



WAREHOUSEMAN'S LEGAL LIABILITY APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

Location(s) to be Insured:

A. _____

B. _____

C. _____

Gross Receipts Generated by the Following for the Past 3 Years and Estimated for the New Policy Year

Type of Operation	20 ____	20 ____	20 ____	Estimated
Storage Operations				
Handling Operations				
Total Gross Receipts				

Values in Storage: Maximum: _____ Average: _____ Minimum: _____

TYPES OF COMMODITIES STORED

Canned Foods	%	Tires	%
Other Food	%	Appliances	%
Furniture	%	Auto Parts	%
Industrial Chemicals	%	Electronics	%
Red Label Items	%	Tobacco Products	%
Rubber Goods	%	Other, Please List:	%
Clothing	%		%
Paper Products	%		%
Liquor, Spirits	%		%
Beer, Wine	%		%

PREMISES DETAILS – Please Complete This Page for Each Separate Location

Building – Age/Year Built: _____

Construction of Walls: _____ Construction of Roof: _____

Updates: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____

Is the Location Sprinkled? Yes No If Yes, Complete the Following:

Wet Dry

Manufacturer's Name: _____

Is There a Secondary Water System? Yes No

If Yes, Please Describe: _____

Sprinkler Contractor Name and Phone Number: _____

Does Location Have Any Other Private Fire Protection? Yes No

If Yes, Please Describe: _____

Does Location Have a Theft/Burglar Alarm System? Yes No

If Yes, What Type? Central Station Local Police

Alarm Company's Name: _____

Does Location Have Watchmen? Yes No If Yes, What are Their Hours? _____

Any Refrigerated Storage? Yes No

If Yes, Please Describe Including the Amount of Square Feet Used and What is the Percentage of Your Total Revenue:

Is Location in a Flood Zone? Yes No

If Yes, How do You Control Exposure? _____

Is There Basement Storage? Yes No

If Yes, Please Describe Including Any Protection for Rising Water: _____

Are Customer Goods on Racks or Pallets? Yes No

Does Location Constitute More Than One Fire-Division in Accordance with Local Fire Inspection Rating Bureau? Yes No

How Many Divisions? _____

Describe How Separated (fire doors, etc.): _____

Percentage of Values in Each: _____

Total Number of Employees: _____ Any Bonded Employees? Yes No

If Yes, Please Provide Number and Details: _____

Please Submit a Copy of Your Warehouse Receipt.

What Percentage of Your Customers Use This Receipt? _____ %

If Not 100%, Please List and Include Copies of Special Agreement: _____

PREMIUM AND LOSS HISTORY

Year	Premium Paid	Losses Paid	Number of Claims	Details of Account

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons 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 represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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