

WAREHOUSEMAN LIABILITY INSURANCE PROPOSAL

COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Proposer (Partners or Officers, if applicable): _____
2. Post Office Address: _____
3. Location to be insured: _____
4. How long has current management operated this business? _____
5. 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 answer is "Yes", is basement protected by automatic sump pump? _____ and stored property on shelves or pallets? _____
 - f. Construction of walls? _____ Roof? _____
 - g. Year built? _____ If recently remodeled, when? _____
6. PROTECTION OF PREMISES
 - a. Is location sprinklered? _____ If "Yes":
 - (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? _____ Describe: _____
 - 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 - 2½ - 3?) _____ Name of Protective Company _____
(3) Underwriters' Laboratories Certificate No.? _____ Date of Expiration _____ 19 _____
 - 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? _____
7. Are there any cold storage facilities? _____ If so, complete Cold Storage Supplement and attach.
8. Estimated values in storage during previous year:
Maximum _____ Average _____
9. 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. _____

10. Total number of employees? _____ If any employee(s) bonded, give details: _____

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

(a) 19 \$ _____ storage
\$ _____ handling

(d) 19 \$ _____ storage
\$ _____ handling

(b) 19 \$ _____ storage
\$ _____ handling

(e) 19 \$ _____ storage
\$ _____ handling

(c) 19 \$ _____ storage
\$ _____ handling

12. What are estimated gross receipts (excluding cold storage operations) for the next twelve months?
Storage _____ Handling _____

13. 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: _____

14. Name trade associations in which memberships have been held for one year or more: _____

15. Do you subscribe to a loss control program furnished by an outside organization?
If "yes", give name of organization and briefly describe services performed _____

16. Attach a complete copy of the warehouse receipt(s) used _____ List any commodities stored under special agreements and pertinent details of such agreements _____

17. What policy limit is desired? \$ _____ What Deductible? \$ _____

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

Signed: _____

By: _____

Date: _____

To be completed by agent:

Customers Goods Rates:

	Gross	80% Coinsurance
a. Fire	_____	_____
b. Extended Coverage	_____	_____
c. Vandalism & Malicious Mischief	_____	_____
d. Sprinkler Leakage	_____	_____
e. Earthquake	_____	_____

Agency: _____

Address: _____

WAREHOUSEMAN'S LIABILITY INSURANCE PROPOSAL

COLD STORAGE SUPPLEMENT

1. Cubic capacity of cold storage area? _____
2. List percentage (by volume) of major commodities stored:

a. _____ %
b. _____ %
c. _____ %

3. Type of refrigerant? _____
4. Compressors:

Age	Manufacturer's Name	Capacity in Tons per Day	Kind of Drive
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

5. Do you have auxiliary power plant? _____ Describe _____

6. Do you have auxiliary refrigeration equipment? _____ Describe _____

7. Do you have 24 hour maintenance staff on duty 7 days a week? _____
Total number of such staff _____

8. Do you have off premises central station alarm for temperature control? _____
Name and location of central station service company _____

9. Name of carrier of direct damage insurance on compressor(s) _____
Limits? _____ Has policy been extended to cover Ammonia Contamination and Leakage? _____

10. Is other contamination insurance carried? _____
Name of carrier _____
Limits? _____

11. Do you perform any processing operations? (The sole act of cooling or thawing or freezing shall not be considered a "processing operation") _____ If "yes", please describe _____

(Continued From Obverse Side)

12. List annual gross receipts from cold storage operations for each of last five years

(a) 19 \$ _____ storage
 \$ _____ handling
 \$ _____ processing

(d) 19 \$ _____ storage
 \$ _____ handling
 \$ _____ processing

(b) 19 \$ _____ storage
 \$ _____ handling
 \$ _____ processing

(e) 19 \$ _____ storage
 \$ _____ handling
 \$ _____ processing

(c) 19 \$ _____ storage
 \$ _____ handling
 \$ _____ processing

13. What are estimated gross receipts from cold storage operations for the next twelve months?

Storage _____ Handling _____ Processing _____