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WAREHOUSEMAN'S LEGAL LIABILITY INSURANCE QUESTIONNAIRE

(Complete for each location)

1. Name of Insured: _____
2. Mailing Address: _____

Street	City	State	Zip
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3. Address of Location to be Insured: _____

Street	City	State	Zip
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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: \$ _____