



## ACCOUNTS RECEIVABLE INSURANCE APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture

**1. Data on location where Accounts Receivable Records are kept:**

A. Address: \_\_\_\_\_

B. Specify section of building where kept: \_\_\_\_\_

C. Construction of Building: \_\_\_\_\_

D. What theft protection? \_\_\_\_\_

E. Central Station Burglar Alarm? \_\_\_\_\_

**2. 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

C. Other types of receptacles (describe fully): \_\_\_\_\_

**3. Cycle Billing:**

A. If accounting system on "cycle billing" basis are original records microfilmed?  Yes or  No  
How often? \_\_\_\_\_

B. 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 \_\_\_\_\_

**4. Duplicate Records:**

A. Are duplicate records kept in another building rated as a separate risk by the Fire Rating Bureau?

\_\_\_\_\_   
 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. \_\_\_\_\_

5. **Security:** Central Station Alarm \_\_\_\_\_ Local Alarm \_\_\_\_\_ Watchman \_\_\_\_\_

Other (describe): \_\_\_\_\_

**6. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Limit of Liability Required: \_\_\_\_\_

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

Application submitted by:

**Date:** \_\_\_\_\_ **Agent:** \_\_\_\_\_