



Red Shield Insurance Company[®]

1411 SW Morrison Street, Suite 400
 Portland, OR 97205-1945
 800-527-7397 Fax 800-742-5176

**BAILEES PROCESSORS
 FLOATER APPLICATION**

Policy No.	Proposed Effective / Expiration Date From: Hc.	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Business Name / DBA		Agent Address	
Mailing Address			
		Agent's Phone No.:	
Applicant's Phone No. Home:	Work:	Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security No.	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down pmt)	
Years in Business	Years of Experience	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Inspection Records Name: Contact Phone:	

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: <input type="checkbox"/> Wet <input type="checkbox"/> Dry	
Other private fire protection (fire extinguishers, private water supply, etc.):			
Operating Alarms: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary	Number of Alarms:	Type of Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Police	
If any locations are leased, who is responsible for building and system maintenance?			<input type="checkbox"/> Owner <input type="checkbox"/> Insured
Identify and describe other tenants' operations:			
Are any locations in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what flood zone?	
Are any locations in an earthquake zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what earthquake zone?	
What actions are taken to control flood and quake exposures?			

Is receipt issued to customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, attach a copy.
Total number of employees:	Are employees bonded? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> 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:
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PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? <input type="checkbox"/> Yes <input type="checkbox"/> 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 producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____