



WAREHOUSE PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

 Mailing Address: _____

Agency Name: _____
 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. List all warehouses applicant owns or leases:

Loc. No.	Complete Address	Square Footage	Owned & Occupied by Applicant (Check if applicable)	Owned & Leased to Others (% of Bldg. Leased)	Leased to Applicant (% of Bldg. Leased)
1			<input type="checkbox"/>	%	%
2			<input type="checkbox"/>	%	%
3			<input type="checkbox"/>	%	%
4			<input type="checkbox"/>	%	%
5			<input type="checkbox"/>	%	%

2. Warehouse operations are: Private Lessor's Risk Mini-warehouse

3. Provide the following information for all locations:

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Cold storage warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flammable or toxic substances stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what provisions are made for handling and storing them? (Please indicate location number and details.)					
Guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Manufacturing operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mini-warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public showroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customers' goods on racks or pallets?	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets
Retail store operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wholesale store operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does warehouse have a sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and type of system:					
Any other private fire protection system available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and details:					

4. If warehouse/building is leased, who is responsible for the maintenance? _____

Indicate location number and details: _____

5. If food stored, has applicant ever been cited for violations by any state or federal food and/or health inspection agency? Yes No

Indicate location number and details: _____

6. To what extent is the movement of goods in the warehouse automated? _____

Indicate location number and details: _____

7. Name any associations, groups, etc., the applicant belongs to as a business: _____

8. Does applicant subcontract any operations? Yes No

If yes:

a. Description of operations subcontracted: _____

b. Annual cost of subcontracting:\$ _____

c. Are certificates of insurance required from all subcontractors? Yes No

d. Is applicant included as an additional insured on subcontractors' policies? Yes No

e. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No

f. Minimum General Liability limits subcontractors are required to carry:.....

9. Does applicant have any operations as a moving company? Yes No

If yes, explain: _____

10. Are there any manufacturing operations on the premises? Yes No

If yes, explain: _____

11. Commodities stored: (Indicate percentage)

Antiques	%	Electronic Media (CD, DVD, etc.)	%	Property of Others	%
Appliances	%	Explosives	%	Recording Equipment	%
Art	%	Fireworks	%	Red Label Items	%
Auto Parts	%	Flammables	%	Rubber Goods	%
Beer/Wine	%	Fur Apparel	%	Sporting Goods/Athletic Equipment	%
Boats	%	Furniture	%	Stereo Equipment	%
Canned Foods	%	Jewelry/Gemstones	%	Telecommunication Equipment	%
Cell Phones/Pagers	%	Liquor	%	Televisions	%
Chemicals	%	Museum Artifacts	%	Tobacco Products	%
Clothing	%	Oriental Rugs	%	Toxic Substances	%
Collectible/Memorabilia Sales	%	Paper Products	%	Vitamins	%
Computer Equipment	%	Pharmaceutical	%	Other:	%
Electronic Equipment/Components	%	Photography Equipment	%	Other:	%

12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

13. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.