

Stanley McDonald Agency of Illinois, Inc.
2018 State Road, P.O. Box 1446
La Crosse, WI 54602
Phone: (800) 344-3948 Fax: (888) 625-3501

Equipment, Office Contents & Bailees Application
(To be used for applicants NOT applying for General Liability)

Legal Name of Applicant: _____ Effective Date: _____

DBA: _____

Phone: _____ Fax: _____ E-Mail: _____

Mailing Address: _____

Physical Address: _____

Business Type: ___ Individual ___ Partnership ___ Corporation ___ Other (Describe) _____

Business Owner(S): _____ Percentage(s) of Ownership: _____

Number of Years in Business: _____ Federal ID Number: _____

Does the Applicant/Business Owner own any other entities or operate any other businesses? ___ Yes ___ No

Does the Applicant/Business Owner currently own any subsidiaries? ___ Yes ___ No

Is the Applicant/Business Owner list as a subsidiary of another company? ___ Yes ___ No

Please explain any YES answers: _____

Do you own your building? ___ Yes ___ No If yes, do you want a building quote? ___ Yes ___ No

If yes, please complete the "building supplement" and return with this application.

Please provide the desired limits for the following coverages:

Business Personal Property (office contents) \$ _____ (Replacement Cost)

Cleaning Equipment (Including Truck Mounts) \$ _____ (Replacement Cost)

Personal Property of Others (Bailees) \$ _____ (Actual Cash Value - of your customers' property held in your Care-Custody-Control)

PLEASE COMPLETE EVERY ITEM:

Do you store customers' property? ___ Yes ___ No If yes, answer the following questions. If no, skip to the signature section.

Do you complete an inventory of all stored property? ___ Yes ___ No

Do you store valuables (e.g. jewelry, antiques, collectibles, electronics, guns, etc...)? ___ Yes ___ No

If yes, how do you properly safeguard these items? _____

Do you ask each customer if their property requires special handling/storage? ___ Yes ___ No

When special handling/storage is needed, are written instructions signed by the customer? ___ Yes ___ No

Are customers required to sign off and acknowledge any pre-existing damage? ___ Yes ___ No

Do you pack-out and store items that are not part of a restoration loss? ___ Yes ___ No

Do you subcontract work to and moving companies? ___ Yes ___ No

If yes, is a disclaimer required from each moving company regarding damaged property? ___ Yes ___ No

Do you provide moving services unrelated to your restoration operations? ___ Yes ___ No

When completing a partial move-back, do you maintain records of all returned items? ___ Yes ___ No

When move-back is completed, are customers required to sign that all items are returned? ___ Yes ___ No

Do you store customers' property at locations other than your own warehouse? ___ Yes ___ No

If yes, please answer the following:

Describe the type of location (mini storage, POD, etc..) _____

Is each location inspected for leaks/defects that could damage the stored property? ___ Yes ___ No

Does each location have burglar and fire alarms: ___ Yes ___ No

Do you train your employees how to properly move your customers property? ___ Yes ___ No

Applicant's Signature

Applicant: I understand that this application for insurance and any policy issued as a result of the approval of this application will **ONLY** provide insurance for the disaster restoration, janitorial and/or maid service operations. I further understand that no coverage will be provided for any other business, operations or services unless they are specifically added to any policy issued for an additional premium. I believe the statement in this application are true and correct. I understand that the insurer will rely on these statements if a policy is to be issued. Providing false information in an application for insurance is fraud, which is a crime in many states.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

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Building Supplement

(To be used when coverage is requested for an owned building)

Legal Name of Applicant: _____ Effective Date: _____

DBA: _____

Phone: _____ Fax: _____ E-Mail: _____

Mailing Address: _____

Physical Address: _____

Business Type: ___ Individual ___ Partnership ___ Corporation ___ Other (Describe) _____

Construction: ___ Frame ___ Joist Masonry ___ Non-Combustible ___ Other (Describe) _____

Year Building Built: _____ Number of Stories: _____ Rental Income: \$ _____

Roof Material: _____ Year roof was installed/replaced: _____

Have the electrical, hvac and plumbing systems been updated in the past 20 years? ___ Yes ___ No

If yes, please provide the year updated: Electrical: _____ Hvac: _____ Plumbing: _____

Any other occupants: ___ Yes ___ No If Yes, please describe the occupants and the square feet they occupy:

Total Square Footage: _____ Square Footage Office: _____ Warehouse: _____

Sprinkler System?: ___ Yes ___ No If yes, square footage covered by sprinkler: _____

Building's **Replacement** Cost: \$ _____

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Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____