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

NAME AND ADDRESS OF APPLICANT (NUMBER, STREET, CITY, COUNTY, STATE, ZIP):		PRIOR CARRIER: DESIRED EFFECTIVE DATE:	
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: _____			
GIVE DATE, CAUSE AND AMOUNT OF APPLICANT'S LOSSES FOR AT LEAST THE PAST THREE YEARS:			
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?

Yes No

DID YOU RECEIVE THE ORDER DIRECT FROM APPLICANT?

Yes No

FIRE RATE(S)

LOCATION	CONSTRUCTION	CONTENTS RATE	% CO-INSURANCE
1.		\$	%
2.		\$	%
3.		\$	%
		\$	%

APPLICANT'S SIGNATURE

DATE

AGENT'S OR BROKER'S SIGNATURE

AGENCY LOCATION