



Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

CONSOLIDATION/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 Requested: _____ to _____

Description of Operations:

Max Number of Days Goods Stored?: _____

Applicant 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)? Yes No If "Yes", is basement protected by automatic sump pump? Yes No
 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? Yes No 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 or climate control facilities? Yes No

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

5. Any storage of Household Goods / Furniture Owned by Others?: Yes No

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

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

7. Total number of employees? _____

If any employee(s) bonded, give details:

8. 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			

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

Storage: \$ _____ Handling: \$ _____

10. 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:

11. Name trade associations in which membership is held:

12. ATTACH A COMPLETE COPY OF THE WAREHOUSE RECEIPT OR STORAGE AGREEMENT USED (AGREEMENT USED TO STORE GOODS)

13. WHAT POLICY LIMIT IS DESIRED: \$ _____ WHAT DEDUCTIBLE: \$ _____

14. Has any company cancelled, denied or declined to renew coverage? Yes No
If yes, please explain

Present Carrier: _____ Expiring Premium: _____

Rate: _____ Deductible: _____

15. Losses past 3 years:	Date of Loss	Details	Carrier

Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in Florida only.

Notice to Kansas applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

Notice to Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Applicant's Signature

Date

Agent's Signature

Date