

WAREHOUSE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
----------------------	---	--	--

1.	CLASSIFICATION OF RISK – WAREHOUSE - check all that apply	
	<input type="checkbox"/> Cold individual storage lockers <input type="checkbox"/> Cold storage public <input type="checkbox"/> Mini-warehouses <input type="checkbox"/> Occupied by multiple interests – Lessor's Risk only	<input type="checkbox"/> Occupied by a single interest – Lessor's Risk only <input type="checkbox"/> Private – Not for profit only <input type="checkbox"/> Private – Other than not for profit <input type="checkbox"/> Warehouse not otherwise classified

2.	APPLICANT INFORMATION	
a.	Years in business	
b.	Does applicant belong to any associations, groups, etc. as a business? If yes, define:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe Where are venture insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	SUBCONTRACTORS	
a.	Does applicant hire subcontractors? If yes, answer questions b through h	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are all subcontractors required to carry General Liability insurance? If yes, minimum limits required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

c.	Are certificates of insurance obtained from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Is applicant named as an additional insured on all subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant use uninsured subcontractors? If yes, percentage of total subcontracted cost:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Do written contracts contain hold-harmless agreements in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	What is the cost of subcontracted work?	\$
h.	Describe subcontracted work	

4. WAREHOUSES OWNED OR LEASED BY APPLICANT					
Loc.	Complete Address	Square Feet	Applicant owned & occupied (check)	Owned & Leased to Others % leased	Leased to Applicant % leased
1.			<input type="checkbox"/>		
2.			<input type="checkbox"/>		
3.			<input type="checkbox"/>		
4.			<input type="checkbox"/>		
5.			<input type="checkbox"/>		

5. WAREHOUSE OPERATIONS BY LOCATION						
- Check all that apply						
		LOC. 1	LOC. 2	LOC. 3	LOC. 4	LOC. 5
a.	Cold Storage Warehouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Manufacturing Operations? If checked, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Mini-Warehouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Public showroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Retail Store Operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Wholesale store Operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Customer Goods on Racks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Customer Goods on Pallets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. WAREHOUSE SECURITY BY LOCATION						
- Check all that apply						
		LOC. 1	LOC. 2	LOC. 3	LOC. 4	LOC. 5
a.	Fenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Guard Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c.	Lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Public access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Security Guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Sprinkler System? If checked, type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Other fire protection? If checked – describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. COMMODITIES STORED – indicate percentage					
Antiques	%	Electronic Media (CD,DVD, etc.)	%	Photography Equipment	%
Appliances	%	Explosives PROHIBITED	XXXXXX	Property of Others	%
Art	%	Fireworks - PROHIBITED		Recording Equipment	XXXXX
Auto Parts	%	Flammables	%	Red Label Items PROHIBITED	%
Beer/Wine	%	Fur Apparel	%	Rubber Goods	%
Boats	%	Furniture	%	Sporting Goods Athletic Equipment	%
Canned Foods	%	Hazardous Materials PROHIBITED	XXXXXX	Stereo Equipment	%
Cell Phones/Pagers	%	Jewelry/Gemstones	%	Telecommunication Equipment	%
Chemicals SUBMIT	%	Liquor	%	Televisions	%
Clothing	%	Museum Artifacts	%	Tobacco Products	%
Collectible and/or Memorabilia sales	%	Oriental Rugs	%	Toxic Substances	%
Computer Equipment	%	Paper Products	%	Vitamins	%
Electronic Equipment - Components	%	Pharmaceutical	%	Other – describe:	%

8. ADDITIONAL OPERATIONAL DETAILS	
a.	Are Flammable substances stored? Which locations: If yes, describe provisions for handling and storing.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are toxic substances stored? Which locations:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

	If yes, describe provisions for handling and storing.	
c.	Does applicant have any operations as a moving company? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Do any locations have manufacturing operations? If yes explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Who is responsible for maintenance of leased warehouse(s)?	
f.	Is food stored? If yes, has applicant ever been cited for violations by any state or federal food and/or health inspection agency? If yes, indicate location number Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
g.	To what extent is the movement of goods in the warehouse automated? Which locations: Details	

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer,

broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME: 	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.