

Warehouse Operators Legal Liability Application

1. Name of Company: _____
2. Principal(s): _____
3. Type of Warehouse Operation – Public/Private/Contract or Bonded: _____
4. Number of locations: _____
5. Location address:

6. General Description of Commodities being stored : _____

7. Primary function of Warehouse Operator:
 - a. Stockpiling: _____
 - b. Assembling: _____
 - c. Product Mixing: _____
 - d. Consolidation: _____
 - e. Distribution: _____
8. Warehouse Receipt? If yes, provide copy. If No, please explain: YES NO

9. Please provide construction, occupancy, protection, and exposures of each location:

10. List target commodities (as a Percentage of total):
 - a. Consumer electronics: _____
 - b. Liquor, wine and other alcoholic beverages: _____
 - c. Finished tobacco products: _____
 - d. Personal Computer components: _____
11. Cold Storage:
 - a. Compressors (Age, Manufacturer, Capacity):
 1. _____
 2. _____
 3. _____
 4. _____
 - b. Is there an auxiliary power plant and / or refrigeration equipment? YES NO
 - c. Is there 24 hour per day, seven day a week maintenance staff on duty? YES NO
 - d. Is there a Central Station Alarm for temperature control? YES NO

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12. Previous Year Estimated Values in Storage

- a. Average Values: _____
b. Maximum Values: _____

13. List largest customers: _____

14. Annual Storage receipts: _____

15. Annual Handling / Processing receipts: _____

16. Financials: _____

17. Provide three (3) Loss History:

18. Requested limit: _____

19. Requested deductible: _____

20. Transit Coverage requested? YES NO

a. Contract/Common Carrier: _____

b. Requested Limit: _____

21. the protective safeguard systems

- a. Automatic Sprinkler System
b. Automatic Fire Alarm, reporting to a public or private fire alarm station.
c. Automatic Burglar Alarm, reporting to a public or private burglar alarm station.
d. Automatic Extinguishing System and Hood and Duct Cleaning.
e. 24-Hour Professional on premises Guard Service
f. Warrant fence with locked gate and lights at night or theft coverage is excluded

Print Your Name: _____

Signature: _____

Contact Information: _____

Date: _____