



ESSEX INSURANCE COMPANY

ACCOUNTS RECEIVABLE INSURANCE APPLICATION

1. Name of Applicant: _____
2. Business Address: _____
3. Nature of Applicant's business: _____
 Retail: _____% Wholesale: _____% Manufacturing: _____%
4. Data on location where Accounts Receivable Records are kept:
 - A. Address: _____
 - B. Specify section of building where kept: _____
 - C. Construction of Building: _____
 - D. What fire protection on premises: _____
 - E. Published _____% coinsurance fire rate applicable to general contents therein (not the furniture and fixtures rate).
5. Receptacles in which records are warranted to be kept at all times when premises are not open to business:
 - A.(1) Safe-made by _____ having _____ label designation of Safe Manufacturers National Association or Underwriters' Laboratories, Inc. (Check Which).
 - (2) If unlabeled metal safe, specify wall thickness _____ inches.
 - B.(1) Vault-constructed of:
 _____ Walls _____ Floor _____ Ceiling
 _____ inches thick _____ inches thick _____ inches thick
 having _____ label designation on door of Safe Manufacturers National Association or Underwriters' Laboratories, Inc. (check which.)
 - (2) If vault door not labeled and vault equipped with an inner and outer door specify:
 Construction of both doors _____
 Space between doors _____ inches
 Other types of receptacles (describe fully): _____
6. Cycle Billing:
 - A. If accounting system on "cycle billing" basis are original records microfilmed? Yes or No
 How often? _____
 If billed account records (or microfilm record thereof) and un-billed account records are kept in separate containers designate in which each receptacle is kept _____
7. Duplicate Records:

A. Are duplicate records kept in another building rated as a separate risk by the Fire Rating Bureau?
 Yes No

If so, what percentage of total amount of insured Accounts Receivable are so duplicated at all times?
 _____%

B. State length of time such duplicate records are maintained. _____

8. **Security:** Central Station Alarm _____ Local Alarm _____ Watchman _____

Other (describe): _____

9. **Past record of outstanding Accounts Receivable.**

A. Amount outstanding as of the last fiscal day of each of the 24 months immediately preceding the date of this application:

<u>Month</u>	<u>Year</u>	<u>Accounts Receivable</u>	<u>Month</u>	<u>Year</u>	<u>Accounts Receivable</u>
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

B. State percentage of total monthly Accounts Receivable currently represented by Deferred Payment Accounts _____ %

C. Show amount of uncollectible accounts for last three years:

<u>Year</u>	<u>Amount of uncollectible Accounts</u>
_____	_____
_____	_____
_____	_____

Effective date of policy, if issued: _____

Limit of Liability Required: _____

Application submitted by:

Date: _____ **Agent:** _____