

Warehousemen's Legal Liability Supplemental Questionnaire
(In addition to the ACORD Application)
COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Proposer (Partners or Officers, if applicable): _____

2. Post Office 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 area(s), if any, occupied by tenant(s) or lessees _____

e. Any basement(s)? _____ If answer is Yes, is it protected by an automatic sump pump? _____
and stored property on shelves or pallets? _____

f. Construction of walls? _____ Roof? _____

g. Year built? _____ If recently remodeled, when? _____

6. Protection of Premises

a. Is location sprinklered? _____ If Yes:

(1) Wet or dry system? _____

(2) Manufacturer's name and when installed _____

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

(4) Is system equipped with a Sprinkler Alarm? _____

Describe: _____

b. List any other private fire protection _____

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

Central Station? _____ Local Alarm? _____

(2) Extent of Protection (2-3?) _____

Name of Protective Company _____

(3) Underwriters Laboratories Certificate No.? _____

Date of Expiration _____

d. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises
at 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 Signals? _____

7. Are there any cold storage facilities? _____

8. Estimated values in storage during previous year _____

Maximum value any one time: _____ Average value any one time: _____

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

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. _____

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):

	<u>Year</u>	<u>Storage</u>	<u>Handling</u>
(a)	_____	\$ _____	\$ _____
(b)	_____	\$ _____	\$ _____
(c)	_____	\$ _____	\$ _____
(d)	_____	\$ _____	\$ _____
(e)	_____	\$ _____	\$ _____

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 membership is held _____

16. Do you subscribe to a loss control program furnished by an outside organization? _____ If Yes, give name of the organization and briefly describe services performed _____

17. Attach a complete copy of the warehouse receipt used.

18. List any commodities stored under special agreements and pertinent details of such agreements _____

19. What policy limit is desired? \$ _____ What Deductible \$ _____

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

Signed: _____

Position: _____

Date: _____

Agency: _____

Address: _____