

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:

<u>Year</u>	<u>Storage</u>	<u>Handling</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated gross receipts for next 12 months:

Loss Experience (insured or not):

	<u># of Claims</u>	<u>Total Amount of Losses</u>	<u>Causes of Loss</u>
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

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