



**WAREHOUSEMAN LIABILITY APPLICATION**

**Insured Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Location Address** \_\_\_\_\_

**Premise Description:**

- a) Ground floor area: \_\_\_\_\_
- b) Total storage area: \_\_\_\_\_
- c) Number of stories: \_\_\_\_\_
- d) Construction type: \_\_\_\_\_
- e) Year of construction: \_\_\_\_\_
- f) Please list any updates: \_\_\_\_\_

**PROTECTION SERVICES**

1. Is the location sprinklered? Yes / No If yes, please also answer the following questions:

- a) Wet or dry system? \_\_\_\_\_
- b) Date of installation: \_\_\_\_\_
- c) How often is the system serviced? \_\_\_\_\_
- d) Does the system have a sprinkler alarm? \_\_\_\_\_

2. Please describe any other private fire protection systems in place:

\_\_\_\_\_

\_\_\_\_\_

3. Does the location have a central station alarm? Yes / No

4. Please describe any other burglary protection services in place:

\_\_\_\_\_

\_\_\_\_\_

**STORAGE INFORMATION**

- 1. Does the insured engage in cold/freezer storage operations?                      Yes / No
- 2. Average values in storage during previous year: \_\_\_\_\_ Maximum: \_\_\_\_\_
- 3. Please give percentage (by weight) of goods/commodities in dry storage:
  - Canned foods: \_\_\_\_\_                      Other foodstuffs: \_\_\_\_\_
  - Furniture: \_\_\_\_\_                      Industrial chemicals: \_\_\_\_\_
  - Cloth products: \_\_\_\_\_                      Paper products: \_\_\_\_\_
  - Home appliances: \_\_\_\_\_                      Radio/TV equipment: \_\_\_\_\_
  - Liquor/wine: \_\_\_\_\_                      Tobacco products: \_\_\_\_\_
  - Tires: \_\_\_\_\_                      Other\*: \_\_\_\_\_

\* Please identify other, if applicable:  
\_\_\_\_\_

**POLICY INFORMATION**

- 4. Estimated gross receipts (excluding cold storage) for the next twelve months:
  - Storage: \_\_\_\_\_
  - Handling: \_\_\_\_\_
- 5. Policy limit requested: \_\_\_\_\_
- 6. Deductible requested: \_\_\_\_\_
- 7. Please attach a complete copy of the warehouse receipt used, if available.
- 8. Please describe any losses during the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date