



WAREHOUSE APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies or judgements for unpaid taxes against you, or your majority partner? Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership? Yes No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

Description of Operations:

of Years in Business:

SUBMISSION REQUIREMENTS

- Fully completed, Insured signed & dated ACORD application
- 5 years of currently valued carrier issued Loss Runs (of all properties to insured)
- Copy of rent rolls
- Copy of contract with Lessee and/or Subcontractor

SECTION I – RISK PROFILE

1) Has the Applicant maintained Commercial General Liability coverage for the past 5 years? Yes No

2) Are the warehouses locked and secured from unauthorized entry? Yes No

- 3) Is there public access to the warehouses? Yes No
- 4) Is there a railroad sidetrack on the premises? Yes No
- 5) Does the Applicant own all properties? Yes No
- 6) Are explosives or fireworks stored on the premises? Yes No
- 7) Is the warehouse part of a franchise or chain? Yes No

SECTION II – BUILDING INFORMATION

8) Name (if applicable) and Address of each Building to be insured:

BLDG #	NAME/ADDRESS	YEAR BUILT	CONSTRUCTION	# OF STORIES	BLDG SQ FT	PARKING LOT SQFT

SECTION III – OPERATIONS INFORMATION

9) Estimated Exposures for the next 12 months:

Gross Receipts	Direct Payroll	Subcontractor Costs
\$	\$	\$

10) Warehouse operations are (check all that apply):

- Warehouses – occupied by multiple interests (lessor’s risk only)
- Warehouses – occupied by single interest (lessor’s risk only)
- Warehouses – individual cold storage lockers
- Warehouses – cold storage public
- Warehouses – mini-warehouses
- Warehouses – moving company
- Warehouses – Other:

11) What is the daily average # of visitors?

12) What is the daily maximum # of visitors?

13) Are the goods or property of customers and/or tenants place on racks or is palletized? Yes No

14) Are forklifts used? Yes No
If Yes:

- a. Are the forklifts only operated by a certified forklift operator? Yes No
- b. Are the forklifts quipped with motion alarms? Yes No
- c. Are the forklifts routinely maintained and inspected by a qualified technician? Yes No
- d. Is the rated load capacity clearly marked on all forklifts? Yes No
- e. Are forklifts equipped with overhead protection (ie: roll cage)? Yes No

- 15) Does the Applicant offer packing and unpacking services? Yes No
 If Yes, are packaging/containers provided? Yes No
- 16) Is food stored on the premises? Yes No
 If Yes, any citations for violations by the state or federal food or health inspection agencies? Yes No
- 17) Are flammable or toxic materials stored on the premises? Yes No
 If Yes, confirm the type of materials and the provisions made for handling and storage:

- 18) Does the Applicant occupy and operate out of any portion of building? Yes No
 If Yes, specify operations and square footage:

- 19) Are manufacturing operations conducted on the premises? Yes No
 If Yes, provide details of operations:

- 20) Does the Applicant have a backup generator on the premises? Yes No

- 21) Are goods stored on shelves? Yes No
 If Yes, how high?

22) Items Stored (Indicate percentage):

Antiques	%	Electronic Media	%	Red Label Items	%
Appliances	%	Fireworks	%	Rubber Goods	%
Art	%	Flammables	%	Sporting/Athletic Goods	%
Beer/Wine/Spirits	%	Fur Apparel	%	Stereo Equipment	%
Boats	%	Jewelry/Gemstones	%	Televisions	%
Canned Food	%	Museum Artifacts	%	Tobacco Products	%
Cell Phones	%	Furniture	%	Toxic Substance	%
Chemicals	%	Oriental Rugs	%	Vitamins/Supplements	%
Clothing	%	Paper Products	%	Other (Describe):	%
Collectibles	%	Pharmaceuticals	%		
Computer Equipment	%	Photography Equipment	%		

- 23) Last year's estimated total values in storage: \$
 a. Maximum at any one time: \$
 b. Average at any one time: \$

SECTION IV – FIRE & LIFE SAFETY

- 24) Is the building in full compliance with state and local statues governing safety devices? Yes No

- 24) Does the building have a central station fire alarm? Yes No

- 25) Is the building equipped with smoke detectors? Yes No
- 26) Is the building equipped with a fire suppression system? Yes No
If Yes, describe:
- 27) What percentage of the buildings are sprinklered? %
- 28) Are fire extinguishers inspected and tagged annually? Yes No
- 29) Are “No Smoking” signs clearly posted throughout the premises? Yes No
- 30) Are “No Trespassing” or “Employee Only” signs clearly posted outside all areas from which non-employees are prohibited? Yes No
- 31) Does the building have a central station burglar alarm? Yes No
- 32) Is the property fenced? Yes No
- 33) Is the property well illuminated? Yes No
- 34) Is there a formal evacuation plan in place? Yes No
- 35) Are exits clearly marked and unobstructed? Yes No
- 36) Are there at least two means of egress? Yes No

SECTION V – MAINTENANCE

- 37) Is there a full-time maintenance staff? Yes No

38) Please confirm the type of maintenance, service and repair performed by the Applicant (Direct) or subcontracted (Subbed).

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

Type	Direct	Subbed
Snow & Ice Removal	%	%
Janitorial/Cleaning Services	%	%
General Maintenance & Repairs	%	%
Landscaping	%	%
Other:	%	%

- 39) Are there written procedures for routine inspections of the premises to identify and address potential liability hazards? Yes No
If Yes, are records of the completed inspections and repairs retained for at least five years? Yes No
- 40) Describe the sanitation and pest controls measures in place:

- 41) Are there any construction projects planned for the upcoming policy term? Yes No
 If Yes, provide full details of project, location, total costs, payroll, and sub costs:
- a. Will the construction be Subbed out? Yes No
- b. Are signs to warn the third party of construction and/or routine maintenance clearly posted on the property? Yes No

SECTION VI – PREMISE SECURITY

- 42) Are there surveillance cameras on the premises? Yes No
- 43) Description of site security (check off all that apply):
- | | | |
|-----------|------------------------------------|---------------------------|
| Employees | Independent Security Guard Service | Off-Duty Uniformed Police |
| Armed | Unarmed | |
- Describe duties and training:

- 44) Are criminal background checks and reference checks conducted on all Employees, Volunteers, and Independent Contractors? Yes No
 If Yes, what is the criteria for declining or discontinuing employment?
- 45) Are any dogs on the premises? Yes No
- 46) Are firearms permitted on the premises? Yes No
- 47) Within the past 5 years, have there been any incidents at the location where the police were called to respond? Yes No
 If Yes, explain:

SECTION VII – RISK TRANSFER

- 48) Do all written contracts/lease agreements with **subcontractors, security guard service, and/or renters or tenants** require them to:
- a. Carry \$1,000,000 Occurrence/\$2,000,000 General Aggregate Limits in General Liability coverage or greater? Yes No
- b. Name the Applicant as an Additional Insured? Yes No
- c. Defend, indemnify and hold the Applicant harmless? Yes No
- d. Maintain Workers Compensation Insurance (if not a renter or tenant)? Yes No

SECTION VIII – LOSS HISTORY DETAILS

49) Describe any **liability losses** (whether or not covered by insurance) claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented to prevent similar losses:

50) Describe any losses (whether or not covered by insurance) involving **assault or battery** claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented to prevent similar losses:

SECTION IX – CURRENT LIABILITY INSURANCE PROGRAM

51) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.

