



# WAREHOUSEMAN'S LIABILITY INSURANCE APPLICATION

Complete a separate application for each warehouse premises

Attach copy of warehouse receipt

Name		Previous Policy Number or Insurer	
Mailing Address		Desired Effective Date	Years in Business
			Yrs. at Location
		Limit of Liability Desired	Deductible
		\$	\$
Location address of Warehouse Premises		Gross Receipts in Past 12 Months:	
		Storage \$	Handling \$
		Projected Gross Receipts Next 12 Months:	
		Storage \$	Handling \$
Website URL / Address		Excess Valuation Charges Past 12 Months \$	
Premium Payment Basis Desired		Projected Valuation Charges Next 12 Months \$	
<input type="checkbox"/> Reporting <input type="checkbox"/> Flat Annual <input type="checkbox"/> Monthly			
Describe Premises: Age and number of buildings, construction and story height			
Fire Protection:			
<input type="checkbox"/> Automatic Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (describe)			
Burglary Protection: Furnish details of alarm systems, watchmen service, special security areas			
Any "goodwill" payments made? If so, describe.			
Any dropped trailer or "cross docking" temporary storage? If so, describe extent and commodities.			
List Principal Classes of Property Stored			
Show % of total that these classes represent( if none, so state)			
<input type="checkbox"/>	Alcohol Liquors	<input type="checkbox"/>	Drugs & Pharmaceuticals
<input type="checkbox"/>	Auto Parts & Accessories	<input type="checkbox"/>	Electronic Components
<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Explosives
<input type="checkbox"/>	Clothing & Shoes	<input type="checkbox"/>	Fibers
<input type="checkbox"/>	CDs / DVDs / Games	<input type="checkbox"/>	Flammables
<input type="checkbox"/>	Combustible Building Materials	<input type="checkbox"/>	Gases, Compressed, Liquefied
<input type="checkbox"/>	Consumer Electronics	<input type="checkbox"/>	Perfume & Cosmetics
<input type="checkbox"/>		<input type="checkbox"/>	Pyroxylin Plastics
<input type="checkbox"/>		<input type="checkbox"/>	Tobacco Products
<input type="checkbox"/>		<input type="checkbox"/>	Other Target Theft Products (Describe)
<input type="checkbox"/>		<input type="checkbox"/>	Temperature Controlled Products
Estimated Total Values in Storage		What is the Total Average Weight of Property In Storage?	
Maximum \$	Average \$		
Describe Warehouse Receipt Limitation		Are There Cold Storage Facilities?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
FEMA Flood Zone at this Location:		If "Yes", (Complete Cold Storage Supplement)	
Has Any Insurer Ever Cancelled or Refused to Renew?		Does Applicant Also Operate a Trucking Business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No (For Cargo complete Motor Truck Cargo Application)	
LOSS HISTORY: List Losses (Insured or Uninsured) During Past Five Years			
Date	Amount	Deductible	Cause-Action Taken to Prevent Recurrence
Applicant's Signature			Date

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

# 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Do you have auxiliary power plant?  Yes  No - Describe

6. Do you have auxiliary refrigeration equipment?  Yes  No - Describe

7. Do you have 24 hour maintenance staff on duty 7 days a week?  Yes  No

Total Number of such Staff

8. Do you have off premises central station alarm for temperature control?  Yes  No

Name and location of central station service company

9. Name of carrier for direct damage insurance on compressor(s)

Limits?

Has policy been extended to cover Ammonia Contamination and Leakage?  Yes  No

10. Is other contamination insurance carried?  Yes  No

Name of Carrier  Limits?

11. Do you have an emergency contingency plan for (a) loss of power; (b) natural disaster, if stored property must be relocated? If so, describe: