



WAREHOUSEMAN'S LEGAL LIABILITY INSURANCE QUESTIONNAIRE

(Complete for each location)

- 1. Name of Insured:
2. Mailing Address:
3. Address of Location to be Insured:
4. How long has current management operated at this location?
5. Description of Premises:
6. Premises Protection:
7. Are there any cold storage facilities?
8. Estimated total values in storage during the previous year:

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 _____ handling
2. _____	\$ _____	storage _____ handling
3. _____	\$ _____	storage _____ handling

4. _____	\$ _____	storage _____ handling
5. _____	\$ _____	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: \$ \_\_\_\_\_