



ESSEX INSURANCE COMPANY

WAREHOUSEMAN LIABILITY INSURANCE PROPOSAL 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 Proposer 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: _____