Red Shield Insurance Company®

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BAILEES PROCESSORS FLOATER APPLICATION

Clear Form

Policy No.:	Proposed Effective and Expiration Date: From: To:	Status of Submission: ❑ Quote ❑ Bind ❑ Issue	Agent Code:

Applicant's Name:	**Agent Name:**
Business Name / DBA:	**Agent Address:**
Mailing Address:	
	Agent's Phone No.:
	Have you insured this account before? ❑ Yes ❑ No

Applicant's Phone No.
  Home:
  Work:
	Billing Status: ❑ Agency Bill ❑ Direct Bill
	  (Direct Bill requires full premium or installment plan down payment)

Years in Business:	**Years of Experience:**	**Company Installment Plan Requested?** ❑ Yes ❑ No If YES, ❑ 8 Pay ❑ 10 Pay (20% Down Payment Required)

Inspection Records
  Name:
  Contact Phone:
	Accounting Records
	  Name:
	  Contact Phone:

Type of Business
❑ Individual   ❑ Corporation   ❑ LLC / LLP   ❑ Joint Venture   ❑ Partnership   ❑ Other

PREMISES INFORMATION – Locations to be insured

LOC #	ADDRESS	LIMIT

FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE

FOLLOWING (Attach additional sheets for multiple locations)

Construction Type:	**Percentage Occupied:** %
Number of Stories: **Year Built:** **Total Square Footage:**	**Public Protection Class:**
Ages/ Updates: Wiring: Roof: Plumbing: HVAC:	
Percentage of Building that is Sprinklered: %	**Type of System:** ☐ Wet ☐ Dry
Other private fire protection (fire extinguishers, private water supply, etc.):	

Operating Alarms:
  ❑ Fire   ❑ Burglary
	Number of Alarms:	**Type of Alarm:**
		  ❑ Central Station ❑ Local ❑ Police

If any locations are leased, who is responsible for building and system maintenance? ❑ Owner ❑ Insured	
Identify and describe other tenants' operations:	
Are any locations in a flood zone? ☐ Yes ☐ No	**If YES, what flood zone?**
Are any locations in an earthquake zone? ☐ Yes ☐ No	**If YES, what earthquake zone?**
What actions are taken to control flood and quake exposures?	

Is receipt issued to customer?	❑ Yes ❑ No	If YES, attach a copy.
Total number of employees:		Are employees bonded? ❑ Yes ❑ No If YES, what bonding company?

BAILEE/PROCESSOR INFORMATION – Types of property; average and maximum values

COMMODITY	LOC #	AVERAGE / MAXIMUM VALUES	PROCESS / WORK PERFORMED
		/	
		/	
		/	

PROVIDE TOTAL PROCESSING GROSS RECEIPTS AS FOLLOWS:

YEAR	GROSS RECEIPTS	AVERAGE VALUES	MAXIMUM VALUES
Prior 12 months			
Next 12 months (anticipated)			

TRANSPORTATION INFORMATION – Including deliveries, pick-ups and interplant shipments

Mode of transportation: ❑ Common Carrier ❑ Contract Carrier ❑ Rail ❑ Air ❑ Owned Vehicles
Radius of operation:

PROVIDE TRANSPORTATION INFORMATION AS FOLLOWS:

YEAR	ANNUAL VALUES SHIPPED	AVERAGE VEHICLE	MAXIMUM VEHICLE
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION

Limit, any one location: (Per schedule of locations, unless noted here)	Deductible:

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

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Clear Form

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?	☐ Yes ☐ No
If YES, explain:	
Explain any periods when insurance was not in place:	

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/ CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ADDITIONAL REMARKS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE_____ Date _____

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