

## ACCOUNTS RECEIVABLE INSURANCE APPLICATION

1.

**Name of Applicant**

**Business Address**


2.

**Nature of Applicant's business:**

Retail:	%
Wholesale:	%
Manufacturing:	%

3.

**Data on location where Accounts Receivable are kept:**

A.	Street Address:	
	City, State, Zip Code:	
B.	Specify section of building where kept:	
C.	Construction of building:	
D.	Indicate what fire protection on premises:	
E.	Published _____ % coinsurance fire rate applicable to general contents therein. (Not the furniture and fixtures rate.)	

4.

**Receptacles in which records are warranted to be kept at all times when premises are not open to business:**

A.	Safe manufactured by:	
	Select label on safe:	<input type="checkbox"/> Safe Manufacturers National Association
		<input type="checkbox"/> Underwriters' Laboratories, Inc.
	If unlabeled metal safe, specify wall thickness:	inches
B.	Vault constructed of:	
	Walls	inches
	Floor	inches
	Ceiling	inches
	Select label on vault:	<input type="checkbox"/> Safe Manufacturers National Association
		<input type="checkbox"/> Underwriters' Laboratories, Inc.
	If vault door not labeled and vault is equipped with an inner and outer door, specify:	
	Construction of both doors:	
	Space between doors:	inches
C.	Describe in detail other types of receptacles:	

5.

**Cycle Billing**

If accounting system is on "cycle billing" basis, are original records microfilmed?  Yes  No

If billed account records (or microfilm record thereof) and unbilled account records are kept in separate containers, designate in which each receptacle records are kept: \_\_\_\_\_.

6. **Duplicate Records**

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

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

State length of time such duplicate records are maintained: \_\_\_\_\_.

7. **Security**

Central Station Alarm       Local Alarm       Watchman

Other      If other, please describe: \_\_\_\_\_.

8. **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:

Month	Year	Accounts Receivable	Month	Year	Accounts Receivable
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

B. State percentage of total monthly Accounts Receivable currently represented by Deferred Payment Accounts: \_\_\_\_\_ %

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

Year	Amount
	\$
	\$
	\$

Effective date of policy if issued: \_\_\_\_\_

Limit of Liability required: \$ \_\_\_\_\_

Application submitted by: \_\_\_\_\_  
Agent

\_\_\_\_\_ Date