**WAREHOUSEMANS LEGAL LIABILITY INSURANCE APPLICATION**

Named Insured:

Address:

* Location(s) to be insured:
	+ - * + *(Complete a separate application for each location to be insured)*
* How long has current management operated this business?
* How long has the company been in business?
* Description of Premises:
* What is ground floor area?
* Height of building?
* Days & Hours of operation?
* Total area (or cubic capacity) of premises available for storage?
* If other areas in building are occupied by other tenants or lessees, describe their type of occupancy:
* Any basement(s) [ ]  Yes [ ]  No
	+ If “YES” is basement protected by automatic sump pump? [ ]  Yes [ ]  No
* Is property stored:
	+ In racks? If so:
		- How Many Levels?
		- Height to top of storage?
		- Single, double or multi-row. If multi-row how wide?
		- Aisle width between racks?
	+ Palletized on Floor?
		- How high?
* What kind of construction:
	+ Walls
	+ Roof
* Year built       If recently remodeled, when

Premises Protection:

Fire Protection

* Is the building sprinkler protected?
	+ If “YES’: [ ]  wet or [ ]  dry system
* Are in-rack sprinklers provided?
	+ - If “YES”: at what height?
* If hydraulic, provide design and demand points.
* If a fire pump is present provide rating of pump       gpm at       psi:
	+ - Install date
		- How often is it tested?
		- Who does the testing?
* Approximate distance to nearest responding Fire Department:
* What Protection Class (PC) is your location in (1-10) :
* Are there working hydrants at your location?       If so:
	+ How many?
	+ How far away (feet) are they?
* Extent of fire protection devices or alarms (Please check all applicable boxes):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fire / Supervisory Alarms** | **Yes** | **No** | **Pump Alarms** | **Yes** | **No** |
| Sprinkler Water Flow |  |  | Fire Pump Running  |  |  |
| Hardwire Smoke/Heat |  |  | Power to Fire Pump  |  |  |
| Manual Pull Boxes |  |  | Electric Motor Phase Reversal |  |  |
| Dry Pipe Air |  |  | Diesel Engine on Automatic |  |  |
| Valve Tamper |  |  | Diesel Engine Trouble |  |  |
| Low Building Temperature |  |  | Other\*  |  |  |
| \*Please describe: |

Security Protection

* Are your premises protected by an operating Premises Burglar Alarm System?

 [ ]  Yes [ ]  No If “Yes”:

* Central Station?
* Local Alarm?
* Name of Alarm Company
* Underwriter’s Laboratories Certificate No
* Date of Expiration
* Extent of Protection (Please check all applicable boxes):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Yes** | **No** | **Type** | **Yes** | **No** |
| Deadbolt Locks |  |  | CCTV Recorded |  |  |
| Bars/Physical Barriers |  |  | CCTV Continuous Monitoring |  |  |
| Exterior Fencing |  |  | Watchmen |  |  |
| Exterior Lighting |  |  | Door Perimeter Alarms |  |  |
| Solid Doors |  |  | Motion Detection |  |  |

* If applicable, state the number of watchmen employed exclusively by you and maintained on duty within your premises at all times when not regularly open for business?
* Do they signal to a Central Station Yes [ ]  No [ ]  If “Yes”:
* How often?
* How many clock stations are on the premises?
* How many pull boxes for the Central Station Signals?

Additional Warehouse Information

* Estimated total values in storage during previous year:
* Maximum value at any one time:
* Average value at any one time:
* What is the rate of turnover for commodities that are stored?
* Are there any cold storage facilities? Yes [ ]  No [ ]  (If “YES”, complete the Cold Storage Supplement and attach it to this form).
* Give percentage (by value) of goods or commodities stored (dry storage) – must equal 100%:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **%** | **Type** | **Yes** | **No** |
| Canned Food |  | Radio/TV/Electronic Equipment |  |  |
| Other Food |  | Liquor, Wines, Spirits |  |  |
| Furniture |  | Tobacco Products |  |  |
| Industrial Chemicals |  | Cloth Products |  |  |
| Home Appliances |  | Tires |  |  |
| Paper Products |  | Red Label Commodities |  |  |
| Bonded Commodities\* |  | Other/Additional Items\*\* |  |  |

\*Describe:

\*\*Describe:

* Please describe any combustible, flammable, corrosive, or other hazardous materials:
	+ Are these commodities stored in separated areas?
	+ What special controls are in place for these commodities?
* What is the total number of employees?
* Are any employee(s) bonded? [ ]  Yes [ ]  No
	+ If “YES’ give details:
* List the annual gross receipts for each in the last five years (excluding any cold storage operations):

|  |  |  |  |
| --- | --- | --- | --- |
| (a)  | 20       | $       | Storage |
|  | 20       | $       | Handling |

|  |  |  |  |
| --- | --- | --- | --- |
| (b)  | 20       | $       | Storage |
|  | 20       | $       | Handling |

|  |  |  |  |
| --- | --- | --- | --- |
| (c)  | 20       |  $       | Storage |
|  | 20       |  $       | Handling |

|  |  |  |  |
| --- | --- | --- | --- |
| (d)  | 20       |  $       | Storage |
|  | 20       |  $       | Handling |
| (e)  | 20       |  $       | Storage |
|  | 20       |  $       | Handling |

* What are the estimated gross receipts (excluding cold storage operations) for the next twelve months?

|  |  |  |  |
| --- | --- | --- | --- |
| Storage |       | Handling |       |

* Give details and amount(s) of all previous losses, both insured and not insured, that occurred in the past five years, which would have been recoverable under this type of insurance AND provide carrier loss runs for past 5 years:
* Name of any trade associations in which memberships have been held for one year or more:

1.

2.

3.

* Do you subscribe to a loss control program furnished by any outside organizations? [ ]  Yes [ ]  No If “Yes”:
	+ Give name of organization and briefly describe services performed).

**Attach a complete legible copy of the warehouse receipt(s) used.**

* List any commodities stored under special agreements and provide a copy of those agreements:
* What policy Limit is desired? $
* What deductible? $

Signed:

By:

Date:

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