



## WAREHOUSE LEGAL LIABILITY INSURANCE APPLICATION

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Website Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Deductible Desired: \_\_\_\_\_

Location(s) to be insured: (For additional locations, use additional sheets)

	Address	Desired Limit \$
1)	_____ _____	_____
2)	_____ _____	_____
3)	_____ _____	_____

For each location, please provide the following: (use additional sheets as necessary)

### Premises Description

- A) Ground floor area: \_\_\_\_\_
- B) Height (stories): \_\_\_\_\_
- C) Describe any other occupancies: \_\_\_\_\_

D) Is there a basement? \_\_\_\_\_ If yes, a sump pump? \_\_\_\_\_

E) Any goods not stored on pallets or shelves? \_\_\_\_\_ If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

F) Construction: \_\_\_\_\_ Walls: \_\_\_\_\_ Roof: \_\_\_\_\_

G) Year Built: \_\_\_\_\_

H) Describe location and size of all pedestrian and vehicle access doors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Premises Protection

- A) Sprinklered? \_\_\_\_\_ If yes, wet or dry? \_\_\_\_\_  
Brand and Date of Installation: \_\_\_\_\_  
How often serviced? \_\_\_\_\_  
By Whom? \_\_\_\_\_  
Is system alarmed? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
- B) Describe any other private fire protection: \_\_\_\_\_  
\_\_\_\_\_
- C) Distance to responding fire department: \_\_\_\_\_
- D) Burglar Alarm? \_\_\_\_\_ If yes, local or central station? \_\_\_\_\_  
Name of Protection Company: \_\_\_\_\_  
UL Certificate No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Any watchmen exclusively employed by applicant? \_\_\_\_\_  
If yes, describe hours, number of clock stations on premises, and  
number of central station pull boxes: \_\_\_\_\_  
\_\_\_\_\_

Values

- A) Estimated total values in storage previous 12 months: \_\_\_\_\_
- B) Maximum value at any one time: \_\_\_\_\_
- C) Average value at any one time: \_\_\_\_\_
- D) Turnover rate: \_\_\_\_\_

SPECIFIC Types of Goods Stored (total must equal 100%):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any goods Red Label? (Describe)

\_\_\_\_\_

Employees

Total number: \_\_\_\_\_ Bonded? \_\_\_\_\_

Revenue

List annual gross receipts for the last five years:

Year	Storage	Handling
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated gross receipts for next 12 months:

_____	_____
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Loss Experience (insured or not):

	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Associations

List any trade associations in which applicant has had membership for more than a year:

_____
_____
_____
_____

Liability

- A) Attach a copy of applicant's standard warehouse receipt.
- B) Attach the liability and claims provisions of any special storage or handling agreements or contracts.

Previous Insurer: \_\_\_\_\_

I hereby certify that the foregoing is a good faith representation of the information requested.  
I acknowledge that if this insurance is effected, material misrepresentation or concealment  
of any information voids this insurance.

\_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
Date

Email completed application to: [submissions.idealam@wichert.com](mailto:submissions.idealam@wichert.com)

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