

WAREHOUSE LEGAL LIABILITY APPLICATION

Please answer all questions. Use a separate sheet of paper if additional space is needed.

Please submit the following information in addition to this application

1. Attach a copy of your most current year-end balance sheet and income statement.
2. Three years of loss runs, valued not more than 60 days of the date of this application.
3. A copy of your safety and maintenance procedures.
4. Overall security plan for your warehouse operation. Include descriptions of the various security layers including guards, CCTV, Driver validation for load pick up, etc.

I. General Information

Insured's Name Producer's Name

Insured's Address Producer's Address

Effective Date Expiration Date

Inspection Contact Name Telephone Number

List Warehouse Association Memberships

Website Address

II. Operations

Describe your operation and type of storage:

How many years of experience does the senior management team have?

How many employees do you have?

Are they bonded? Yes No

What are your hours of operation?



insured.™

III. Warehouse Locations

List your warehouse location(s) where you warehouse property of others.

PROPERTY (complete for each location)

Location Address: _____ Location # _____

1. Ground floor area _____ Building construction _____ Year built _____

Height or stories _____ Roof Construction _____ Floor construction _____

If over 25 years old: Year re-roofed _____ Year of other remodeling _____

Describe remodeling: _____

Percent of area available for storage _____ %

2. Do you own the building? Yes No

If no, who is responsible for maintenance? _____

3. Any basements? Yes No If yes, is basement used for storage? Yes No

If yes, describe the protection for rising water. _____

4. Any areas occupied by other tenants/lessees? Yes No

If yes, describe the physical separation and occupancy. _____

5. Is location sprinklered? Yes No Is the system Wet Dry

Does the system have a sprinkler alarm? Yes No If yes, is it central station monitored? Yes No

If yes, name of monitoring or service company: _____

Is there a service agreement for the sprinklers? Yes No

Name of servicing company _____

Is there a secondary water source? Yes No

If yes, describe. _____

6. Is there a premises alarm? Yes No

A. Central Station Monitored Yes No

B. Extent of Protection: Motion Detectors Full Perimeter Eye Beam Back-up Dialer

C. Guard Service: Yes No Extent of Service (24 hours, weekend, scheduled rounds) _____

7. Forklifts Propane Electric

Number at this location _____

8. Are electric recharging areas well vented and separate from storage areas? Yes No N/A

9. Are propane tanks properly stored outside of the building? Yes No N/A

PROPERTY (complete for each location)

Location Address: _____ Location # _____

1. Ground floor area _____ Building construction _____ Year built _____

Height or stories _____ Roof Construction _____ Floor construction _____

If over 25 years old: Year re-roofed _____ Year of other remodeling _____

Describe remodeling: _____

Percent of area available for storage _____ %

2. Do you own the building? Yes No

If no, who is responsible for maintenance? _____

3. Any basements? Yes No If yes, is basement used for storage? Yes No

If yes, describe the protection for rising water. _____

4. Any areas occupied by other tenants/lessees? Yes No

If yes, describe the physical separation and occupancy. _____

5. Is location sprinklered? Yes No Is the system Wet Dry

Does the system have a sprinkler alarm? Yes No If yes, is it central station monitored? Yes No

If yes, name of monitoring or service company: _____

Is there a service agreement for the sprinklers? Yes No

Name of servicing company _____

Is there a secondary water source? Yes No

If yes, describe. _____

6. Is there a premises alarm? Yes No

A. Central Station Monitored Yes No

B. Extent of Protection: Motion Detectors Full Perimeter Eye Beam Back-up Dialer

C. Guard Service: Yes No Extent of Service (24 hours, weekend, scheduled rounds) _____

7. Forklifts Propane Electric

Number at this location _____

8. Are electric recharging areas well vented and separate from storage areas? Yes No N/A

9. Are propane tanks properly stored outside of the building? Yes No N/A

PROPERTY (complete for each location)

Location Address: _____ Location # _____

1. Ground floor area _____ Building construction _____ Year built _____

Height or stories _____ Roof Construction _____ Floor construction _____

If over 25 years old: Year re-roofed _____ Year of other remodeling _____

Describe remodeling: _____

Percent of area available for storage _____ %

2. Do you own the building? Yes No

If no, who is responsible for maintenance? _____

3. Any basements? Yes No If yes, is basement used for storage? Yes No

If yes, describe the protection for rising water. _____

4. Any areas occupied by other tenants/lessees? Yes No

If yes, describe the physical separation and occupancy. _____

5. Is location sprinklered? Yes No Is the system Wet Dry

Does the system have a sprinkler alarm? Yes No If yes, is it central station monitored? Yes No

If yes, name of monitoring or service company: _____

Is there a service agreement for the sprinklers? Yes No

Name of servicing company _____

Is there a secondary water source? Yes No

If yes, describe. _____

6. Is there a premises alarm? Yes No

A. Central Station Monitored Yes No

B. Extent of Protection: Motion Detectors Full Perimeter Eye Beam Back-up Dialer

C. Guard Service: Yes No Extent of Service (24 hours, weekend, scheduled rounds) _____

7. Forklifts Propane Electric

Number at this location _____

8. Are electric recharging areas well vented and separate from storage areas? Yes No N/A

9. Are propane tanks properly stored outside of the building? Yes No N/A

Location Address: _____ Location # _____

Commodity	% of Revenue	Average Value	Maximum Value

* Please explain storage details for all commodities. (i.e. on shelves, on pallets, on floor, other storage method)

5. If you are doing any refrigerated or controlled temperature storage, identify the type, the commodities, the total square footage used, the percentage of total revenue, and what types of backup systems and alarms are in operation in the notes above.

6. Is this location in a 100 year or 500 year FEMA Designated Flood Zone? Yes No

If yes, how do you control the exposure? _____

7. List annual gross receipts for each of the past 2 years plus the current year (Show cold storage separately)

Year	Storage	Handling	Transit
Current			
Next 12 Months			

Location Address: _____ Location # _____

Commodity	% of Revenue	Average Value	Maximum Value

* Please explain storage details for all commodities. (i.e. on shelves, on pallets, on floor, other storage method)

5. If you are doing any refrigerated or controlled temperature storage, identify the type, the commodities, the total square footage used, the percentage of total revenue, and what types of backup systems and alarms are in operation in the notes above.

6. Is this location in a 100 year or 500 year FEMA Designated Flood Zone? Yes No

If yes, how do you control the exposure? _____

7. List annual gross receipts for each of the past 2 years plus the current year (Show cold storage separately)

Year	Storage	Handling	Transit
Current			
Next 12 Months			

V. Risk Checklist

Please answer the following. Explain all "No" answers on a separate sheet.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is there proper clearance (18" minimum) of stored material from sprinkler heads?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are all fire doors clear and operational?
<input type="checkbox"/>	<input type="checkbox"/>		3. Is there any chemical storage? If so:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Are recovery drums on hand?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Are all drums properly labeled?
<input type="checkbox"/>	<input type="checkbox"/>		4. Are all floors and aisles clean of debris and dirt and pallets properly stacked?
<input type="checkbox"/>	<input type="checkbox"/>		5. Are all fire extinguishers properly tagged and within current inspection date?
<input type="checkbox"/>	<input type="checkbox"/>		6. Are all fire extinguishers marked and easy to locate?
<input type="checkbox"/>	<input type="checkbox"/>		7. Are "No Smoking" signs adequately displayed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are sprinkler stand pipes charged?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are all stand pipes clear of debris or stored products?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are all keys to locked stand pipes readily available to authorized personnel?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are spare sprinkler heads available?
<input type="checkbox"/>	<input type="checkbox"/>		12. Are all roofs free of leaks?

VI. Limits of Insurance and Optional Coverages

Occurrence Limit of Insurance \$ _____

Scheduled Location(s)

1. \$ _____ 2. \$ _____ 3. \$ _____

Moving Equipment and Supplies \$ _____

Electronic Data Processing Equipment \$ _____

We automatically include the sub-limits of Insurance shown below. If you wish to purchase additional coverage, show the additional amount you wish to purchase in the blanks.

Accrued Charges \$25,000 \$ _____

Loss Data Preparation \$25,000 \$ _____

Debris Removal \$25,000 \$ _____

Pollutant Clean Up \$25,000 \$ _____

COVERAGE EXTENSIONS

Newly Acquired Warehouses \$1,000,000 \$ _____

Fire Department Service Charges \$25,000 \$ _____

Fire Protection Systems \$25,000 \$ _____

Rental Expense \$25,000 \$ _____

VII. Deductibles

All Perils Deductible \$ _____

Moving Equipment and Supplies \$ _____

Electronic Data Processing Equipment \$ _____

Other \$ _____

VIII. Signatures

Insured Date

Producer Date

Notice to Applicant: This is not a binder and coverage is not effective until we have agreed to provide coverage. We will issue you a binder. The terms and conditions of the binder may be different than requested above. Notice to Applicant: Please refer to all notifications on the following page.



NOTICE TO ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.