

Warehouseman's Legal Liability Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

- Location # _____ Describe locale Area Downtown Neighborhood Rural
Type Industrial Mercantile Residential
Status Improving Stable Deteriorating
- Number of Stories: _____ Ground floor area: _____
- Describe the alarm system Central Station Local None
- What is total area of premises available for storage? _____
- Who has access to storage area? _____
- Any cold storage facilities? Yes No
- Give percentages of goods or commodities stored
Acids _____ % Canned Goods _____ %
Furniture _____ % Goods particularly susceptible to damage by water or moisture _____ %
Explosives _____ % Non-Explosive & Non-Corrosive Chemicals _____ %
Wet Commodities _____ % Other _____ %
All other goods (describe briefly) _____
- Values in storage
Maximum _____ Average _____ Minimum _____
- What limit of indemnity is required? _____
- What deductible is required? _____
- Are adequate records kept of values being stored? Yes No

UNDERWRITING INFORMATION (Continued)

12. Attach a copy of the warehouse receipt used.

Comments:

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.