



2. Identify type of warehouse for each location:

	Loc. 1	Loc. 2	Loc. 3
<b>Cold Storage Warehouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Individual Units <input type="checkbox"/> Public <input type="checkbox"/> Heavy	<input type="checkbox"/> Individual Units <input type="checkbox"/> Public <input type="checkbox"/> Heavy	<input type="checkbox"/> Individual Units <input type="checkbox"/> Public <input type="checkbox"/> Heavy
Commodities stored			
Total value of storage	\$	\$	\$
Last year annual sales	\$	\$	\$
Number of employees			
<b>Mini-Warehouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of units			
<b>Private Warehouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Square footage			
<b>Multiple Interest Occupancy (LRO)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Square footage			
Type of operations			
<b>Single Interest Occupancy (LRO)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Square footage			
Type of operations			
<b>Warehouse NOC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe operations			
Commodities stored			

3. Complete details below for all locations:

Security	Loc. 1	Loc. 2	Loc. 3
Fenced with locked gate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guard dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Access	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guards / Watchmen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate on a twenty-four (24) hour access basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe type of security operations			
Theft or burglar system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of system	<input type="checkbox"/> Central <input type="checkbox"/> Station <input type="checkbox"/> Local	<input type="checkbox"/> Central <input type="checkbox"/> Station <input type="checkbox"/> Local	<input type="checkbox"/> Central <input type="checkbox"/> Station <input type="checkbox"/> Local

4. If warehouse/building is leased, who is responsible for the maintenance?

Indicate location number and details:

5. Is there a formal safety program in place?  Yes  No

Does it apply to all locations?  Yes  No

Describe:

6. If you store food, have you ever been cited for violations by any state or federal food or health inspection agency?  
 Yes  No

<b>Fire Protection</b>	<b>Loc. 1</b>	<b>Loc. 2</b>	<b>Loc. 3</b>
Sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of sprinkler system			
Wet or dry system			
Service frequency			
Other fire protection system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central station fire alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High or basement rack storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require a written lease or storage agreement and includes a hold harmless clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. **Commodities** stored: (Indicate percentage)

Antiques	%	Food – canned/dry, refrigerated seafood	%	Rubber Goods	%
Appliances	%	Fruit and Vegetables	%	Sporting Goods / Athletic Equipment	%
Art	%	Fur Apparel	%	Stereo Equipment	%
Auto Parts	%	Furniture	%	Telecommunication Equipment	%
Beer/Wine	%	Jewelry/Gemstones	%	Televisions	%
Boats	%	Liquor	%	Tires	%
Cell Phones/Pagers	%	Meat and Meat Products	%	Toxic Substances	%
Clothing/Fabrics	%	Museum Artifacts	%	Vitamins	%
Collectible/Memorabilia Sales	%	Oriental Rugs	%	Other Commodities	
Computer Equipment	%	Paper Products	%		%
Electronic Equipment / Components	%	Pharmaceutical	%		%
Electronic Media (CD, DVD, etc.)	%	Photography Equipment	%		%
Fireworks	%	Recording Equipment	%		%

9. **Subcontractors**

a. Do you subcontract any operations?  Yes  No

If yes, describe operations subcontracted:

b. Subcontracting costs: \$

c. Is evidence of insurance obtained via certificate of insurance?

Yes  No

d. Are you included as an additional insured on subcontractor's insurance policy?

Yes  No

e. Minimum limits subcontractors are required to carry: \$

10. Are there any manufacturing operations on premises?  Yes  No

If yes, type of manufacturing:

If yes, do they have other insurance for manufacturing operations?  Yes  No

11. Does applicant have any other business entities?  Yes  No

If yes, do they have other insurance?  Yes  No

Explain:

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**PRIOR CARRIER INFORMATION**

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.  See Loss Runs attached

Year	Company	Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No  Yes - If Yes, give name of company, date, and reason.

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For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

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This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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**FRAUD STATEMENTS**

**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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.

**FLORIDA:** 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** 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, and denial of insurance benefits.

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**IMPORTANT NOTICE****DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address

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