

BAILEES CUSTOMERS APPLICATION

SECTION I - GENERAL

	Applicant	Producer
Name		
Address		
Telephone Number		
Web Site Address		

Proposed Policy Term
 From:
 To:

Annual Gross Receipts

Last Year:	\$
Estimated Current Year:	\$

Applicant's Business
 Nature Of:
 Number Of Years In Business:

Contact For Inspection
 Name:
 Telephone Number:
 Email Address:

SECTION II - GENERAL INFORMATION
 (Complete all that apply.)

Indicate the percentage of principal work performed:

Dry Cleaning:	%		Television Repair:	%
Laundry:	%		Computer Repair:	%
Fur Storage:	%		Electronic Repair:	%
Appliance Repair:	%		Other (Specify):	%

What is the average:

Service charge per order:	\$
Number of days required to service:	
Value per order:	\$
Number of working days:	

Indicate the age, type of construction and protection class of the premises:

SECTION III - PROTECTION OF GOODS/PROPERTY

(Provide details for all that apply.)

1. What method do you use for keeping records of property in your care and how often are the records updated?

2. Is guard service employed?

3. Are there safes or vaults on the premises?

4. Are recognized approved central station burglar alarms installed and maintained?

5. Are off-street windows and skylights protected from break-ins?

6. Are storage areas locked at all times when unoccupied?

7. Are there any hazardous or flammable materials used or stored on the premises?

8. Are security cameras and video recording equipment used to continually monitor the storage areas?

9. Regarding the premises:

a. What is the Public Protection Class (PPC) rating?

b. Are there any private protection improvements?

c. What is the distance in feet to the nearest fire hydrant?

d. What is the distance in miles to the nearest responding fire department?

e. Are no-smoking rules posted and enforced?

10. Are the premises or any portion of the premises equipped with a sprinkler system?

11. Are there fire doors and fire stops between the various storage areas within the premises?

12. Are the premises equipped with a recognized approved central station fire alarm system and fire extinguishers?

13. Are employees trained in basic fire-fighting techniques?

14. Has the local fire department familiarized itself with the premises and the available fire defenses?

15. Is any property stored in basements or subbasements? If so, are these areas equipped with a water detection system, and is the property stored off the floor?

SECTION III - PROTECTION OF GOODS/PROPERTY (Cont'd)

16. What is your procedure for transporting property? Include the transit methods used and the protection provided while in transit:

17. Are drivers' MVRs reviewed on a regular basis and maintained?

18. What types of vehicles do you operate, and what protective devices are on each vehicle?

19. What is your procedure for protecting small items from breakage or disappearance while in storage?

20. Are any valuable items kept in controlled areas?

21. What training do you provide employees in proper handling practices?

22. Are maintenance records kept for all protection devices?

23. Are emergency procedures and telephone numbers maintained and known to all employees?

SECTION IV - LIMITS OF INSURANCE AND DEDUCTIBLE
(Complete all that apply.)

1. Property At Your Premises

Address:

Limits Of Insurance

\$

2. Property Away From Your Premises

Address:

\$

3. Property In Transit

\$

4. Property In Storage At Your Premises

\$

5. All Covered Property In Any One Occurrence

\$

6. Deductible: \$

SECTION V - ADDITIONAL INFORMATION

Insurance companies during the last three years:

Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured:

List of any additional information attached with this application:

PLEASE COMPLETE SIGNATURE BLOCK ON LAST PAGE

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO COLORADO APPLICANTS

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FRAUD STATEMENT TO FLORIDA APPLICANTS

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KANSAS APPLICANTS

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to fines and confinement in prison. A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance or the rating of an insurance policy or a claim for payment or other benefit under an insurance policy, if such person knows the written statement contains materially false information concerning any material fact; or conceals, for the purpose of misleading, information concerning any material fact.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MAINE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an **application** for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an **application** for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an **application** for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

FRAUD STATEMENT TO NEW YORK APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an **application** for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD STATEMENT TO OHIO APPLICANTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an **application** or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an **application** for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an **application** for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO PUERTO RICO APPLICANTS

Any person who knowingly and with the intention of defrauding presents false information in an insurance **application**, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating

circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Insured (Applicant):
Application Completed By (print name):
Signature:
Title:
Date:

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