



BAILEES' CUSTOMERS GOODS APPLICATION

Insured Name _____

Mailing Address _____

Location Address _____

Policy Information

Are customers' goods picked up or delivered? Yes / No

List types of goods stored by percentage:

Average length of time insured possesses goods: _____

Limits requested: _____

Max value of any one item: _____

Gross receipts in past 12 months: _____ Average charge per item: _____

Please describe any losses occurring over the past three years:

Burglary Protection

Does the property have a central station alarm? Yes / No

Is there private security on the premises? Yes / No

Are all doors and accessible windows barred? Yes / No

Are there surveillance cameras on the premises? Yes / No

Fire Protection

Is the location sprinklered? Yes / No

If yes, is it a wet or dry system? _____

Is the system equipped with a sprinkler alarm? Yes / No

Applicant Signature / Date

Producer Signature / Date