

BAILEES' CUSTOMERS APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ Contact for Inspection _____

Policy Dates: _____ Business Description: Individual Partnership Corporation Other _____

Years in business _____ Nature of Business _____

Total Gross Receipts during past 12 months _____

Type of work performed:

a) _____ % Dry Cleaning b) _____ % Laundry

c) _____ % Other (describe) _____

Locations:	Address	Plant or Pickup Station	Coverage Limit
------------	---------	-------------------------	----------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Name of cleaning solvent _____ Manufactured By _____

a) Approved Yes _____ No _____ b) Flash point _____

Building: a) Year built _____ b) Protection Class _____ c) Construction _____

Number of vehicles used for delivery or pickup, radius of operation and maximum limit of coverage needed on each unit _____

Describe burglar alarm systems at each location (if no system, indicate "none")

a) Installed and serviced by _____

b) Type - Central Station with keys _____

 Central Station without keys _____

 Local Gong / Local to Police _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Date: _____

Applicant Signature

Producer Name, Address & Signature