



SMA Insurance Group, Inc.
Solutions for life's ifs and whens

Equipment, Office Contents & Bailees Application

Legal Name of Applicant: _____ Federal ID Number: _____

DBA: _____

Contact Name: _____ Phone: _____ Fax: _____

E-Mail: _____ Number of Years in Business: _____

Mailing Address: _____

Physical Address: _____

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

Any additional locations not listed? ____ Yes ____ No If yes, complete the additional location supplement

Location Information – Please complete all sections

Construction Type: ____ Frame ____ Joisted Masonry ____ Metal ____ Other: _____

Year Building was Built: _____ Number of Stories: _____ Sq. Feet Occupied: _____

Has the roof, electrical, HVAC & Plumbing systems been updated? ____ Yes ____ No

If yes, provide the year: ____ Roof ____ Electrical ____ HVAC ____ Plumbing

Sprinklered ____ Yes ____ No Alarm: ____ Yes ____ No Security Camera: ____ Yes ____ No

Any other occupancies: ____ Yes ____ No If yes, type: _____

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)

\$ _____

Maximum value of items stored at one time: _____

of pack-outs per year: _____ Average value of pack-outs: _____

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 any moving companies? ___ Yes ___ No

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

Do you provide moving or storage 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 because 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: _____

Additional Location Supplement

Please complete for all additional locations not listed above

Location #2: **Address:** _____

Construction Type: _____ Frame _____ Joisted Masonry _____ Metal _____ Other: _____

Year Building was Built: _____ Number of Stories: _____ Sq. Feet Occupied: _____

Has the roof, electrical, HVAC & Plumbing systems been updated? _____ Yes _____ No

If yes, provide the year: _____ Roof _____ Electrical _____ HVAC _____ Plumbing

Sprinklered _____ Yes _____ No Alarm: _____ Yes _____ No Security Camera: _____ Yes _____ No

Any other occupancies: _____ Yes _____ No If yes, type: _____

Location # 3: **Address:** _____

Construction Type: _____ Frame _____ Joisted Masonry _____ Metal _____ Other: _____

Year Building was Built: _____ Number of Stories: _____ Sq. Feet Occupied: _____

Has the roof, electrical, HVAC & Plumbing systems been updated? _____ Yes _____ No

If yes, provide the year: _____ Roof _____ Electrical _____ HVAC _____ Plumbing

Sprinklered _____ Yes _____ No Alarm: _____ Yes _____ No Security Camera: _____ Yes _____ No

Any other occupancies: _____ Yes _____ No If yes, type: _____

Location #4: **Address:** _____

Construction Type: _____ Frame _____ Joisted Masonry _____ Metal _____ Other: _____

Year Building was Built: _____ Number of Stories: _____ Sq. Feet Occupied: _____

Has the roof, electrical, HVAC & Plumbing systems been updated? _____ Yes _____ No

If yes, provide the year: _____ Roof _____ Electrical _____ HVAC _____ Plumbing

Sprinklered _____ Yes _____ No Alarm: _____ Yes _____ No Security Camera: _____ Yes _____ No

Any other occupancies: _____ Yes _____ No If yes, type: _____