



ESSEX INSURANCE COMPANY

APPLICATION FOR BAILEES' CUSTOMERS PROPERTY FLOATER (CLEANERS, DYERS, & LAUNDRIES)

APPLICANT	ADDRESS
WHAT KIND OF WORK IS DONE ON CUSTOMER'S GOODS?	SOLVENTS USED?

LOCATIONS OF PREMISES OPERATED OR USED BY THE APPLICANT	DESIRED LIMITS OF LIABILITY

NOTE: USE NEXT PAGE TO LIST ALL PICKUP LOCATIONS AND LOCATIONS (OPERATED OR USED BY OTHERS) TO WHICH APPLICANT SENDS CUSTOMERS' GOODS FOR ANY PURPOSE.

PREMISES PROTECTION (A) BURGLAR ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE	CERTIFICATE NUMBER
(B) WATCHMAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE OPERATION	(C) ARE DOORS, ACCESSIBLE WINDOWS OR OTHER OPENINGS BARRED?

FIRE PROTECTION (A) IS LOCATION SPRINKLED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WET <input type="checkbox"/> DRY	MANUFACTURER'S NAME & WHEN INSTALLED
BY WHOM: (B) IS SYSTEM EQUIPPED WITH A SPRINKLER ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN SERVICED? DESCRIBE:

GIVE LOSS EXPERINECE FOR PAST THREE YEARS

DATE	HOW CAUSED	AMOUNT
		\$
		\$
		\$

	DRY CLEANING	LAUNDRY	OTHER
ANNUAL GROSS RECEIPTS	\$	\$	\$
PERCENT OF BUSINESS FOR 1-DAY SERVICE	%	%	%
PERCENT OF BUSINESS DEVELOPED AT PICKUP STATIONS	%	%	%
AVERAGE LENGTH OF TIME GOODS ARE ON PLANT PREMISES (OTHER THAN STORED GOODS)			
APPROXIMATE NUMBER OF ORDERS ON PLANT PREMISES AT ANY ONE TIME			
AVERAGE VALUE OF ARTICLES OR BUNDLES	\$	\$	\$
AVERAGE CHARGE TO PROCESS	\$	\$ PER BUNDLE	\$
PERCENT OF BUSINESS			
(A) CASH AND CARRY	%	%	%

(B) PICK-UP AND DELIVERY	%	%	%
PERCENT OF BUSINESS FOR PROPERTY OTHER THAN CLOTHING DESCRIBE:	%	%	%

ARE CUSTOMER'S GOODS STORED?	LOCATION	VALUES		LIMIT REQUIRED	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PLANT <input type="checkbox"/> PICKUP STATIONS <input type="checkbox"/> ELSEWHERE	AVERAGE	PEAK	PER BOX	TOTAL
		\$	\$	\$	\$
HOW STORED? <input type="checkbox"/> BOX <input type="checkbox"/> OPEN	IS RECEIPT ISSUED TO CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", ATTACH COPY)				
DOES APPLICANT USE OWN VEHICLES FOR PICKUP AND DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES", LIST BELOW)	NUMBER OF GARMENTS OR BUNDLES CARRIED ON ANY ONE VEHICLE AVERAGE: _____ MAXIMUM: _____				
LIMIT DESIRED FOR TRANSIT: _____					
HAS ANY INSURANCE COMPANY EVER CANCELLED, REFUSED TO RENEW? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES", PLEASE EXPLAIN)					

LOCATIONS NOT OPERATED BY APPLICANT (REPAIR, DYEING, ETC.)

LOCATION(S)	WORK PERFORMED	FREQUENCY OF USE	ESTIMATED ANNUAL COST OF SERVICE

PICKUP LOCATIONS(S)

LOCATION(S)	NAME	FREQUENCY OF PICKUPS	ESTIMATED ANNUAL RECEIPTS

LIST OF PICKUP AND DELIVERY VEHICLES

BODY TYPE	LOCKS OR OTHER PROTECTION	RADIUS OF USE

FIRE RATE(S) – LOCATIONS

LOCATION(S)	CONSTRUCTION	CONTENTS RATE	% COINSURANCE
1.			
2.			
3.			
4.			

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