

# 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 \_\_\_\_\_