



## WAREHOUSEMAN'S LEGAL LIABILITY APPLICATION

1. Name of Insured: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Warehouse Location(s):

Loc #	Address	Public or Private	Effective Date

4. Length of time in business as a Warehouseman: \_\_\_\_\_

5. Are there any other operations which occupy space in the building: \_\_\_\_\_

6. Description of Warehouse:

Loc #	Total Ground Floor Area	Storage Capacity (Sq. or Cubic Feet)	Construction of Walls & Floors	Construction of Roof include Age	Age of Electrical & Plumbing

7. Premises Protection:

Loc #	Sprinkler System? Wet or Dry?	% of Floor Area Protected	Distance to Fire Department	Central Station Burglar Alarm? Extend, Grade	Watchman Service? Hours?

8. Estimated values in storage during previous year - - - Limit of Insurance desired:

Loc #	Average Value	Maximum Value	Turnover Rate per Wk/Mo/Yr (circle one)	Limit of Insurance

9. Deductible Requested: \_\_\_\_\_

10. Is there a formal hiring program and/or training program, including operation of machinery safety program? \_\_\_\_\_  
\_\_\_\_\_

11. Give percentage of goods stored:

	Loc #	Loc #	Loc #	Loc #	Loc #	Loc #
Ammunition						
Clothing & Accessories						
Electronic equipment						
Canned Foods						
Other Foodstuffs						
Furniture						
Home Appliances						
Industrial Chemicals						
Liquor, wine, beer						
Pharmaceuticals						
Tires						
Tobacco products						
Others						

12. Gross Receipts for each of the last three years and estimated for next twelve months:

Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		
Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		
Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		

Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		
Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		
Loc #	Year	Storage	Handling
	Next		
	Previous		
	Previous		

13. 5 year Loss History insured or not insured – which ones would have been recoverable under this insured: \_\_\_\_\_

14. List any commodities stored under special agreement and provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Attach a complete copy of the warehouse receipt(s) and special agreements used (Front & Back).

16. What Policy Limit is desired? \$ \_\_\_\_\_

17. If cold storage:

- 1) Age of the system and upgrades? \_\_\_\_\_
- 2) Installation of Temperature alarms? \_\_\_\_\_
- 3) Inspection and Maintenance schedule? \_\_\_\_\_
- 4) How often is this system inspected? \_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

**DECLARATION AND SIGNATURE:**

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Sub-Producer

\_\_\_\_\_  
Title/Date

\_\_\_\_\_  
Producer

**\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.**