

## **APPLICANT INFORMATION**

First Named Insured: \_\_\_\_\_

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

Other Named Insureds: \_\_\_\_\_

Partnership/Corporation/Individual: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Inspection Contact (Name): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

\_\_\_\_\_

\_\_\_\_\_

## **GENERAL POLICY INFORMATION**

Effective Date/Expiration Date: \_\_\_\_\_

Billing (Agency or Direct): \_\_\_\_\_

Payment Plan: \_\_\_\_\_

## **UNDERWRITING INFORMATION**

1. Describe warehouse operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



2. Locations to be Insured:

LOC	LOCATION ADDRESS	LIMIT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
BLANKET COVERAGE		<input type="checkbox"/> Yes <input type="checkbox"/> No \$

Deductible: \$\_\_\_\_\_

3. What is your Limitation of Liability: \$\_\_\_\_\_

4. Average value at any one time at location? \_\_\_\_\_

Description of location(s): (use separate sheet if necessary)

LOCATION	CONSTRUCTION TYPE	YEAR BUILT	YEAR OF ROOF UPDATE	YEAR OF PLUMBING, HEATING AND WIRING UPDATE	SQUARE FOOTAGE
1					
2					
3					
4					
5					

LOCATION	SPRINKLERED	WET OR DRY SPRINKLER SYSTEM	TEMPERATURE HUMIDITY CONTROL SYSTEM	RACK STORAGE	IN RACK SPRINKLERS
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION	CS FIRE ALARM	CS BURGLAR ALARM	LOCATION FENCED AND GATED	WATCHMEN SERVICE	ADDITIONAL SECURITY INFO
1	<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	
2	<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	
3	<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	
4	<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	
5	<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	



Identify and Describe If Applicable:

LOCATION	OTHER OCCUPANTS	OPERATIONS
1		
2		
3		
4		
5		

What types of commodities are being stored?

Canned Goods	%	Beer, Wine	%
Other Food	%	Tires	%
Furniture	%	Appliances	%
Industrial Chemicals	%	Auto Parts	%
Red Label Items	%	Electronics	%
Rubber Goods	%	Tobacco Products	%
Clothing	%	Other: Please List	%
Paper Products	%		
Liquor, Spirits	%		

5. How many locations are: Owned? \_\_\_\_\_ Leased? \_\_\_\_\_

6. Describe any agreements other than your standard Warehouse Receipt and/or storage contracts you have with your customers. Include a copy of your Warehouse Receipt.

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7. How often is a physical inventory taken?

☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_

8. How often is the inventory reconciled with the customer?

☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_

9. Total number of warehouse employees: \_\_\_\_\_

10. Are employees bonded? ☐ Yes ☐ No

11. Is refrigeration storage involved? ☐ Yes ☐ No

If Yes, request and complete the Cold Storage Supplemental.

List the annual gross receipts for the previous two (2) years, the current year and the estimated gross receipts for the next twelve (12) months:

YEAR	STORAGE	HANDLING	PROCESSING
Estimated for the next 12 Months			
Current Year			
Previous Year			
Two Years Prior			



**PRIOR CARRIER INFORMATION**

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICANT**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address (City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

**AGENT**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address (City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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



## UNDERWRITING INFORMATION

LOCATION ADDRESS	REEFER LIMITS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

- Type of refrigeration used: (describe) \_\_\_\_\_
- What temperature is maintained in each area? \_\_\_\_\_
- Do you have off premises central station alarm for temperature control? ☐ Yes ☐ No

NAME OF CENTRAL STATION SERVICE COMPANY	CENTRAL STATION SERVICE COMPANY ADDRESS

- Backup Refrigeration System available? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
- Backup Hard wired Generators? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
- Auxiliary power plant? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
- Do you have 24-hour maintenance staff on duty 7 days a week? ☐ Yes ☐ No
- Total number of staff: \_\_\_\_\_  
Average number of staff on at any one time: \_\_\_\_\_
- How often is temperature in each storage area checked?  
☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Other Describe other: \_\_\_\_\_
- Is there an Automatic Alarm System to check temperatures in each storage area? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_



11. Number of storage rooms: \_\_\_\_\_

Average value per room: \$ \_\_\_\_\_

Maximum value per room: \$ \_\_\_\_\_

12. What is the cubic foot capacity of cold storage area? \_\_\_\_\_

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

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

Give percentage (by weight) of goods or commodities stored:

COMMODITY TYPE	% STORED	PACKAGING/STORAGE OF COMMODITY	COMMODITY TYPE	% STORED	PACKAGING/STORAGE OF COMMODITY
Cheese	%		Fish	%	
Meat (Frozen)	%		Produce	%	
Meat (Not Frozen)	%		Frozen Foods	%	
Citrus Products	%		Poultry	%	
Other (describe)				%	
Other (describe)				%	
Other (describe)				%	
Other (describe)				%	
Other (describe)				%	

List the annual gross receipts for the previous two (2) years, the current year and the estimated gross receipts for the next twelve (12) months:

YEAR	STORAGE	HANDLING	PROCESSING
Estimated for the next 12 Months			
Current Year			
Previous Year			
Two Years Prior			

#### **PRIOR CARRIER INFORMATION**

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 5 years of hard copy loss history



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**APPLICANT**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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

**AGENT**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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