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APPLICATION FOR BAILEES' CUSTOMERS PROPERTY FLOATER (CLEANERS, DYERS, & LAUNDRIES)

The following spaces preceded by an asterisk () need not be completed if this endorsement and the policy have the same inception date.*

POLICY NUMBER	INSURED	EFFECTIVE DATE
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Name of Applicant

Address

LIMITS OF LIABILITY

Please list locations of premises operated or used by the applicant and desired limits of liability.

	Location Number	Desired Limits of Liability
1		\$
2		\$
3		\$
4		\$
5		\$

What kind of work is done on customer's goods?	
What solvents are used?	

PREMISES PROTECTION

Is there a burglar alarm system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate type of system:	
If yes, indicate certificate number:	
Is there a watchman?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe operation:	
Are doors, accessible windows, or other openings barred?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FIRE PROTECTION

Is the location sprinkled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the name of the manufacturer?	
When was the system installed?	
Who installed the system?	
How often is the system serviced?	
Is the system equipped with a sprinkler alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:	

LOSS HISTORY

Please provide loss experience for the past three years.

Date	How Caused?	Amount
		\$
		\$
		\$
		\$
		\$
		\$

RECEIPTS & SOURCES

	Dry Cleaning	Laundry	Other
Please indicate gross annual receipts	\$	\$	\$
Percentage of business for 1-day service	%	%	%
Percentage of business developed at pick-up stations	%	%	%
Average length of time goods are on plant premises (other than stored goods)			
Approximate number of orders on plant premises at any one time			
Average value of articles or bundles	\$	\$	\$
Average charge to process	\$	\$	\$
Percentage of business for cash and carry	%	%	%
Percentage of business for pick-up and delivery	%	%	%
Percentage of business for property other than clothing	%	%	%
Please describe:			

STORAGE

Are customer's goods stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, indicate location:	<input type="checkbox"/> Pick-up stations <input type="checkbox"/> Plant <input type="checkbox"/> Other		
If Other, please indicate:			
How are customer's good stored?	<input type="checkbox"/> Box <input type="checkbox"/> Open		
Is a receipt issued to the customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please attach a copy of the receipt.			
Indicate values of goods stored:	Average	\$	Peak
Indicate limits required:	Per Box	\$	Total
			\$

TRANSIT

Does applicant use it's own vehicles for pick-up and delivery? If yes, indicate under Vehicle Information section.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate number of garments or bundles carried on any one vehicle:	Average Maximum
Has any insurance company ever cancelled or refused to renew? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate limit desired for transit:	\$

List locations not operated by applicant (repair, dyeing, etc.)			
Location(s)	Work Performed	Frequency of Use	Estimated Annual Cost of Service
			\$
			\$
			\$
			\$

(continued on next page)

List all pick-up locations			
Location(s)	Name	Frequency of Pick-ups	Estimated Annual Receipts
			\$
			\$
			\$
			\$

VEHICLE INFORMATION

	Vehicle Body Type	Locks or Other Protection	Radius of Use (Miles)
1			
2			
3			
4			

FIRE RATES - LOCATIONS

	Location(s)	Construction	Contents Rate	% Coinsurance
1				%
2				%
3				%

Applicant's Signature

Date

Agent's or Broker's Signature

Agency Location