

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

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