



Britt / Paulk
Insurance Agency, Inc.

Warehouse Legal Liability Supplemental Application
(In addition to the ACORD Application)
COMPLETE SEPARATE PROPOSAL FOR EACH WAREHOUSE LOCATION

1. Applicant Name: _____

2. Address: _____

3. Location to be insured: _____

4. How long has current management operated this business? _____

5. 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 any areas occupied by tenants or lessees (if any) _____

e. Any basement(s) _____ If Yes, is it protected by an automatic sump pump? _____
Is inventory stored property on shelves or pallets? _____ If No, describe _____

f. Construction of Building Walls _____ Roof _____

g. Year built _____ If recently remodeled, When & What Done _____

h. Nearest body of water: _____ Distance: _____

i. Adjacent structure occupancies: _____

6. Protection of Premises

a. Is location sprinklered? _____ If Yes:

(1a.) Wet or Dry System? _____

(1b.) Building Percentage Sprinklered? _____ %

(2) Manufacturers Name and when installed _____

(3) How often serviced? _____ By whom? _____

(4) Is system equipped with a Sprinkler Alarm? _____ Describe: (Local, Central Station, Other?) _____ Water Source _____

b. List any other private fire protection _____

c. (1) Are your premises protected by an operating Premises Alarm System? _____

If Yes, Central Station? _____ Local Alarm? _____

(2) Extent of Protection (Doors, Windows, Motion, etc) _____

Name of Protective Company _____

(3) Underwriters Laboratories Certificate #: _____ Expiration Date _____

d. (1) Number of watchmen employed exclusively by Applicant and on duty within your premises at all times when warehouse is not regularly open to business _____

(2) Do they signal to a Central Station? _____ If yes, how often? _____

(3) Number of Clock Stations on premises? _____

(4) Number of Pull/Scan Boxes for Central Stations Signals? _____

7. Any cold storage facilities? _____ If Yes, describe: _____



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7. b. Type Refrigerant? _____

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7. c. Compressors:

	<u>Manufacturers Name</u>	<u>Ton Capacity Per Day</u>	<u>Kind of Drive</u>	<u>Age</u>
a.				
b.				
c.				
d.				

(Add sheet for 7. c. – Continued – if more Compressors)

7. d. Auxiliary Power? _____ If yes, describe _____

7. e. Auxiliary refrigeration equipment? _____ If Yes, describe _____

7. f. Any processing operations? _____ If Yes, describe _____

8. Estimated prior year storage values \$ _____ Maximum values any one time \$ _____

Average values \$ _____ Peak Season Months _____

9. What is the average turn-around time of stored inventory? _____

10. Type and Percentage of Inventory Commodities Stored:

	<u>Total Dry Storage:</u>	<u>Total Cool Storage:</u>
a.	_____ % _____	_____ % _____
b.	_____ % _____	_____ % _____
c.	_____ % _____	_____ % _____
d.	_____ % _____	_____ % _____
e.	_____ % _____	_____ % _____
f.	_____ % _____	_____ % _____
g.	_____ % _____	_____ % _____
h.	_____ % _____	_____ % _____

(Add sheet for 10. – Continued – if more Dry and/or Cool Commodities Storage)

10. b. Flammables (Labeled): _____ % _____

Chemicals (Labeled): _____ % _____

10. c. Any storage of Liquor/Alcoholic Beverages, Tobacco/Cigarettes, Copper Wiring, Fuel And/or Pressurized Commodities? _____ If Yes, Which and Quantities of each _____

11. Total number of employees? _____ Any bonded employees? _____ If Yes, number & details: _____

12. What are estimated gross receipts for the next twelve months?

Cold Storage \$ _____ Handling \$ _____

Dry Storage \$ _____ Handling \$ _____



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13. Give details of all previous losses occurring during past five years, insured or not insured, which could have been recoverable under Warehouse Legal Liability type of insurance:

14. Trade Associations Memberships _____

15. Any loss control/safety programs furnished by outside organizations? _____ If Yes, names of organizations and briefly describe services performed _____

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16. List any commodities stored under special agreements, names of entities and details of such agreements: _____

17. Any sub-contractors used? _____ If Yes, details: _____

18. Any Hold Harmless Agreements to customers? _____ If Yes, entities and details: _____

19. Attach copies of all Warehouse Receipts used.

The undersigned is an authorized representative of the Applicant and represents that the answers are true, correct and complete to the best of his/her knowledge.

Account: _____ Applicant Signature: _____

Date: _____ Position: _____

Agency: _____ Producer: _____

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