



## WAREHOUSEMAN'S LEGAL LIABILITY INSURANCE QUESTIONNAIRE

(Complete for each location)

1. Name of Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Street City State Zip
3. Address of Location to be Insured: \_\_\_\_\_  
Street City State Zip
4. How long has current management operated at this location? \_\_\_\_\_
5. **Description of Premises:**
  - A. Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_
  - B. Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_
  - C. Total square foot area available for storage: \_\_\_\_\_
  - D. Identify and describe area(s), if any, occupied by tenant(s) or lessee: \_\_\_\_\_
  - E. Basement?..... ☐ Yes ☐ No If "yes," is basement protected by automatic sump pump?..... ☐ Yes ☐ No  
Is property stored on shelves or pallets? \_\_\_\_\_
  - F. Year built: \_\_\_\_\_ If built over 25 years ago, give details on remodeling: \_\_\_\_\_
6. **Premises Protection:**
  - A. Sprinklered?..... ☐ Yes ☐ No If "yes," is it a wet or dry system? \_\_\_\_\_  
Manufacturer's name and when installed: \_\_\_\_\_  
How often serviced? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Sprinkler Alarm?..... ☐ Yes ☐ No If "yes," please describe: \_\_\_\_\_
  - B. List any other private fire protection: \_\_\_\_\_  
Distance to nearest responding Fire Department: \_\_\_\_\_
  - C. Is your premises protected by an operating premises burglar alarm system?..... ☐ Yes ☐ No  
Central station?..... ☐ Yes ☐ No Local alarm?..... ☐ Yes ☐ No  
Extent of Protection (e.g. 3AA Alarm): \_\_\_\_\_  
Name of protection company: \_\_\_\_\_  
Underwriters Laboratories Certified No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_
  - D. Watchmen Service within your premises at all times when not regularly open for business?..... ☐ Yes ☐ No  
Do they signal to a central station?..... ☐ Yes ☐ No How often? \_\_\_\_\_
  - E. Any loaded trucks or trailers left outside overnight?..... ☐ Yes ☐ No
7. Are there any cold storage facilities?..... ☐ Yes ☐ No Total square foot area: \_\_\_\_\_  
Auxiliary Power?..... ☐ Yes ☐ No If "yes," please explain: \_\_\_\_\_

8. Estimated total values in storage during the previous year: \_\_\_\_\_  
 Maximum value any one time: \_\_\_\_\_ Average value any one time: \_\_\_\_\_  
 What is the rate of turnover of commodities stored? \_\_\_\_\_
9. Do you have any mini/self storage operations? ..... ☐ Yes ☐ No
10. Do you have any special vaults for silverware, furs, artwork, etc.? ..... ☐ Yes ☐ No  
 If "yes," please describe: \_\_\_\_\_
11. Give percentage (by weight) of goods or commodities stored (dry storage):
- |  |   |
|--|---|
| A. Canned Foods: _____                                       | H. Radio/Television/Electronic Equipment: _____ |
| B. Other Foodstuff: _____                                    | I. Liquor, Wines or Spirits: _____              |
| C. Furniture: _____  | J. Tobacco Products: _____                      |
| D. Industrial Chemicals: _____                               | K. Tires: _____                                 |
| E. Cloth Products: _____                                     | L. Other (describe): _____                      |
| F. Paper Products: _____                                     |   |
| G. Home Appliances (other than radio or TV equipment): _____ | M. Any red label commodities (describe): _____  |
12. Attach Warehouse Receipt issued:  
 Valuation used:    \$.10/lb. \_\_\_\_\_    \$.30/lb. \_\_\_\_\_    \$.60/lb. \_\_\_\_\_    Other \_\_\_\_\_
13. List annual gross receipts for each of the last five years (excluding cold storage operations):
- |    |          |          |    |          |          |
|----|----------|----------|----|----------|----------|
| 1. | \$ _____ | storage  | 4. | \$ _____ | storage  |
|    |          | handling |    |          | handling |
| 2. | \$ _____ | storage  | 5. | \$ _____ | storage  |
|    |          | handling |    |          | handling |
| 3. | \$ _____ | storage  |    |          |          |
|    |          | handling |    |          |          |
14. What are estimated gross receipts (excluding cold storage operations) for the next 12 months?  
 Storage: \_\_\_\_\_ Handling: \_\_\_\_\_
15. Give details and amount(s) of all previous losses, insured or not insured, occurring during the past five years, which would have been recoverable under this type of insurance:
16. Name trade association in which memberships have been held for one year or more:
17. Do you subscribe to a loss control program furnished by an outside organization? ..... ☐ Yes ☐ No  
 If "yes," give the name of the organization and briefly describe services performed:

18. List any commodities stored under special agreements and pertinent details of such agreements:

19. Policy Limit requested: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_