

GENERAL WAREHOUSEMAN'S LEGAL LIABILITY INSURANCE APPLICATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Warehouse Location(s):

Loc #	Address

4. How long has current management operated this business? _____
5. Description of Warehouse(s):

Loc #	Total Ground Floor Area	Storage Capacity (Sq. or Cubic Feet)	Construction of Walls	Construction of Roof

6. Premises Protection:

Loc #	Sprinkler System? Wet or Dry?	% of Floor Area Protected	Distance to Fire Department	Central Station Burglar Alarm?	Watchman Service? Hours?

7. Estimated total values in storage during previous year:

Average Value: _____ Maximum Value: _____ Turnover Rate: ____ per wk/mo/yr

8. Give percentage of goods stored:

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Clothing & accessories _____ b. Electronic Equipment _____ c. Canned Foods _____ d. Other Foodstuffs _____ e. Furniture _____ f. Home Appliances _____ | <ul style="list-style-type: none"> g. Industrial Chemicals _____ h. Liquor, wine, beer _____ i. Paper Products _____ j. Tires _____ k. Tobacco products _____ l. Other _____ Describe: _____ |
|--|--|

9. Gross Receipts for each of the last five years and estimated for next twelve months:

Year	Storage	Handling
Next		

10. Give details and amounts of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this insurance: _____

11. List any commodities stored under special agreement and provide pertinent details: _____

12. **Attach a complete copy of the warehouse receipt(s) used.**

13. What Policy Limit is desired? _____ Deductible? _____

NEW YORK NOTICE:

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. The applicant agrees that the statements contained in this application are true and that, if insurance is effected, material misrepresentation or concealment of any information voids this insurance.

Signature of Applicant: _____

Date Signed: _____