

**WAREHOUSEMAN LIABILITY INSURANCE**



COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Applicant (Partners or Officers, if applicable) \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Telephone Number \_\_\_\_\_
4. Location to be insured \_\_\_\_\_
5. How long has current management operated this business? \_\_\_\_\_
6. Description of Premises:
  - a. What is ground floor area? \_\_\_\_\_
  - b. Height in stories? \_\_\_\_\_
  - c. Total area (or cubic capacity) of premises available for storage? \_\_\_\_\_
  - d. Identify and describe area(s), if any, occupied by tenant(s) or lessees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e. Any basement(s)? \_\_\_\_\_ If answer is "Yes", is basement protected by automatic sump pump? \_\_\_\_\_
  - f. Construction of walls? \_\_\_\_\_ Roof? \_\_\_\_\_
  - g. Year built? \_\_\_\_\_ If recently remodeled, when? \_\_\_\_\_
7. Protection of Premises
  - a. Is location sprinklered? \_\_\_\_\_ If "Yes";
    - (1) Wet or dry system? \_\_\_\_\_ If wet system, is storage area heated? \_\_\_\_\_
    - (2) Manufacturers name and year installed \_\_\_\_\_
    - (3) How often serviced? \_\_\_\_\_ By whom? \_\_\_\_\_
    - (4) Is system equipped with a Sprinkler Alarm? \_\_\_\_\_  
Describe \_\_\_\_\_
  - b. List any other private fire protection \_\_\_\_\_
  - c. Public Protection at risk (ISO Grading) \_\_\_\_\_
  - d. (1) Are your premises protected by an operating Premises Burglar Alarm System? \_\_\_\_\_  
Central Station? \_\_\_\_\_ Local Alarm? \_\_\_\_\_  
(2) Extent of Protection (1-2-2 1/2-3)? \_\_\_\_\_ Name of Protective Company \_\_\_\_\_  
\_\_\_\_\_  
(3) Underwriters' Laboratories Certificate No.? \_\_\_\_\_  
Date of Expiration \_\_\_\_\_
  - e. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises all times when not regularly open to business \_\_\_\_\_  
(2) Do they signal to a Central Station and how often? \_\_\_\_\_  
(3) How many clock stations on premises? \_\_\_\_\_  
(4) How many pull boxes for Central Stations Signal? \_\_\_\_\_

8. Are there any cold storage facilities? \_\_\_\_\_ If so, complete Cold Storage section.
9. Estimated values in storage during previous year: \_\_\_\_\_  
 Maximum \_\_\_\_\_ Average \_\_\_\_\_ Limit Requested \_\_\_\_\_ Deductible \_\_\_\_\_
10. Give percentage (by weight) of goods or commodities stored (dry storage):
- a. Canned Foods \_\_\_\_\_
  - b. Other Foodstuffs \_\_\_\_\_
  - c. Furniture \_\_\_\_\_
  - d. Industrial Chemicals \_\_\_\_\_
  - e. Cloth products \_\_\_\_\_
  - f. Paper products \_\_\_\_\_
  - g. Home appliances (other than radio or TV equipment) \_\_\_\_\_
  - h. Radio/Television/Electronic Equipment \_\_\_\_\_
  - i. Liquor, wines, spirits \_\_\_\_\_
  - j. Tobacco products \_\_\_\_\_
  - k. Tires \_\_\_\_\_
  - l. Explosives \_\_\_\_\_
  - m. Other (describe) \_\_\_\_\_
11. Total number of employees? \_\_\_\_\_ If any employee(s) bonded, give details \_\_\_\_\_
- 
12. List annual gross receipts for each of last five years (excluding any cold storage operations):
- |    |          |          |          |    |          |          |          |
|----|----------|----------|----------|----|----------|----------|----------|
| a. | 20 _____ | \$ _____ | storage  | d. | 20 _____ | \$ _____ | storage  |
|    |          | \$ _____ | handling |    |          | \$ _____ | handling |
| b. | 20 _____ | \$ _____ | storage  | e. | 20 _____ | \$ _____ | storage  |
|    |          | \$ _____ | handling |    |          | \$ _____ | handling |
| c. | 20 _____ | \$ _____ | storage  |    |          |          |          |
|    |          | \$ _____ | handling |    |          |          |          |
13. What are estimated gross receipts (excluding cold storage operations) for the next twelve months?  
 Storage \_\_\_\_\_ Handling \_\_\_\_\_
14. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this type of insurance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Name trade associations in which memberships have been held for one year or more \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



16. Do you subscribe to a loss control program furnished by an outside organization? \_\_\_\_\_  
If "yes", give name of organization and briefly describe services performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Attach a complete copy of the warehouse receipt(s) used \_\_\_\_\_ List any commodities stored  
under special agreements and pertinent details of such agreements \_\_\_\_\_  
\_\_\_\_\_

The applicant agrees that the statements contained in this proposal are true and that, if insurance is effected, any material misrepresentation or concealment of any information voids this insurance.

COLD STORAGE SECTION

If cold storage, please answer the following:

17. Type of refrigerant used? \_\_\_\_\_

18. Number of compressors? \_\_\_\_\_

19. Age of compressors? \_\_\_\_\_

20. When were compressors last serviced? \_\_\_\_\_ By whom? \_\_\_\_\_

21. Is maintenance program in force for the compressors? \_\_\_\_\_ If "yes", how often \_\_\_\_\_  
\_\_\_\_\_

22. Are thermostat checks made to determine temperature of facility? \_\_\_\_\_ If "yes", how often \_\_\_\_\_  
\_\_\_\_\_

23. Is high temperature alarm present? \_\_\_\_\_ If "yes", is alarm local or central station? \_\_\_\_\_

24. Policy Term: From \_\_\_\_\_ To: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

To be completed by agent:

Customers Goods Rates:

Contents

a. Group 1 \_\_\_\_\_

b. Group 2 \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

