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Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bailees' Customer Goods Supplemental Application

Proposed Effective Date \_\_\_\_\_  
 Applicant Name (Legal) \_\_\_\_\_ Applicant Name (DBA) \_\_\_\_\_  
 Web Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of years experience \_\_\_\_\_  
 Number of years the business has been in this location \_\_\_\_\_  
 Number of years the applicant has owned this business \_\_\_\_\_  Check if New Venture

Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ Number of days business is open per week \_\_\_\_\_

Have you owned another business under a different name or entity?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you own any other businesses or have any other locations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Desired Limits of Liability**

\$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ at \_\_\_\_\_  
 \$ \_\_\_\_\_ in transit Number of delivery vehicles \_\_\_\_\_  
 Deductible: \_\_\_\_\_

Gross receipts for dry cleaning \$ \_\_\_\_\_  
 Gross receipts for laundry \$ \_\_\_\_\_  
 Gross receipts for other \$ \_\_\_\_\_ Describe other: \_\_\_\_\_

Average number of days goods are on the insureds premises \_\_\_\_\_  
 Average daily value of customers goods on premises \_\_\_\_\_  
 Are customers' goods picked up or delivered? \_\_\_\_\_  
 Radius of operation (mi) \_\_\_\_\_

Name of cleaning solvent \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 How is it stored \_\_\_\_\_  
 Quantities normally on hand \_\_\_\_\_

Describe process / work involved on customers property \_\_\_\_\_

**FRAUD NOTICE**

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.

**STATE SPECIFIC PROVISION**

**Ohio** 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.

**Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**West Virginia** 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.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Producer \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_