



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	<input type="checkbox"/>	<input type="checkbox"/>	Fire Pump Running	<input type="checkbox"/>	<input type="checkbox"/>
Hardwire Smoke/Heat	<input type="checkbox"/>	<input type="checkbox"/>	Power to Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>
Manual Pull Boxes	<input type="checkbox"/>	<input type="checkbox"/>	Electric Motor Phase Reversal	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Air	<input type="checkbox"/>	<input type="checkbox"/>	Diesel Engine on Automatic	<input type="checkbox"/>	<input type="checkbox"/>
Valve Tamper	<input type="checkbox"/>	<input type="checkbox"/>	Diesel Engine Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Low Building Temperature	<input type="checkbox"/>	<input type="checkbox"/>	Other*	<input type="checkbox"/>	<input type="checkbox"/>
*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):

20 _____	\$ _____	Storage
20 _____	\$ _____	Handling
20 _____	\$ _____	Storage
20 _____	\$ _____	Handling
20 _____	\$ _____	Storage
20 _____	\$ _____	Handling
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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