



**Equipment, Office Contents & Bailees Application**

Legal Name of Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business Type: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Other (Describe) \_\_\_\_\_

Any additional locations not listed? \_\_\_\_ Yes \_\_\_\_ No If yes, complete the additional location supplement

**Location Information – Please complete all sections**

Construction Type: \_\_\_\_ Frame \_\_\_\_ Joisted Masonry \_\_\_\_ Metal \_\_\_\_ Other: \_\_\_\_\_

Year Building was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Feet Occupied: \_\_\_\_\_

Has the roof, electrical, HVAC & Plumbing systems been updated? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide the year: \_\_\_\_ Roof \_\_\_\_ Electrical \_\_\_\_ HVAC \_\_\_\_ Plumbing

Sprinklered \_\_\_\_ Yes \_\_\_\_ No Alarm: \_\_\_\_ Yes \_\_\_\_ No Security Camera: \_\_\_\_ Yes \_\_\_\_ No

Any other occupancies: \_\_\_\_ Yes \_\_\_\_ No If yes, type: \_\_\_\_\_

**Please provide the desired limits for the following coverages:**

Business Personal Property (office contents) \$ \_\_\_\_\_

Cleaning Equipment (Including Truck Mounts) \$ \_\_\_\_\_ (please complete attached schedule)

Personal Property of Others (Bailees) \$ \_\_\_\_\_

Any equipment valued over \$20,000 per unit? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ If yes please list on attached schedule

Maximum value stored at one time: \_\_\_\_\_ # of pack-outs per year: \_\_\_\_\_

Average value of pack-outs: \_\_\_\_\_ Average revenue per pack-out: \_\_\_\_\_

**PLEASE COMPLETE EVERY ITEM:**

Do you store customers' property? \_\_\_ Yes \_\_\_ No If yes, answer the following questions. If no, skip to the signature section.

Do you complete an inventory of all stored property? \_\_\_ Yes \_\_\_ No

Do you store valuables (e.g., jewelry, antiques, collectibles, electronics, guns, etc...)? \_\_\_ Yes \_\_\_ No

If yes, how do you properly safeguard these items? \_\_\_\_\_

Do you ask each customer if their property requires special handling/storage? \_\_\_ Yes \_\_\_ No

When special handling/storage is needed, are written instructions signed by the customer? \_\_\_ Yes \_\_\_ No

Are customers required to sign off and acknowledge any pre-existing damage? \_\_\_ Yes \_\_\_ No

Do you pack-out and store items that are not part of a restoration loss? \_\_\_ Yes \_\_\_ No

Do you subcontract work to any moving companies? \_\_\_ Yes \_\_\_ No

If yes, is a disclaimer required from each moving company regarding damaged property? \_\_\_ Yes \_\_\_ No

Do you provide moving or storage services unrelated to your restoration operations? \_\_\_ Yes \_\_\_ No

When completing a partial move-back, do you maintain records of all returned items? \_\_\_ Yes \_\_\_ No

When move-back is completed, are customers required to sign that all items are returned? \_\_\_ Yes \_\_\_ No

Do you store customers' property at locations other than your own warehouse? \_\_\_ Yes \_\_\_ No

If yes, please answer the following:

Describe the type of location (mini storage, POD, etc.) \_\_\_\_\_

Is each location inspected for leaks/defects that could damage the stored property? \_\_\_ Yes \_\_\_ No

Does each location have burglar and fire alarms: \_\_\_ Yes \_\_\_ No

Do you train your employees how to properly move your customers property? \_\_\_ Yes \_\_\_ No

**Applicant's Signature**

Applicant: I understand that this application for insurance and any policy issued because of the approval of this application will **ONLY** provide insurance for the disaster restoration, janitorial and/or maid service operations. I further understand that no coverage will be provided for any other business, operations, or services unless they are specifically added to any policy issued for an additional premium. I believe the statement in this application are true and correct. I understand that the insurer will rely on these statements if a policy is to be issued.

Providing false information in an application for insurance is fraud, which is a crime in many states.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



**Additional Location Supplement**

Please complete for all additional locations not listed above

**Location #2:**            **Address:** \_\_\_\_\_

Construction Type: \_\_\_\_\_ Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Other: \_\_\_\_\_

Year Building was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Feet Occupied: \_\_\_\_\_

Has the roof, electrical, HVAC & Plumbing systems been updated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the year: \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_ Plumbing

Sprinklered \_\_\_\_\_ Yes \_\_\_\_\_ No Alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No Security Camera: \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other occupancies: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type: \_\_\_\_\_

**Location # 3:**            **Address:** \_\_\_\_\_

Construction Type: \_\_\_\_\_ Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Other: \_\_\_\_\_

Year Building was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Feet Occupied: \_\_\_\_\_

Has the roof, electrical, HVAC & Plumbing systems been updated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the year: \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_ Plumbing

Sprinklered \_\_\_\_\_ Yes \_\_\_\_\_ No Alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No Security Camera: \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other occupancies: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type: \_\_\_\_\_

**Location #4:**            **Address:** \_\_\_\_\_

Construction Type: \_\_\_\_\_ Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Other: \_\_\_\_\_

Year Building was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Feet Occupied: \_\_\_\_\_

Has the roof, electrical, HVAC & Plumbing systems been updated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the year: \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_ Plumbing

Sprinklered \_\_\_\_\_ Yes \_\_\_\_\_ No Alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No Security Camera: \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other occupancies: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type: \_\_\_\_\_