



## BAILMENT COVERAGE: CARE, CUSTODY, AND CONTROL APPLICATION FOR FIRE AND WATER RESTORATION CONTRACTORS

<b>1. Applicant's Name:</b>
<b>2. Does the Applicant store its customers' property on their own premises?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Does the Applicant store its customers' property in a 3<sup>rd</sup> party's temporary storage facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, what is the location(s)? b. Please give details, including any vendor used for storage:
<b>4. If the response to # 3 above is "yes" does the applicant obtain an indemnification or use a "hold harmless" agreement from the 3<sup>rd</sup> party?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Does the Applicant transport its customers' property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. If the response to #5.a. above is "No", is a 3 <sup>rd</sup> party transportation company used? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If the response above is "No" does the applicant obtain an indemnification or use a "hold harmless" agreement from the 3 <sup>rd</sup> party vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If the response to #5.a. above is "Yes", does the Applicant verify that all employees who use their own vehicles for transportation of customers' property carry insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" how you verify coverage?: d. What limits of insurance do you require employees to maintain on their vehicles?
<b>5. Will the applicant use non-owned autos other than those owned by their employees to transport customers' property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, how many? b. Please provide details:
<b>6. Does the applicant provide specific training for employees on how to properly move and store customers' property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, please provide the details of the training program?  b. Does the Applicant have written standard operating procedures for moving and storage of customers' property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Have there been any claims and/or incidents arising from either the moving or storage of customers' property in the last 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "Yes" please, give details:

The Applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact and agrees that any misrepresentation will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken



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SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ALTA RISK, LLC TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_