



# ESSEX INSURANCE COMPANY

## WAREHOUSEMAN LIABILITY INSURANCE APPLICATION COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

Name of Applicant: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

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

Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

### 1. Description of Premises:

- a. What is ground floor area? \_\_\_\_\_
- b. Height in stories? \_\_\_\_\_
- c. Total area (or cubic capacity) of premises available for storage? \_\_\_\_\_
- d. Identify and describe area(s), if any, occupied by tenant(s) or lessees: \_\_\_\_\_  
\_\_\_\_\_
- e. Any basement(s)? \_\_\_\_\_ If "Yes", is basement protected by automatic sump pump? \_\_\_\_\_  
And stored property on shelves or pallets? \_\_\_\_\_
- f. Construction of walls? \_\_\_\_\_  
Construction of Roof? \_\_\_\_\_
- g. Year built? \_\_\_\_\_ If recently remodeled, when? \_\_\_\_\_

### 2. PROTECTION OF PREMISES

- a. Is location sprinklered? \_\_\_\_\_ If "Yes", describe: \_\_\_\_\_
  - (1) Wet or dry system? \_\_\_\_\_
  - (2) Manufacturer's name and when installed: \_\_\_\_\_
  - (3) How often serviced? \_\_\_\_\_ By Whom? \_\_\_\_\_
  - (4) Is system equipped with a Sprinkler Alarm? \_\_\_\_\_
- b. List any other private fire protection: \_\_\_\_\_
- c. (1) Are your premises protected by an operating Premises Alarm System? \_\_\_\_\_  
Central Station? \_\_\_\_\_ Local Alarm? \_\_\_\_\_
  - (2) Extent of Protection (1-2-22-3): \_\_\_\_\_  
Name of Protective Company: \_\_\_\_\_
  - (3) Underwriters' Laboratories Certificate No.: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_
- d. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises at all times when not regularly open to business: \_\_\_\_\_
  - (2) Do they signal to a Central Station and how often? \_\_\_\_\_
  - (3) How many clock stations on premises? \_\_\_\_\_
  - (4) How many pull boxes for Central Stations Signals? \_\_\_\_\_

3. Are there any cold storage facilities? \_\_\_\_\_ If so, complete Cold Storage Supplement and attach.

4. Estimated values in storage during previous year: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_

5. Give percentage (by weight) of goods or commodities stored (dry storage):

- a. Canned Foods: \_\_\_\_\_

- b. Other Foodstuffs: \_\_\_\_\_
- c. Furniture: \_\_\_\_\_
- d. Industrial Chemicals: \_\_\_\_\_
- e. Cloth Products: \_\_\_\_\_
- f. Paper Products: \_\_\_\_\_
- g. Home Appliances (other than radio or TV equipment): \_\_\_\_\_
- h. Radio/Television/Electronic Equipment: \_\_\_\_\_
- i. Liquor, wines, spirits: \_\_\_\_\_
- j. Tobacco Products: \_\_\_\_\_
- k. Tires: \_\_\_\_\_
- l. Other (Describe): \_\_\_\_\_

6. Total number of employees? \_\_\_\_\_

If any employee(s) bonded, give details: \_\_\_\_\_

7. List annual gross receipts for each of the last five years (excluding any cold storage operations):

<u>Date</u>	<u>Amount</u>		<u>Date</u>	<u>Amount</u>	
a.	\$ _____	Storage	d.	\$ _____	Storage
	\$ _____	Handling		\$ _____	Handling
b.	\$ _____	Storage	e.	\$ _____	Storage
	\$ _____	Handling		\$ _____	Handling
c.	\$ _____	Storage			
	\$ _____	Handling			

8. What are the estimated gross receipts (excluding cold storage operations) for the next twelve months?

Storage: \$ \_\_\_\_\_ Handling: \$ \_\_\_\_\_

9. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this type of insurance: \_\_\_\_\_

10. Name trade associations in which membership is held: \_\_\_\_\_

11. **ATTACH A COMPLETE COPY OF THE WAREHOUSE RECEIPT USED (AGREEMENT USED TO STORE GOODS)**

12. **WHAT POLICY LIMIT IS DESIRED: \$ \_\_\_\_\_ WHAT DEDUCTIBLE: \$ \_\_\_\_\_**

13. Has any company cancelled, denied or declined to renew coverage? ( ) Yes ( ) No

If yes, please explain \_\_\_\_\_

Present Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

14. Losses past 3 years:

Date of Loss	Details	Carrier
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

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

Date: \_\_\_\_\_ Signed by Insured: \_\_\_\_\_

By: \_\_\_\_\_

Agency: \_\_\_\_\_

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