

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

WAREHOUSE APPLICATION

PRI	PREQUALIFIERS – Risk(s) are ineligible if they include any of the following characteristics. Please complete:									
									′es	No
1.	Any risk	not complying	with applicable laws	and ordinances	pertaining to	the licens	sing or codes	5.		
	See <u>www.werc.org</u> for industry standards.									
2.	Risk currently under or having had warning, suspension, revocation or other restrictions due to)			
	failure to comply with licensing standards and safety codes.									
3.	Any owner that does not have appropriate contractual risk transfer mechanisms for tenants in place							place		
			ncy. Signed written c							
			with the following: C							
		-	n our policy limits; Ho			-	-			
	-	-	sured. Applications	-				ng the		
	above.							-		
4.	Wareho	use stores/sup	er stores.							
5.	Any tena	ant storing any	one of the following	items: Guns, ex	plosives, che	micals, fl	ammables,			
		• •	es, aerosol, haz mat,		•			0		
			e following: batteries			-				
	•	-	and electronics.			•	•			
6.	Logistic	solutions provi	ded to customers; or	r freight forwarde	ers.					
7.	-	•	nacs or terminals or	•						
8.	•	Protective Co								
9.	Risks wi	th armed secu	rity guards – employ	ed or subcontrac	cted (including	g but not	limited to gu	ns,		
		or stun guns).					0			
10.	Risks wi	th no formal sa	afety plans and proce	edures on the us	e of lifts/macl	hinery inv	olved in the			
_	moving	and storing of	goods.							
GE	NERAL I	NFORMATION	N							
1.	Propo	sed First Nam	ed Insured & Other N	lamed Insured(s	s):					
2.	Mailin	g Address	Street	City		County	St	ate		ZIP Code
3.	Effect	ive Date Desire	ed:		Term D	esired:				
4.	Applic	ant is: 🛛 🗌 I	ndividual 🗌 Pa	artnership [Corporatio	n 🗌 🛛	LLC [] Trust		
			Other (specify):							
	If mor	e than one ent	ity, include the owne	rship breakdowr	and a descri	iption of o	peration for	each.		
	Conta	ct Name:		Title:			Phone	No.:		
5.	Any p	roperties withir	n 1 mile to coast?	🗌 Yes 🛛 🗌 No						
6.	Any lo	cations in floo	d zone?	🗌 Yes 🗌 No						
BUSINESS INFORMATION – Answer all questions. If they do not apply, indicate "Not Applicable".										
1.	List al	l offices and w	arehouses or other p	remises you ow	n or lease:		. .			
	Loc.			Use or Type	Gross	No. Of	Owned (Check if	Leased		Const.
	No.	A	ddress	Of Location	Receipts	Units	Applicable)	(% of Bldg		Туре
	1				\$			%		
	2				\$			%		
	3				\$			%		

*If there are additional locations, attach information separately.

Identify type of warehouse for			
	Loc. 1	Loc. 2	Loc. 3
Cold Storage Warehouse	Yes No	Yes No	Yes No
	Individual Units	Individual Units	Individual Units
	Public Heavy	Public Heavy	Public Heavy
Commodities stored			
Total value of storage	\$	\$	\$
Last year annual sales	\$	\$	\$
Number of employees			
Mini-Warehouse	🗌 Yes 🗌 No	Yes No	Yes No
Number of units			
Private Warehouse	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Square footage			
Multiple Interest	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Occupancy (LRO)			
Square footage			
Type of operations			
Single Interest	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Occupancy (LRO)			
Square footage			
Type of operations			
Warehouse NOC	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Describe operations			
Commodities stored			
Complete details below for a	all locations:		
Security	Loc. 1	Loc. 2	Loc. 3
Fenced with locked gate	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Guard dogs	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Lighted	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Public Access	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No
Security Guards /	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No
Watchmen	_		

Security	Loc. 1	Loc. 2	Loc. 3			
Fenced with locked gate	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
Guard dogs	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
Lighted	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
Public Access	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
Security Guards / Watchmen	Yes No	Yes No	🗌 Yes 🗌 No			
Operate on a twenty-four	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
(24) hour access basis						
If yes, describe type of						
security operations						
Theft or burglar system	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No			
Type of system	Central Station	Central Station	Central Station			
	🗌 Local	🗌 Local	🗌 Local			
If warehouse/building is leased, who is responsible for the maintenance?						
Indicate location number and details:						
Is there a formal safety program in place? Yes No						

5.	Is there a formal safety program in place?	🗌 No
	Does it apply to all locations?	
	Describe:	

4.

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6.	If you store food, have you ever been cited for violations by any state or federal food or health inspection agency?

		1		1			1		
7.	Fire Protection	Loc. 1		Loc. 2			Loc. 3		
	Sprinkler system	🗌 Yes	🗌 No	🗌 Yes	🗌 No		🗌 Yes 🗌] No	
	Type of sprinkler system								
	Wet or dry system								
	Service frequency								
	Other fire protection	🗌 Yes	🗌 No	🗌 Yes	🗌 No		🗌 Yes 🗌] No	
	system								
	Central station fire alarm	🗌 Yes	🗌 No	🗌 Yes	🗌 No		🗌 Yes 🗌] No	
	High or basement rack	🗌 Yes	🗌 No	🗌 Yes	🗌 No		🗌 Yes 🗌] No	
	storage								
	Require a written lease or	🗌 Yes	🗌 No	🗌 Yes	🗌 No		🗌 Yes 🗌] No	
	storage agreement and								
	includes a hold harmless								
	clause								
8.	Commodities stored: (India	cate percen	tage)						
	Antiques	%	Food – canned/d	ry,	0/	Dubl	Rubber Goods		%
	Antiques	70	refrigerated seaf	bod	%		Jei Goods		70
	Appliances	0/ Erwit and Vagatab		bles %		Spor	rting Goods /		%
	Appliances	%	Fruit and Vegeta	DIES	70	Athle	etic Equipment		70
	Art	%	Fur Apparel		%	Stere	Stereo Equipment		%
	Auto Parts	%	Furniture		%	Tele	communicatior	۱	%
	Autoratis				/* E		pment		/0
	Beer/Wine	%	Jewelry/Gemstones		%	Tele	visions		%
	Boats	%	Liquor		%	Tires	3		%
	Cell Phones/Pagers	%	Meat and Meat Products		%	Toxi	Toxic Substances		%
	Clothing/Fabrics	%	Museum Artifacts	6	%	Vitar	Vitamins		%
	Collectible/Memorabilia	%	Oriental Rugs		%	Othe	er Commoditi	95	
	Sales	70	Onentari Rugs		/(03	
	Computer Equipment	%	Paper Products		%)			%
	Electronic Equipment /	%	Pharmaceutical		%				%
	Components	70	Thannaceuticai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				70
	Electronic Media (CD,	%	Photography Equ	inment	%				%
	DVD, etc.)	70				,			70
	Fireworks	%	Recording Equip	ment	%	b			%
9.	Subcontractors								
	a. Do you subcontract any	operations?	? 🗌 Yes 🗌 No)					
	If yes, describe operatio	If yes, describe operations subcontracted:							
	b. Subcontracting costs: \$	b. Subcontracting costs: \$							
	c. Is evidence of insurance obtained via certificate of insurance?								
	d. Are you included as an a	additional in	sured on subcontra	actor's ins	urance polic	y?	🗌 Yes 🗌] No	
	e. Minimum limits subcontractors are required to carry: \$								
10.	Are there any manufacturing		on premises?] Yes [🗌 No				
	If yes, type of manufacturing								
	If yes, do they have other ins	surance for	manufacturing ope	erations?	🗌 Yes	No			

11.	Does applicant have any other business entities?					
	If yes, do they have other insurance?	🗌 Yes	🗌 No			

s		N	0
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If yes, do they have other insurance?	🗌 Ye
Explain:	

PRIOR	CARRIER	INFORMATION	
FRIOR	CARRIER		

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.

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

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.

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 gualifications and state regulations.

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.

IMPORTANT NOTICE

DECLARATION

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.

SIGNATURES		
Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		