

WAREHOUSE INSURANCE

QUESTIONNAIRE AND APPLICATION FOR QUOTATION

Please supply the following information by fully completing this questionnaire, in as far as is practical for an initial indication of insurance costing from Underwriters. If a question is not applicable to the operations of the Applicant, please state so by placing "N/A". If more space is required to fully answer a question, attach a separate sheet identifying the question to which it responds. More detailed information may be required prior to obtaining a formal Quotation.

Incomplete applications are considered no application. You must put something in each field.

FULL NAME OF COMPANY

Name of Business							
Adresse - Street							
City		State		Postal Code			
Telephone		Fax Number					
Email				Year Formed			

Applicant is: (Choose One) Individual Partnership Corporation Other (Explain) _____

Name of Associations to which you belong	
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LOCATION TO BE INSURED

Adresse - Street							
City		State		Postal Code			

How long has current management operated this business?	
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DESCRIPTION OF PREMISES:

Ground Floor Area (sq feet/meters)		Number of Stories	
Cubic Capacity available for storage			
Describe any area(s) occupied by a tenant/sub-leaser			
Property Skidded? (circle) Y / N	If Yes, Percentage Skidded: _____		
Does property have a basement? (circle) Y / N	If "Yes"	Is basement protected by sump pump?	(circle) Y / N
		Are all items in basement stored on shelves or pallets?	(circle) Y / N
Construction of Walls: (Example: Steel – Concrete – etc.)			
Year Built		If recently remodeled, when?	

PROTECTION OF PREMISES:

Is location sprinklered? (circle) Y / N	If "Yes"	Wet or Dry system?	
		Manufacturer's Name	
		When Installed?	
		How often Serviced?	
		Serviced by Whom?	
		Is System equipped with alarm?	
		If system alarmed, Describe:	
List any private fire protection			

Are premises protected by an operating Burglar Alarm? (circle) **Y / N**

If "Yes"	Central Station or Local Alarm?	
	Extent of Protection (1 * 2 * 2-1/2 * 3?)	
	Name of Protective Company	
	Underwriters Lab Certificate No.	Date of Expiration

Do you have watchmen employed exclusively by you and maintained on duty within premises at all times when not regularly open for business? (circle) **Y / N**

If "Yes"	Do they signal to a Central Station?	Y / N	If they signal, how often?	
	How many clock stations on premises?		How many pull boxes for Central Station Signals?	

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Are there Cold Storage Facilities? (circle) **Y / N** (If "Yes", complete "Cold Storage Supplement" on page three of application)

Estimated Values in storage during previous year	Maximum	\$ _____
	Minimum	\$ _____

Give percentage (by weight) of goods or commodities stored (dry storage):

Canned Foods	Other Foodstuffs	
Furniture	Industrial Chemicals	
Cloth Products	Radio/television/Electronic Equipment	
Liquor/Wine/Spirits	Manufactured Tobacco Products	
Paper Products	Other (describe)	

Annual Gross Receipts for each of last three years (excluding any cold storage operations)		
200__	\$ _____	Storage
	\$ _____	Handling
	\$ _____	Processing
200__	\$ _____	Storage
	\$ _____	Handling
	\$ _____	Processing
200__	\$ _____	Storage
	\$ _____	Handling
	\$ _____	Processing

Anticipated gross receipts (excluding cold storage) for next 12 months?	\$ _____
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Insurance Desired

Desired Attachment Date:	_____		
Amount of Insurance Desired?	\$ _____	Deductible Desired?	\$ _____

INSURANCE HISTORY

Please provide details of your Warehouse Insurers and Broker during the last 3 years:

	Broker or Agent	Insurers (Insurance Company)
Current Year	_____	_____
Minus 1	_____	_____
Minus 2	_____	_____

Please provide insurance details for past 3 years:

	Paid Claims	Outstanding Claims or Reserves	Total Claims
Current Year	_____	_____	_____
Minus 1	_____	_____	_____
Minus 2	_____	_____	_____

>> You Must Attach the following documentation to this application: <<

- 1)- Warehouse Receipt
- 2)- Storage Contract Wordings

Your application cannot be processed without all of the information.

I/We declare that to the best of my/our knowledge and belief, the information given above and attached hereto, is true and that I/We have not suppressed or misstated any material facts.

Applicant's Signature: _____

Title: _____ **Date:** _____

Position Held: _____ **Agent:** *Mike Miller*

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Warehouseman's Liability Insurance Application Cold Storage Supplement

Cubic capacity of Cold Storage:

List percentage (by volume) of top five commodities stored	Commodity	Percentage
	A:	%
	B:	%
	C:	%
	D:	%
E:	%	

Type of refrigerant:

Compressors				
	Age	Manufacturer's Name	Capacity in Tons/Day	Kind of Drive
Unit 1				
Unit 2				
Unit 3				
Unit 4				
Unit 5				

Do you have an auxiliary power plant? (circle) **Y / N**

If "Yes" Describe	
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Do you have auxiliary equipment? (circle) **Y / N**

If "Yes" Describe	
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Do you have 24-hour maintenance staff on duty 7 days a week? (circle) **Y / N**

If "Yes" total number of maintenance staff	
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Do you have off-premises central station services company? (circle) **Y / N**

If "Yes"	Name of company	
	Location of Company	

Name of carrier of direct damage insurance on compressor(s)

Insurance Limits	
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Has policy been extended to cover Ammonia Contamination and leakage? (circle) **Y / N**

Is other contamination insurance carried? (circle) **Y / N**

If "Yes"	Name of carrier	
	Limits	