



WAREHOUSE OPERATORS LEGAL LIABILITY INSURANCE

Agency: _____ Location: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____

A. GENERAL INFORMATION

- 1. Name of Applicant (Partners or Officers, if applicable): _____

- 2. Mailing Address: _____
- 3. How long has current management operated this business?

- 4. Policy Limit Requested for All Locations Combined Any One Occurrence:

- 6. Deductibles: _____
- 7. Total Number of OTHER Locations to be insured: _____
- 8. Total Number of ALL Locations to be insured: _____

A separate location information section **MUST** be completed for each location to be covered. The General Information Section should be completed once. **ALL QUESTIONS MUST BE ANSWERED.**

B. LOCATION INFORMATION SECTION

- 1. Street Address of Location to be insured:
Location No.: _____ Street Address: _____

City St. Zip
- 2. Limit of Insurance at this location: \$ _____

3. Description of Premises:
- What is ground floor area? _____
 - Height in stories? _____
 - Total area (or cubic capacity) of premises available for storage? _____
 - Identify and describe area(s), if any, occupied by tenant(s) or lessees:

 - Construction of walls? _____ Roof? _____
 - Year built? _____ Yr. HVAC systems updated? _____ Yr. Roof Replaced? _____
4. Protection of Premises:
- Is location sprinklered? No Yes (if yes complete the following:):
 - Wet System Dry System
 - Manufacturer's name and when installed: _____
 - How often serviced? _____ By whom? _____
 - Sprinkler Water Flow Alarm? No Local Alarm Central Station
 - Smoke Detectors? No Yes, and wired to Central Station Fire Alarm
 - Central Station Burglar Alarm? No Yes. If yes, extent of protection:
 - All opening & outside surfaces wired
 All openings wired
 Motion Detectors
 - Name of Protective Company: _____
 - UL Certificate No.: _____ Expiration: _____
 - Number of watchmen employed exclusively by you and maintained on duty within your premises at all times when not regularly open to business: _____
 - Do they signal to a Central Station? No Yes
If yes, how often? _____
 - How many clock stations on premises? _____
 - How many pull boxes for Central Stations? _____
5. Are there any cold storage facilities? No Yes (No cold storage coverage available)
6. Estimated values in storage during previous year:
Maximum \$: _____ Average \$: _____
7. Rate of turnover of stored commodities: _____
Give percentage (check one): weight revenue other _____ of
goods or commodities stored (dry storage):
- Pharmaceuticals _____
 - Prescription Drugs/Narcotics _____
 - Canned Foods _____
 - Other Foodstuffs _____
 - Furniture _____
 - Industrial Chemicals _____
 - Pesticides/Herbicides _____
 - Cloth Products _____
 - Paper Products _____
 - Home appliances (other than radio or TV equipment) _____
 - Radio/Television/Electronic Equipment _____
 - Liquor, wines, spirits _____
 - Tobacco products _____
 - Tires _____
 - Aerosols (caged? Yes No) _____
 - Other commodities – please attach separate sheet with percentages

8. Describe how aerosols, industrial chemicals, pesticides, herbicides, petroleum and similar goods are segregated from other goods stored:

9. List annual total lbs. accepted for storage
 gross receipts (show combined storage, handling & other warehousing revenue)
 other _____

For this location only

Upcoming Yr.	\$ _____	2 nd Prior Yr.	\$ _____
Current Yr.	\$ _____	3 rd Prior Yr.	\$ _____
1 st Prior Yr.	\$ _____	4 th Prior Yr.	\$ _____

10. Give details of all previous losses, insured or not insured, occurring during the past five years, which would have been recoverable under this type of insurance:

11. Name trade associations in which membership is held: _____

12. Attach a complete copy of the warehouse receipt used.

13. Comments: Attach a separate sheet and reference Applicant and Location No. on the sheet.

C. NOTICE TO APPLICANT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE – APPLICABLE IN FLORIDA ONLY.

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.

The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.

Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it

has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.) If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature _____ Date _____ Signature _____ Date _____

Agent signature _____