



WAREHOUSE SUPPLEMENTAL APPLICATION

Named Insured: _____

Description of Premises:

| Location of Property | Construction | Distance to Tidal Water | # of Stories | Protection Class | Total Area of Building | Year Built and Year of Updates (if any) |
|----------------------|--------------|-------------------------|--------------|------------------|------------------------|---|
| | | | | | | Year Built _____ Plumbing? _____ Electrical? _____ Heating? _____ Roof? _____ |

GENERAL INFORMATION

1. Total Area of Building that is occupied?

2. Describe all Occupancies and Operations.

3. List and describe all Commodities Stored.

4. Any Chemicals/Flammables stored? Yes No
 If Yes:
 a) List Chemicals/Flammables Stored.

 b) Are Chemicals/Flammables stored in UL Approved Storage Cabinets and/or Containers? Yes No

5. Storage Arrangement (Check all that apply)
 Vertical Pallet Other _____
 Horizontal Rack
 Diagonal Solid Pile

6. Estimated Total Values in Storage During the Previous Year (20__)?

Maximum at any one time?

Average at any one time?



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| | |
|--|--|
| 7. Do you employ Watchmen? If Yes: a) During Working Hours? b) 24 Hours/7 Days? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are fire extinguishers inspected and tagged annually? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Is building equipped with any of the following? a) Automatic Sprinkler System? b) Central Station Fire Alarm? c) Smoke Detectors? d) Central Station Burglar Alarm? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Are "No Smoking" signs posted wherever smoking is prohibited? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Remarks: | |

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.