RAINIER INSURANCE COMPANY®

1411 SW Morrison Street, Suite 400 Portland, OR 97205-1945 800-522-6944 • Fax 800-772-2107



BAILEES PROCESSORS FLOATER APPLICATION

Policy No.	Pro Fro	posed Effective and m: T	Expiration Date	Status of Submission ☐ Quote ☐ Bind ☐ Issue		Agent Code	
Applicant's Name				Agent Name			
Business Name / DBA				Agent Address			
Mailing Address							
				Agent's Phone No.:			
Applicant's Phone No.				Have you insured this account before: ☐ Yes ☐ No			
Home: Applicant Social Securi	tv	Work:	tion / DBA	,			
Applicant Social Security Applicant's Occupation / DBA			uon / DBA	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)			
Business Description:				Accounting Records			
				Name: Contact Phone:			
Type of Business				Inspection Records			
☐ Individual ☐ Joint Venture		_	LLC/LLP Other	Name: Contact Phone:			
		uruneromp	Other	Contact Frione.			
PREMISES INFORMAT	ION –	Locations to be ins	ured				
LOC # ADDRESS	6			LIMIT			
FOR <u>EACH</u> SCHEDULE	D LO	CATION, PLEASE	PROVIDE THE FO	OLLOWING (Attach addition	onal sheets fo	r multiple locations)	
Construction Type:					Percentage O	ccupied: %	
Number of Stories:		Year Built:	Total Square Fo	ootage: Public Prot		ection Class:	
Ages/ Updates: Wiring: Roof:				Plumbing: HVAC:			
Percentage of Building that is Sprinklered:			Type of System: ☐ Wet ☐ Dry				
Other private fire protect	tion (fi	re extinguishers, pri	vate water supply,	etc.):			
Operating Alarms: ☐ Fire ☐ Burglary Number of Alarms:				Type of Alarm: ☐ Central Station ☐ Local ☐ Police			
If any locations are leas	ed, wh	o is responsible for	building and systen	n maintenance?	er 🗌 Insured	I	
Identify and describe other tenants' operations:							
Are any locations in a flood zone?				If YES, what flood zone?			
Are any locations in an earthquake zone?							

What actions are taken to control	ol flood and qual	ke exposures?							
Is receipt issued to customer?	☐ Yes ☐ No	If YES, attach a co	If YES, attach a copy						
Total number of ampleyees	Are employees be	Are employees bonded?							
Total number of employees:		If YES, what bond	If YES, what bonding company?						
BAILEE/PROCESSOR INFORM	MATION -Types	s of property; average	and maxim	num values					
COMMODITY	LOC#	AVERAGE / MA	XIMUM VAL	UES	PROCESS / WORK PERFORMED				
			/						
			1						
			1						
PROVIDE TOTAL PROCESSIN	IG GROSS REC	CEIPTS AS FOLLOW	/S:	L					
YEAR		GROSS RECEIPTS		AVERAGE VALUES		MAXIMUM VALUES			
Prior 12 months									
Next 12 months (anticipated)									
TRANSPORTATION INFORMA									
Mode of transportation: Co	mmon Carrier	☐ Contract Carrier	☐ Rail	☐ Air [Owned Vehicles	S			
Radius of operation:									
PROVIDE TRANSPORTATION	INFORMATIO	N AS FOLLOWS:	T		1				
YEAR	ANNUAL	ALUES SHIPPED AVI		RAGE VEHICLE	M	MAXIMUM VEHICLE			
Prior 12 months									
Next 12 months (anticipated)									
COVERAGE INFORMATION	I		1		l				
Limit, any one location:									
(Per schedule of locations, unle		Deductible:							
PRIOR/CURRENT INSURANC	E COMPANY IN	NFORMATION							
TYPE OF COVERAGE		CARRIER		FROM	то	PREMIUM			

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Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?								
If YES, explai	n:							
Explain any p	eriods when insurance was n	ot in place:						
	S INFORMATION (Enter all under this type of insurance)		d or uninsure	ed, occurring during the past five years,	which would have	e been		
DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/ CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID		
	ATTACH SEPARATI	E SHEET OR (COMPANY	LOSS RUNS IF ADDITIONAL SPACE I	S 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,								
	, insurance benefits may als	•	ID VERMO	NIT ANY DEDOON WHO KNOWING	V AND WITH I	NITENIT TO		
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.								
APPLICAN	Γ'S SIGNATURE				Date			
The under	signed Producer agrees to	be responsib	ole for any	earned premiums developed from the	binding of this	application.		
Producer h	• •	fully with the a	applicant an	d, to the best of the producers ability, is	confident that al	information		
PRODUCER'S SIGNATURE						Date		

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