

WAREHOUSE LEGAL LIABILITY INSURANCE 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? (location) _____
How long has company been in business? (location) _____
5. Description of Premises:
 - a. Total area (or cubic capacity) of premises available for storage? _____
 - b. Height in stories? _____
 - c. Identify and describe area(s), if any, occupied by tenant(s) or leases: _____
 - d. Any basement(s)? _____ If answer is "Yes", is basement protected by automatic sump pump? _____ and stored property on shelves or pallets? _____
 - e. Construction of walls? _____
 - f. Roof? _____ Supports? _____
 - g. Year built? _____ If recently remodeled, when? _____
6. Protection of Premises
 - a. Is location sprinklered? _____ If "Yes":
 - (1) Wet or dry system? _____ In-rack sprinkler system? _____
 - (2) Manufacturer's name and when installed _____
 - (3) How often serviced? _____
 - (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 Protection Company _____
(3) Underwriters' Laboratories Certificate No.? _____
Date of Expiration _____
 - d. (1) State number of watchmen employed exclusively by your 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? _____
If so, complete Cold Storage Supplement and attach.

8. Estimated total values in storage during previous year: _____
Maximum value any one time: _____
Average value any one time: _____

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

9. Give percentage (by weight) of goods or commodities stored (dry storage):

- | | |
|---|----------|
| a. Canned Foods | a. _____ |
| b. Other Foodstuffs: | b. _____ |
| c. Furniture | c. _____ |
| d. Industrial Chemicals (describe) _____ | d. _____ |
| e. Cloth Products | e. _____ |
| f. Paper Products (describe) _____ | f. _____ |
| g. Home Appliances (other than radio or TV equipment) | g. _____ |
| h. Radio/Television/Electronic Equipment | h. _____ |
| i. Liquor, wines, spirits | i. _____ |
| j. Tobacco Products (describe) _____ | j. _____ |
| k. Tires | k. _____ |
| l. Other (describe) _____ | l. _____ |

Please describe any combustible, flammable, corrosive, or other hazardous materials

12. Total number of employees: _____
If any employee(s) bonded, give details _____

13. List annual gross receipts for each of last five years (excluding any cold storage operations):

- | | | | | | |
|---------------|----------|----------|---------------|----------|----------|
| a. Year _____ | \$ _____ | Storage | d. Year _____ | \$ _____ | Storage |
| | \$ _____ | Handling | | \$ _____ | Handling |
| b. Year _____ | \$ _____ | Storage | e. Year _____ | \$ _____ | Storage |
| | \$ _____ | Handling | | \$ _____ | Handling |
| c. Year _____ | \$ _____ | Storage | | | |
| | \$ _____ | Handling | | | |

14. What are estimated gross receipts for the next twelve months:
Storage _____ Handling _____

15. 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:

16. Name trade associations in which memberships have been held for one year or more:

17. Do you subscribe to a loss control program furnished by an outside organization? _____

If "yes", give name of organization and briefly describe services performed: _____

18. Attach a complete copy of the warehouse receipt(s) used and indicate your monetary limitation of liability used with depositors. _____ List any commodities stored under special agreements and pertinent details of such agreements: _____

19. What policy limit is desired? _____ What deductible: _____

List any options desired. _____

OPTIONAL:

Cargo liability coverage. Complete supplemental cargo application.

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 by: _____

Title _____ Date: _____

**WAREHOUSEMAN'S LEGAL LIABILITY
COLD STORAGE SUPPLEMENT
(To be completed in addition to Warehousemen's Liability Insurance Application)**

Effective: _____ Please complete one application per location!

1. Name of Insured: _____
2. Address: _____
3. Location to be insured: _____
4. Type of Refrigeration used: (describe): _____
5. Describe Refrigeration Systems (including compressors):

	Age	Manufacturer's Name	Capacity in Tons Per Day	Kind of Drive
a.				
b.				
c.				
d.				
e.				

6. What temperature is maintained in each area? _____
7. Do you have off premises central station alarm for temperature control? _____
Name and location of central station service company? _____
8. Backup Refrigeration System available? _____ Describe: _____
9. Auxiliary power plant? _____ Describe: _____
10. Give percentage (by weight) of goods or commodities stored:

a. Cheese _____	e. Fish _____
b. Meat (frozen) _____	f. Produce _____
c. Meat (not frozen) _____	g. Frozen Foods _____
d. Citrus products _____	h. Poultry _____
Other (Describe) _____	
11. Type of packaging used (by commodity): _____

12. Do you have 24 hour maintenance staff on duty 7 days a week? _____
Total number of staff: _____
How often is temperature in each storage area checked? _____
Is there an automatic monitoring alarm system to check temperatures in each storage area? _____
Describe: _____

13. Number of storage rooms: _____ Maximum value per room: _____

Average value per room: _____

14. Cubic foot capacity of cold storage area? _____
15. Name of current insurance carrier of direct damage insurance on compressor(s), and other machinery, equipment and electrical apparatus: _____
Limits: _____
Has policy been extended to cover Ammonia Contamination and Leakage? _____

16. Is other contamination insurance carried? _____
Name of Carrier: _____ Limits: _____

17. Do you perform any processing operations? (The sole act of cooling or thawing or freezing shall not be considered a "processing operation".)

If yes, please describe: _____

18. Describe Refrigeration failures occurring during past five years (including amount of each loss).

19. List cause and amount of all losses other than refrigeration losses occurring during past years.

20. List annual gross receipts for each of last five years (excluding any cold storage operations):

- | | | | | | |
|---------------|----------|------------|---------------|----------|------------|
| a. Year _____ | \$ _____ | storage | d. Year _____ | \$ _____ | storage |
| | \$ _____ | handling | | \$ _____ | handling |
| | \$ _____ | processing | | \$ _____ | processing |
| b. Year _____ | \$ _____ | storage | e. Year _____ | \$ _____ | storage |
| | \$ _____ | handling | | \$ _____ | handling |
| | \$ _____ | processing | | \$ _____ | processing |
| c. Year _____ | \$ _____ | storage | | | |
| | \$ _____ | handling | | | |
| | \$ _____ | processing | | | |

21. What are estimated gross receipts from cold storage operations for the next twelve months?

Storage _____ Handling _____ Processing _____

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.

Name _____ Title _____

Address: _____ City/St/Zip _____

Signed: _____ Date: _____

CARGO LEGAL LIABILITY COVERAGE

This page to be completed if you operate as a carrier for others' property and if a quote is desired:

Company name: _____

Address: _____

Type of business: _____ Common Carrier _____ Contract Carrier

Radius of operation: _____

State or ICC filings necessary? (Include MC number or other ID numbers).

Number of vehicles owned and/or operated?

Trucks ____ Tractors ____ Trailers ____ #Employee drivers ____ # Contractors ____

[Number of units refrigerated: ____ How maintained and alarmed? _____]

Annual Gross Receipts from trucking business \$ _____

Is liability limited by released value Bill of Lading or Contract? ____ If yes, is it for:

All shipments ____ % of shipments _____ Amount of limitation _____

Percentage of receipts from hauling of following commodities:

- | | |
|--------------------------------------|--|
| ____ % Manufactured tobacco products | ____ % Explosives-red, yellow or green label |
| ____ % Liquor, razor blades | ____ % Nylon, silk, furs |
| ____ % TV, stereo, radios | ____ % Shoes, clothing, hosiery |
| ____ % Drugs, chemicals, antibiotics | ____ % Electronic equipment and components |

Describe remaining commodities _____

Circle above if full loads are carried. If full loads, describe alarms used? _____

Limit of Liability Desired: \$ _____ per vehicle, \$ _____ per terminal,

\$ _____ per occurrence. Deductible desired: \$ _____ per occurrence.

If terminals are other than locations presently scheduled on application for Warehouse Legal Liability , please schedule the address of each additional terminal at which coverage is desired.

Please provide premium and loss record for Cargo Coverage for past three years, plus current year.

Year	Premium	Losses	Briefly describe cause and amount of any loss excess of \$5,000