ in transit Number of delivery vehicles \_\_\_\_\_

Deductible: \$250   φ   \$500   φ   \$1,000

	DRY CLEANING		LAUNDRY		OTHER (Describe)	
	LOCATION 1	LOCATION 2	LOCATION 1	LOCATION 2		
Annual Gross Receipts (past 12 mos)						
Average number of days goods are on Insured's premise (Normal number of days service)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Average daily value of customers goods on premises	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**LOCATIONS OF COVERED PROPERTY**

Type of Property	Building Construction	Building Age	Sprinklered		Burglar Alarm Information
			Yes	No	
a. _____					
b. _____					
c. _____					

Description of process/work performed on customers property: \_\_\_\_\_

List solvents used, quantities normally on hand and how stored: \_\_\_\_\_

**D. NOTICE TO APPLICANT**

**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 – APPLICABLE IN FLORIDA ONLY.**

**A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.**

The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.

Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.) If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Agent signature \_\_\_\_\_