



ESSEX INSURANCE COMPANY

COMMERCIAL INLAND MARINE FURRIERS' CUSTOMERS

PROPOSAL FOR FURRIERS' CUSTOMERS POLICY

**This Proposal must be completed and signed in duplicate.
It is essential that ALL QUESTIONS be answered FULLY.
Quotations cannot be given on incomplete Proposals.**

NOTE: "Customers' Property" wherever used herein refers to Customers' Furs, Garments, Textiles and Similar Articles.

Section One

1. Name: _____
2. Principal place of business: _____
3. Nature of business: _____
Wholesale: _____% Retail: _____%
4. Peak values of Customers' Property (over all locations) during the preceding twelve months were:
\$ _____ on _____.

5. Locations (all) used for storage of Customers' Property and Highest Values Preceding 12 Months:

| | ADDRESS | FLOOR | BUILDING OR SECTION | OPERATED BY | HIGHEST VALUES AMOUNT MONTH | |
|-----|---------|-------|---------------------|-------------|-----------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |

NOTE: Separate "Description of Storage Enclosure and Location" Rider must be completed for each Storage Enclosure, except where storage is at premises **NOT** operated by Proposer; then it may be omitted unless or until specifically requested by the Company.

6. With respect to storage locations **NOT OPERATED BY PROPOSER**, specify,
 - (a) Those at which a separate storage enclosure is maintained for Proposer's exclusive use (this refers to an entire vault or room, not to a stall or other subdivision thereof): _____

 - (b) Any which may be in the same building (but under a different street address) with Proposer's principal place of business: _____

7. Name of present carrier of Furriers' Customers Policy (IF NONE, STATE NONE): _____
Attaching date of such Policy: _____
8. **LOSS EXPERIENCE:**
 - (a) Has Proposer, during past five (5) years, suffered any loss, involving Customers' Property? _____
 - (b) If so, give full particulars (on separate sheet if necessary) including name of insurer: _____

(c) Has this form of insurance been cancelled or declined by any other Company? _____
 If so, give details: _____

Section Two

1. **BASIC POLICY** (Custody Form Only) Monthly Reporting Annual Premium (Non-Reporting)+

Limits of Liability:

(a) At Locations where Customers' Property is Stored

| <u>Location</u> | <u>Inside Storage Enclosure</u> | <u>Outside Storage Enclosure</u> |
|-----------------|---------------------------------|----------------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

(b) At locations Not Used for Storage:

Proposer's Premises \$ _____ While in Transit \$ _____ At Any Other Location \$ _____

(c) Deductible requested: \$ _____

+Note: This Form is available only when the policy does not include an endorsement permitting issuance of Certifications, Certificates or Special Personal Fur Policies, or Form B Excess Legal Liability Endorsement.

2. **OPTIONAL EXTENSIONS** – Check Box, if desired.

(a) Certificates or Special Personal Fur Policies – Form No. _____

(b) Excess Legal Liability:
 Limit any one catastrophe

| <u>Location</u> | <u>Form A</u> | <u>Form B</u> |
|-----------------------|---------------|---------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
| Limit any one garment | \$ _____ | \$ _____ |

(c) Accrued Charges: Unpaid Prepaid Reporting Form Flat Premium Basis
 Catastrophe Limit:

| <u>Location</u> | |
|-----------------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this Proposal does not bind the Proposer to complete the insurance, but it is agreed that the information contained herein and in the "Description of Storage Enclosure and Location" Rider(s) attached hereto shall be the basis of the contract should a Policy be issued. If any of the questions therein have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.

I/We have read the above and the "Description of Storage Enclosure and Location" Rider(s) attached hereto and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

 Signature of Proposer

 Date

 Title

DESCRIPTION OF STORAGE ENCLOSURE AND LOCATION

(To be attached to Furriers' Customers Proposal)

Description of Storage Location _____ at _____ is as follows:

1. STORAGE LOCATION GENERALLY:

Construction of Building (i.e., Frame, Brick, Mill, Reinforced Concrete, etc.): _____

On which floor is storage enclosure located (i.e., basement, first, second, etc.): _____

2. STORAGE LOCATION AND STORAGE ENCLOSURE

BURGLARY PROTECTION (see Notes 1 and 2 below)

(a) Indicate (By Yes or No) whether the following are **Protected by An Alarm System Connected With An Outside Central Station** (Except Stationary Show Windows)

(1) All Accessible Windows

(2) All Doors

(3) All Transoms

(4) All Skylights

(5) All Other Openings

(6) All Ceilings

(7) All Floors

(8) All hall, party partition, and building walls which are exposed to street or public highway, and except that part of any building walls which is at least two stories above roof of an adjoining building or other structure)

(9) State type, grade and certificate number: _____

(b) Indicate (By Yes or No) whether the following are **Protected by An Alarm System Connected With A Loud Sounding Gong or Siren on Outside of Building and Operated in Conjunction with Watchman Service Described in Section "C" Following**

(1) All Accessible Windows(Except Stationary Show Windows)

(2) All Doors

(3) All Transoms

(4) All Skylights

(5) All Other Openings

(6) All Ceilings

(7) All Floors

(8) All hall, party partition, and building walls which are exposed to street or public highway, and except that part of any building walls which is at least two stories above roof of an adjoining building or other structure)

(9) State type, grade and certificate number: _____

(c) **Watchman Service**

(1) How many Private Watchmen are maintained, at one time, within the premises

(2) Are all such Watchmen on duty at all times when premises are not regularly open for business

(3) If not, when are such Watchmen on duty

(4) Do such Watchmen signal to a Central Station at least hourly

(5) If not, do such Watchmen register on a Watchman's Clock, at least hourly

STORAGE LOCATION

STORAGE ENCLOSURE

STORAGE LOCATION

NOTE (1) Accessible windows are those windows not more than 18 feet above the ground, or roof of an adjoining building or projection, or from an extension, or from a ledge or fire escape or other structure. Windows above the first story of the building and which front on a public thoroughfare and which are more than 18 feet above the ground are not considered accessible.

NOTE (2) A Police Station may be classed as a Central Station provided there is a regular policeman on duty therein at all times.

3. STORAGE ENCLOSURE ONLY:

(a) Size Width _____ Length _____ Height _____

(b) Number of Openings Doors _____ Windows _____ Vents _____

(c) Construction of Walls, Floor & Ceiling:

| <u>Material</u> | <u>WALLS Thickness</u> | <u>FLOOR Thickness</u> | <u>CEILING Thickness</u> |
|---------------------------|----------------------------|----------------------------|------------------------------|
| Wood and/or Plaster Board | _____ Inches | _____ inches | _____ inches |
| Cement or concrete blocks | _____ Inches | _____ Inches | _____ Inches |
| Hollow Tile | _____ Inches | _____ Inches | _____ Inches |
| Brick | _____ Inches | _____ Inches | _____ Inches |
| Plain Concrete | _____ Inches | _____ Inches | _____ Inches |
| Reinforced Concrete | _____ Inches | _____ Inches | _____ Inches |
| Granite or Stone | _____ Inches | _____ Inches | _____ Inches |
| Steel | _____ Inches | _____ Inches | _____ Inches |
| Steel Lining | _____ Inches | _____ Inches | _____ Inches |
| _____ | _____ Inches | _____ Inches | _____ Inches |
| _____ | _____ inches | _____ Inches | _____ inches |

NOTE: If all walls are not of same construction, classify walls as Nos. 1,2,3, and 4, and designate type of construction of each.

(d) Description of Doors of Storage Enclosure

| | <u>OUTER DOOR</u> | <u>INTER DOOR</u> |
|--|-------------------|-------------------|
| (a) State type (ordinary, refrigerator, fire or vault) | _____ | _____ |
| (b) Name of Manufacturer | _____ | _____ |
| (c) State classification of Underwriters Label | _____ | _____ |
| (d) If refrigerator or fire door, state thickness | _____ inches | _____ inches |
| (e) If Vault Door | | |
| (1) State thickness of steel exclusive of bolt work | _____ inches | _____ inches |
| (2) Is door equipped with combination lock? | _____ | _____ |
| (3) Lock Manufacturer's Name and Number | _____ | _____ |
| (f) If not equipped with combination lock, describe: _____ | _____ | _____ |

Date

Signature of Proposer