MARKEL SOUTHWEST UNDERWRITERS, INC.

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:	☐ Safe Manufacturers National Association
		☐ 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:	☐ Safe Manufacturers National Association
		☐ 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