



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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