

# Marine Insurance Bailee's / Processors Application

## A. General Information

**Proposed Effective Date:**

Applicant's Name:		
Applicant's Mailing Address:		
City:	State:	Zip:
Email:	County:	
Business Telephone Number:		
Physical Location of Business (if different):		
Population within 50 miles:		
<b>Other Locations Used:</b>		
Physical Address:		
City:	State:	Zip:
Physical Address:		
City:	State:	Zip:
Please list any other names the business is or has been known by:		
Contact Person:		Producer's Name:
Detailed description of business activities (specifically, and by location):		
Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:	
Is this a new business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the business owner(s) of the business applying for insurance and identify how many years' experience the owner(s) has had this type of business:		
Please list the manager(s) of the business applying for insurance and identify how many years' experience the manager(s) has had this type of business:		
Annual Payroll:	\$	
Total number of employees:	Full-Time:	Part-Time:



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Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test:

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or professional consultation advisory services?

Yes  No

If yes, please tell us:

Employee Name:

Years with the Company:

Employee's Responsibilities:

Business Telephone:

Email:

## B. Insurance History

Who is your current insurance carrier (or your last if no current provider)?

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	<b>Coverage:</b>	<b>Coverage:</b>	<b>Coverage:</b>
<b>Company Name:</b>			
<b>Expiration Date:</b>			
<b>Annual Premium:</b>			

Has the applicant or any predecessor ever had a claim?

Yes  No

**Attach a five-year loss / claims history, including details. (Required)**

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of the Policy?

Yes  No

If yes, please explain:

Has the Applicant, or anyone on the Applicant's behalf, attempted to place risk in standard markets?

Yes  No

If the standard markets are declining placement, please explain why:

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## C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	<b>Insurance:</b>	<b>Insurance:</b>	<b>Insurance:</b>
<b>Coverage Type:</b>			
<b>Company Name:</b>			
<b>Expiration Date:</b>			
<b>Annual Premium:</b>			

## D. Desired Insurance

Limit requested for covered location:	\$
Limit requested for transportation of goods:	\$
Deductible:	<input type="checkbox"/> \$1,000 (Minimum) <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

## E. Business Activities

1. What kind of work is done on customer's goods?	
2. Are customer's good accepted for storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for how long a period of time and during what season?	
3. Are customer's goods picked up or delivered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the radius of operation?	
If yes, what percent of sales does this represent?	%
If yes, is any delivery activity subcontracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Total gross receipts past 12 months:	\$
5. Average charge per item:	\$
6. Trade Association Membership held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
7. Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Number of Fire Extinguishers on the premises?	
9. Fire Extinguishers serviced and tagged within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Number of smoke detectors on premises?	
11. Is there any burglary alarm system at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state type:	

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12. Is it connected with any outside central station?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there a loud sounding gong or siren alarm on outside of building?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there any private watchmen within the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are such watchmen on duty at all times when premises are not regularly open for business?  If yes, do they register on a watchman's clock at least hourly?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do they signal a central station at least hourly?		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are all doors and accessible windows barred?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Shop is located in:	<input type="checkbox"/> Own Building <input type="checkbox"/> Home <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Other:	
19. Area of shop:	Sq. ft.	
20. Age of building:		
21. Date of last building updated:	Wiring:	Plumbing:
	Roof:	Heating:
22. Construction:	<input type="checkbox"/> Frame <input type="checkbox"/> Metal Clad <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive	
23. Describe all adjacent exposures and distance away from your premises (i.e. restaurants, bakery, etc):		
24. Type of neighborhood:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
25. Type of maintenance and frequency:		
26. Is there a loss payee required on your equipment or mortgagee on building coverage? (Include full name, address, type of equipment, and value):		

## Arbitration Statement

Applicable to Utah applicants: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association or other recognized arbitrator, a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

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## Fraud Warnings

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Massachusetts, Nebraska, Oregon or Vermont applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Puerto Rico applicants: Any person who knowingly and with intent to defraud an insurance company presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (5,000) and not more than ten thousand (10,000), or a fixed term of imprisonment for three years, or both penalties. If aggravated circumstance prevails, the fixed established imprisonment may be increased to a maximum of five years; if extenuating circumstance prevail, it may be reduced to a minimum of two years.

Rhode Island applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Virginia applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Washington applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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**Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.**

**Applicant's Statement:** I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

License Identification Number or National Producer Number: \_\_\_\_\_  
(Florida Producers must provide License Identification Number)

First State Insurance Company  
Hartford Accident and Indemnity Company  
Hartford Casualty Insurance Company  
Hartford Fire Insurance Company  
Hartford Insurance Company of Illinois  
Hartford Insurance Company of the Midwest  
Hartford Insurance Company of Southeast  
Hartford Lloyd's Insurance Company  
Hartford Underwriters Insurance Company  
New England Insurance Company

New England Reinsurance Corporation  
Nutmeg Insurance Company  
Omni Indemnity Company  
Omni Insurance Company  
Pacific Insurance Company, Limited  
Property and Casualty Insurance Company of Hartford  
Sentinel Insurance Company, Ltd.  
Trumball Insurance Company  
Twin City Fire Insurance Company

Please submit this proposal and appropriate materials to:

Name: _____
Address: _____