

Bailees supplemental application

Name of applicant			
Mailing address			
Contact name	Telephone		
Location address			
Years in business	Policy name	to	
Description of a section of			

Description of operations:

Insured is:	Individual	Partnership	Corporation	Joint venture		
What kind of work is done on customer's goods?						
Are customers' go accepted for stora		v long a period of	During what seas	son? Are customers' goods picked up or delivered		
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				
Method of transportation		Desired limits				
Own vehicle (give number and body type)		\$				
Other (describe)			\$			
Burglary protection: is there any burglary alarm system at the premises? (If so, state type) Yes No		Is it connected with any outside central station? Yes No				
Is there a loud sou siren alarm on outs Yes No		Are there any private watchmen within the times premises? Yes No		Are such watchmen on duty at all when premises are not regularly open for business? Yes No		

Do they register on a watchman's clock at least hourly?	Do they signate least hourly?	I a central station at	Are all doo windows b	rs and accessible arred?	
Yes No	Yes	No	Yes	No	
Fire protection					
Is location sprinklered? Yes N	o Wet	Dry			
Manufacturer's name and when installed?					
How often serviced?					
By whom?					
Is system equipped with a Sprinkler Alarm? Yes No Describe: 1. Distance to from this location to the coastline of lake, gulf, or ocean?					
Has any company cancelled, denied or declined to renew coverage? yes no					
If yes, please explain					
Present carrier:		expiring prer	nium:	rate:	
deductible:					
Losses past 3 years: date of loss	details				

Total gross receipts	Average charge per item	Has any insurance company ever cancelled, refused to			
(past 12 months)		renew, or declined to issued (if so, name of company)	any insu ves	rance for applicant? no whv?	
\$	\$	(,	,		