



Texas Specialty Underwriters, Inc.
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APPLICATION FOR BAILEES' CUSTOMERS POLICY

(OTHER THAN DYERS, CLEANERS, & 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

PRIOR CARRIER INFORMATION

Name:	
Address:	
City, State, Zip Code	

What kind of work is done on customer's goods?	
Are customer's goods accepted for storage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, for how long a period of time?	
During what season?	
Are customer's goods picked up or delivered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LIMITS OF LIABILITY

Please indicate desired limits to appear in policy. If open limits are desired, please state below.

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

METHOD OF TRANSPORTATION - Own Vehicles Other

Desired Limits

If own vehicles, number of vehicles:		\$
If own vehicles, indicate body type:		\$
If other, please describe:		\$

PREMISES PROTECTION

Is there a burglar alarm system at the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate type of system:	
Is it connected with any outside central station?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a loud sounding gong or siren alarm on outside of building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any private watchmen within the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are such watchmen on duty at all times when premises are not regularly open for business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they register on a watchman's clock at least hourly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they signal a central station at least hourly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all doors and accessible windows 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
		\$
		\$
		\$
		\$
		\$
		\$

Total gross receipts for the past twelve months:	\$
Average charge per item:	\$
Has any insurance company ever cancelled, refused to renew, or declined to issue any insurance for applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate name of company:	
If yes, indicate reason why:	

QUESTIONS TO BE ANSWERED BY AGENT OR BROKER

Do you handle other insurance for the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive the order direct from the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FIRE RATES - LOCATIONS

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

Applicant's Signature

Date

Agent's or Broker's Signature

Agency Location