**WAREHOUSE PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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| --- | --- |
| Applicant’s Name:             Mailing Address:              | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. List all warehouses applicant owns or leases:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc.No.** | **Complete Address** | **SquareFootage** | **Owned &Occupied by Applicant (Check ifapplicable)** | **Owned &Leasedto Others(% of Bldg.Leased)** | **Leasedto Applicant(% of Bldg.Leased)** |
| **1** |       |       | [ ]  |      % |      % |
| **2** |       |       | [ ]  |      % |      % |
| **3** |       |       | [ ]  |      % |      % |
| **4** |       |       | [ ]  |      % |      % |
| **5** |       |       | [ ]  |      % |      % |

**2. Warehouse operations are:** [ ]  Private [ ]  Lessor’s Risk [ ]  Mini-warehouse

**3. Provide the following information for all locations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Loc. 1** | **Loc. 2** | **Loc. 3** | **Loc. 4** | **Loc. 5** |
| Cold storage warehouse? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Fenced? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Flammable or toxic substances stored? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, what provisions are made for handling and storing them? (Please indicate location number and details.)      |
| **Guard dogs?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Lighted?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Loc. 1** | **Loc. 2** | **Loc. 3** | **Loc. 4** | **Loc. 5** |
| **Manufacturing operations?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Mini-warehouse?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Public access?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Public showroom?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Customers’ goods on racks or pallets?** | [ ]  Racks[ ]  Pallets | [ ]  Racks[ ]  Pallets | [ ]  Racks[ ]  Pallets | [ ]  Racks[ ]  Pallets | [ ]  Racks[ ]  Pallets |
| **Retail store operations?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Security guards?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Wholesale store operations?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Does warehouse have a sprinkler system?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, indicate location number and type of system:       |
| **Any other private fire protection system available?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, indicate location number and details:       |

**4. If warehouse/building is leased, who is responsible for the maintenance?**

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| --- |
| Indicate location number and details:       |

**5. If food stored, has applicant ever been cited for violations by any state or federal food and/or health inspection agency?** [ ]  Yes [ ]  No

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| --- |
| Indicate location number and details:       |

**6. To what extent is the movement of goods in the warehouse automated?**

|  |
| --- |
| Indicate location number and details:       |

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| --- |
| **7. Name any associations, groups, etc., the applicant belongs to as a business:**       |

**8. Does applicant subcontract any operations?** [ ]  Yes [ ]  No

If yes:

**a.** Description of operations subcontracted:

**b.** Annual cost of subcontracting: $

**c.** Are certificates of insurance required from all subcontractors? [ ]  Yes [ ]  No

**d.** Is applicant included as an additional insured on subcontractors’ policies? [ ]  Yes [ ]  No

**e.** Do written contracts contain hold-harmless agreements in favor of the applicant? [ ]  Yes [ ]  No

**f.** Minimum General Liability limits subcontractors are required to carry:

**9. Does applicant have any operations as a moving company?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**10. Are there any manufacturing operations on the premises?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**11. Commodities stored: (Indicate percentage)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Antiques |    % | Electronic Media (CD, DVD, etc.) |    % | Property of Others |    % |
| Appliances |    % | Explosives |    % | Recording Equipment |    % |
| Art |    % | Fireworks |    % | Red Label Items |    % |
| Auto Parts |    % | Flammables |    % | Rubber Goods |    % |
| Beer/Wine |    % | Fur Apparel |    % | Sporting Goods/Athletic Equipment |    % |
| Boats |    % | Furniture |    % | Stereo Equipment |    % |
| Canned Foods |    % | Jewelry/Gemstones |    % | Telecommunication Equipment |    % |
| Cell Phones/Pagers |    % | Liquor |    % | Televisions |    % |
| Chemicals |    % | Museum Artifacts |    % | Tobacco Products |    % |
| Clothing |    % | Oriental Rugs |    % | Toxic Substances |    % |
| Collectible/Memorabilia Sales |    % | Paper Products |    % | Vitamins |    % |
| Computer Equipment |    % | Pharmaceutical |    % | Other:        |    % |
| Electronic Equipment/Components |    % | Photography Equipment |    % | Other:        |    % |

**12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**13. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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 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.)

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain 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. |