

WAREHOUSE LEGAL LIABILITY APPLICATION

Applicant: _____

Address: _____

Applicant's Website Address: _____

Years in Business: _____

Deductible Desired: _____

Location(s) to be insured: (For additional locations, use additional sheets)

	Address	Desired Limit \$
1)	_____ _____	_____
2)	_____ _____	_____
3)	_____ _____	_____

For each location, please provide the following: (use additional sheets as necessary)

Premises Description

- A) Ground floor area: _____
- B) Height (stories): _____
- C) Describe any other occupancies: _____

- D) Is there a basement? _____ If yes, a sump pump? _____
- E) Any goods not stored on pallets or shelves? _____ If yes, describe:

- F) Construction: _____ Walls: _____ Roof: _____
- G) Year Built: _____
- H) Describe location and size of all pedestrian and vehicle access doors:

Premises Protection

- A) Sprinklered? _____ If yes, wet or dry? _____
 Brand and Date of Installation: _____
 How often serviced? _____
 By Whom? _____
 Is system alarmed? _____ If yes, describe: _____
- B) Describe any other private fire protection: _____
- C) Distance to responding fire department: _____
- D) Burglar Alarm? _____ If yes, local or central station? _____
 Name of Protection Company: _____
 UL Certificate No. _____ Expiration Date: _____
 Any watchmen exclusively employed by applicant? _____
 If yes, describe hours, number of clock stations on premises, and
 number of central station pull boxes: _____

Values

- A) Estimated total values in storage previous 12 months: _____
- B) Maximum value at any one time: _____
- C) Average value at any one time: _____
- D) Turnover rate: _____

SPECIFIC Types of Goods Stored (total must equal 100%):

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Any goods Red Label? (Describe)

Employees

Total number: _____ Bonded? _____

Revenue

List annual gross receipts for the last five years:

Year	Storage	Handling
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated gross receipts for next 12 months:

_____	_____
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Loss Experience (insured or not):

	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Associations

List any trade associations in which applicant has had membership for more than a year:

Liability

- A) Attach a copy of applicant's standard warehouse receipt.
- B) Attach the liability and claims provisions of any special storage or handling agreements or contracts.

Previous Insurer: _____

I hereby certify that the foregoing is a good faith representation of the information requested.
I acknowledge that if this insurance is effected, material misrepresentation or concealment of any information voids this insurance.

(Name / Title)

Date

Vista Insurance Partners of Illinois, Inc.
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