

MISCELLANEOUS BAILEE LIABILITY



Applicant: _____ Effective Date: _____

Address: _____

Website: _____

Years in Business: _____ Annual Gross Revenue-Next Year: _____

Annual Gross Revenue-Last Year: _____

Does applicant maintain authority as a Carrier, Freight Forwarder
or Transportation Property Broker? _____

If yes, provide authority numbers: _____

Provide details of any refrigerated/heated cargoes: _____

Provide details of any Hazardous or Oversized Cargoes: _____

For each location, please provide the following: (use additional sheets as necessary)

Premises Description

- A) Ground floor area: _____
- B) Height (stories): _____
- C) Describe any other occupancies: _____

D) Is there a basement? _____ If yes, a sump pump? _____

E) Any goods not stored on pallets or shelves? _____ If yes, describe:

F) Construction: Walls: _____ Roof: _____

G) Year Built: _____

H) Describe location and size of all pedestrian and vehicle access doors:

Premises Protection

A) Sprinklered? _____ If yes, wet or dry? _____

Brand and Date of Installation: _____

How often serviced? _____

By Whom? _____

Is system alarmed? _____ If yes, describe: _____

- B) Describe any other private fire protection: _____

- C) Distance to responding fire department: _____
- D) Burglar Alarm? _____ If yes, local or central station? _____
 Name of Protection Company: _____
 UL Certificate No. _____ Expiration Date: _____
 Any watchmen exclusively employed by applicant? _____
 If yes, describe hours, number of clock stations on premises, and
 number of central station pull boxes: _____

Values

- A) Estimated total values in storage previous 12 months: _____
- B) Maximum value at any one time: _____
- C) Average value at any one time: _____
- D) Turnover rate: _____

List the top five commodities/products handled by revenue:

Details of any Refrigerated Goods or Hazardous Materials: _____

Describe services provided (warehousing, fulfillment, labelling, etc.), and attach copy of the services agreements for each.

Loss Experience:	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

Limits Requested: _____ Per Trailer or Container
 _____ Per Occurrence

Deductible Desired: _____

Attach copies of Brokerage and Carrier Agreements used.

I hereby certify that the foregoing is a good faith representation of the information requested.
I acknowledge that if this insurance is effected, material misrepresentation or concealment of any information voids this insurance.

(Name / Title)

Date

Email completed application to: submissions.idealam@wichert.com

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