



## WAREHOUSE SUPPLEMENTAL APPLICATION

### APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM: TO:	WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

### PREMISE(S) INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	PC	Construction Type	Age	Square Footage	# Of Stories

### GENERAL INFORMATION

1. Total Area of Building that is occupied?
2. Describe all Occupancies and Operations.
3. List and describe all Commodities Stored.
4. Any Chemicals/Flammables stored? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> a) List Chemicals/Flammables Stored.  b) Are Chemicals/Flammables stored in UL Approved Storage Cabinets and/or Containers? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
5. Storage Arrangement (Check all that apply):  <input type="checkbox"/> Vertical <input type="checkbox"/> Pallet <input type="checkbox"/> Other _____ <input type="checkbox"/> Horizontal <input type="checkbox"/> Rack <input type="checkbox"/> Diagonal <input type="checkbox"/> Solid Pile



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6. Estimated Total Values in Storage During the Previous Year (20___)?	
Maximum at any one time? _____	
Average at any one time? _____	
7. Are aisles and exits kept clear?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Do you employ Watchmen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes:	
a) During Working Hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) 24 Hours/7 Days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are fire extinguishers inspected and tagged annually?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Is building equipped with any of the following:?	
a) Automatic Sprinkler System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Central Station Fire Alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) Smoke Detectors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d) Central Station Burglar Alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are "No Smoking" signs posted wherever smoking is prohibited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks:	

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.