

Bailee's Customers Application

Please attach to Basic App or ACORD 125.

Producer Name: Producer Address:	_			
Name of Applicant: Coverage Effective from: Nature of Applicant's Business: Existing Great American policy number or prior Insurer: Has any insurer cancelled or declined to renew your insurance? If "Yes," explain:	_			
Dry Cleaner Carpet and Drapery Cleaner Other (describe):				
Describe service or kind of work performed on customer's goods:				
Years in Business: % Retail % Wholesale				
LIMITS of INSURANCE				
Your Location Address(es): Limit of Insurance % Furs Storage Location	7			
1 \$				
2 \$ %YesNo				
3 \$ %YesNo				
Attach schedule of additional locations and limits/ maximum values if necessary. \$ limit while on premises of any other bailees at your direction (List any such locations below with Average & Maximum values applicable to each such location) \$ limit while in transit DEDUCTIBLE: \$				
VALUES AT OTHER BAILEES' LOCATIONS	_			
Other Bailees' Location Address(es): Average/ Maximum Values Estimated % Furs Storage Location	4			
1				
2				
	-			

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Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

OPTIONAL COVERAGES and ENDORSEMENTS				
Earthquake & Volcanic Eruption Coverage Flood Coverage: Limited form Flood & Surface Water Goodwill Replacement Value on Customer's property (up to 5 years old) Bailee Liability Coverage Only (attach copy of contract or receipt [if any] that describes your responsibility for loss to customer's property) Storage of Customers' Goods Coverage (If selected, answer the questions below) How is property stored?				
Is storage receipt issued to Customer? UNDERWRITING INFORMATION	Yes No	(If "Yes," attach cop	у)	
Service Performed:	Dry Cleaner	Laundry	Other (Describe)	
Annual Gross Receipts (past 12 months, whether or not collected)	\$	\$	\$	
Average number of days goods are on your premises				
Estimated average value of customers' goods on your premises for past 12 months List solvents used, quantities normally on ha	\$	\$	\$	
Check if you accept furs for Storage, at location MAIN LOCATION INFORMATION	ion:			
Years at main location: Other occupancies at this location:	Building	Construction:		
Premises Fire Protection: Fire Alarm Local Central Station Automatic Sprinkler System Entire premises? Yes No Premises Burglar Protection: Burglar Alarm: (show type and U.L. Certificate No.) Watchman				
TRANSPORTATION INFORMATION				
Number of owned/ leased delivery vehicles: Customers goods picked up/ delivered, on your vel	hicles: % & by	others at your risk	%	
LOSS HISTORY				
Have you had any losses in the past three years (we fixed the second of	•	Yes No		
COMMENTS				
ANY PERSON WHO KNOWINGLY AND WITH IN PERSON FILES AN APPLICATION FOR INSURA PURPOSE OF MISLEADING, INFORMATION CO FRAUDULENT INSURANCE ACT WHICH IS A CF	NCE CONTAINING FALS	SE INFORMATION, O	OR CONCEALS FOR THE	
Applicant's Signature:	Agent's	Signature:		
Date		Date		

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