



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

APPLICATION FOR BAILEES' CUSTOMERS POLICY (EXCLUDING DYERS, CLEANERS, & LAUNDRIES)

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Description of Operations: _____

Insured is: ____ Individual ____ Partnership ____ Corporation ____ Joint Venture.

WHAT KIND OF WORK IS DONE ON CUSTOMER'S GOODS?			
ARE CUSTOMERS' GOODS ACCEPTED FOR STORAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR HOW LONG A PERIOD OF TIME?	DURING WHAT SEASON?	ARE CUSTOMERS' GOODS PICKED UP OR DELIVERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
1. _____			\$ _____
2. _____			\$ _____
3. _____			\$ _____
METHOD OF TRANSPORTATION			DESIRED LIMITS
<input type="checkbox"/> OWN VEHICLES (GIVE NUMBER AND BODY TYPE)			\$ _____
<input type="checkbox"/> OTHER (DESCRIBE)			\$ _____
BURGLARY PROTECTION. IS THERE ANY BURGLARY ALARM SYSTEM AT THE PREMISES? (IF SO, STATE TYPE) <input type="checkbox"/> Yes <input type="checkbox"/> No		IS IT CONNECTED WITH ANY OUTSIDE CENTRAL STATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IS THERE A LOUD SOUNDING GONG OR SIREN ALARM ON OUTSIDE OF BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE THERE ANY PRIVATE WATCHMEN WITHIN THE PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE SUCH WATCHMEN ON DUTY AT ALL TIMES WHEN PREMISES ARE NOT REGULARLY OPEN FOR BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO THEY REGISTER ON A WATCHMAN'S CLOCK AT LEAST HOURLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO THEY SIGNAL A CENTRAL STATION AT LEAST HOURLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE ALL DOORS AND ACCESSIBLE WINDOWS BARRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE PROTECTION			
Is location sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry			
Manufacturer's name & when installed? _____			
How often serviced? _____ By Whom? _____			
Is system equipped with a Sprinkler Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe: _____			

HAS ANY COMPANY CANCELLED, DENIED OR DECLINED TO RENEW COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____														
PRESENT CARRIER: _____ Expiring Premium: _____ Rate: _____ Deductible: _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">LOSSES PAST 3 YEARS:</th> <th style="width: 30%;">DATE OF LOSS</th> <th style="width: 40%;">DETAILS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			LOSSES PAST 3 YEARS:	DATE OF LOSS	DETAILS									
LOSSES PAST 3 YEARS:	DATE OF LOSS	DETAILS												
TOTAL GROSS RECEIPTS (PAST 12 MONTHS) \$ _____	AVERAGE CHARGE PER ITEM \$ _____	HAS ANY INSURANCE COMPANY EVER CANCELLED, REFUSED TO RENEW, OR DECLINED TO ISSUED ANY INSURANCE FOR APPLICANT? (IF SO, NAME OF COMPANY) <input type="checkbox"/> Yes <input type="checkbox"/> No Why?												

QUESTIONS TO BE ANSWERED BY AGENT OR BROKER			
DO YOU HANDLE OTHER INSURANCE FOR APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID YOU RECEIVE THE ORDER DIRECT FROM APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE RATE(S)			
LOCATION	CONSTRUCTION	CONTENTS RATE	PROTECTION CLASS
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
		\$ _____	
<p>THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.</p> <p>THE PROPOSER AGREES THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL ARE TRUE AND THAT, IF INSURANCE IS AFFECTED, MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION VOIDS THIS INSURANCE.</p>			
APPLICANT'S SIGNATURE		DATE	
AGENT'S OR BROKER'S SIGNATURE		AGENCY LOCATION	