

## **APPLICANT INFORMATION**

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

## **Facility & Protection**

1. Which of the following best describes Warehousing/Storage operations?

Warehousing square footage \_\_\_\_\_ sq. ft.   ☐ Rack Storage   ☐ Palletized Storage   ☐ Storage Height \_\_\_\_ ft.

2. Building updates (Please provide year of most recent update)

Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

3. Which of the following describes private protection features of this facility?

(Check all that apply)

☐ **Automatic Sprinkler System:**

☐ Wet   ☐ Dry   ☐ In-racks   Percentage of facility sprinklered \_\_\_\_%

If < 100% Please list non-sprinklered areas: \_\_\_\_\_

Alarms:   ☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Water Flow   ☐ Valve Tamper

☐ Other (Please describe) \_\_\_\_\_

☐ **Fire Alarms:**

☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Smoke Detection   ☐ Heat Detection

Percentage of facility covered by alarms \_\_\_\_%

If < 100% Please list non-covered areas: \_\_\_\_\_

☐ **Security Alarms:**

☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Exterior access points   ☐ Motion Detection

☐ Key Card Access   ☐ CCTV   ☐ Other (Please describe) \_\_\_\_\_

## **Imports:**

1. What percentage of your sales comes from products made outside the U.S. and purchased from a domestic supplier? \_\_\_\_%
2. If you are a direct importer (first U.S. owner) of imported products, identify percentage of products by source of origin:   EEC, Canada, Australia or New Zealand \_\_\_\_%   Elsewhere \_\_\_\_%

## **Proprietary Label and Manufacturing Sales:**

1. Percent of sales of products under your proprietary label \_\_\_\_%
2. Percent of sales of imported products under your proprietary label \_\_\_\_%
3. Percent of sales of products you manufacture \_\_\_\_%



**Suppliers:**

1. How do you transfer risk to your suppliers? (Check all that apply)
  - ☐ Suppliers agree to indemnify you for losses caused by their products
  - ☐ Suppliers give you Vendor coverage or Additional Insured status
  - ☐ Minimum of \$1,000,000/\$2,000,000
2. What proportion of your suppliers give you this protection?
  - ☐ All ☐ Most ☐ Some ☐ None
3. How do you track certification received from your suppliers?
  - ☐ Software cert tracking program ☐ Agent does it for us ☐ Internal dedicated employees

**Service Contractors:**

1. How do you transfer risk to your service contractors? (Check all that apply)
  - ☐ Contractors agree to indemnify you for losses caused by their work
  - ☐ Contractors give you Additional Insured status
  - ☐ Minimum of \$1,000/\$2,000, limits
2. What proportion of your service contractors give you this protection?
  - ☐ All ☐ Most ☐ Some ☐ None
3. How do you track certification received from your suppliers?
  - ☐ Software cert tracking program ☐ Agent does it for us ☐ Internal dedicated employees

**Installation, Service, Repair and Sale of Used Products:**

1. How much of your revenue is derived from these operations?  
Installation \_\_\_\_%    Service \_\_\_\_%    Repair \_\_\_\_%  
Sale of re-built or re-conditioned products \_\_\_\_%
2. Do your employees who perform these operations have OEM training? ☐ Yes ☐ No

**Quality Control:**

1. How do you validate quality of re-conditioned used equipment before sale?  
(Check all that apply)
  - ☐ All products are tested for conformance to OEM specifications ☐ All products have OEM installed guards
  - ☐ On older machinery OEM guards are re-fitted with currently approved guards

**Record Retention**

1. How long do you keep records about installation?
  - ☐ Product life (\_\_\_\_ years) ☐ Product life plus the statute of limitations
2. If you distribute only components, how long do you keep records? \_\_\_\_\_



**Fleet Operations:**

If you haul products with your own fleet, complete the Wholesalers–Fleet Supplemental Application provided and leave this section blank.

1. How are your products transported to customers?  
☐ Common or contract carrier    ☐ By owned autos
2. Does your fleet haul any products of others? ☐ Yes    ☐ No
3. What percent of mileage is for hauling products of others? \_\_\_\_%
4. Check all the driver selection methods you apply:  
☐ References    ☐ MVR check    ☐ Drug and alcohol testing    ☐ Written driving test
5. Describe the MVR standards you apply to your drivers: \_\_\_\_\_
6. Do you do an analysis after every accident involving other vehicles or driver injuries? ☐ Yes    ☐ No
7. Are all corrective actions documented and implemented? ☐ Yes    ☐ No

**Risk Service Needs:**

- 1, Are there any specific [Risk Solutions](#) service needs specific to facilities, equipment, supply chain, products, risk transfer, fleet or employee safety?  
Please describe: \_\_\_\_\_
- 2, Are there any specific Claims service needs?  
Please describe: \_\_\_\_\_