

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

BAILEES CUSTOMERS APPLICATION

1. Name of Applicant: _____
2. Website Address: _____
3. Location Address: _____
4. Proposed Policy Term: From: _____ To: _____
5. Applicant's Business: _____ Number of Years in Business: _____
6. Contact for Inspection:
Name: _____
E-mail Address: _____ Telephone Number: _____
7. Have you declared bankruptcy or been in receivership within the past five years?..... Yes No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

GENERAL INFORMATION

8. Complete type of work performed.

Indicate the percentage of principal work performed			
Dry Cleaning	%	Computer Repair	%
Laundry	%	Electronic Repair	%
Fur Storage	%	Television Repair	%
Appliance Repair	%	Other (Specify):	%

9. What is the average:
Service charge per order: \$ _____
Number of days required to service:..... _____
Value per order: \$ _____
Number of working days: _____
10. Indicate the age, type of construction and protection class of the premises: _____

PROTECTION OF GOODS/PROPERTY

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

12. Is guard service employed?..... Yes No
13. Are there safes or vaults on the premises? Yes No
14. Are recognized approved central station burglar alarms installed and maintained?..... Yes No

15. Are storage areas locked at all times when unoccupied? Yes No
16. Are there any hazardous or flammable materials used or stored on the premises?..... Yes No
17. Are security cameras and video recording equipment used to continually monitor the storage areas? Yes No
18. Regarding the premises:
- a. What is the Public Protection Class (PPC) rating? _____
- b. What is the distance in feet to the nearest fire hydrant? _____
- c. What is the distance in miles to the nearest responding fire department? _____
- d. Are no-smoking rules posted and enforced? Yes No
19. Are the premises or any portion of the premises equipped with a sprinkler system? Yes No
20. Are there fire doors and fire stops between the various storage areas within the premises?..... Yes No
21. Are the premises equipped with a recognized approved central station fire alarm system and fire extinguished?..... Yes No
22. Is any property stored in basements or subbasements?..... Yes No
 If so, are these areas equipped with a water detection system, and is the property stored off the floor? Yes No

LIMITS OF INSURANCE AND DEDUCTIBLE

23. Property At Your Premises:

	Maximum Per Item	Policy Limit
Location 1	\$	\$
Location 2	\$	\$
Location 3	\$	\$
	Total Policy Limit	\$

24. Property Away From Your Premises

	Maximum Per Item	Policy Limit
Location 1	\$	\$
Location 2	\$	\$
Location 3	\$	\$
	Total Policy Limit	\$

25. Property In Transit \$ _____
26. Property In Storage At Your Premises \$ _____
27. All Covered Property In Any One Occurrence..... \$ _____
28. Deductibles \$ _____

ADDITIONAL INFORMATION

29. List previous insurance carrier: _____

30. List the last three year losses: _____

31. List any additional information attached with the application: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in OH.)

NOTICE 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____