

Warehouse Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Website Address: _____

Describe warehouse operations: _____

Section II – Premises Information

1. Street, City, State and Zip Code:

Construction Type: _____ Age: _____ Sq. Footage: _____ # of Stories: _____

2. Is building equipped with any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Automatic sprinkler system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Central station fire alarm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Smoke detectors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Central station burglar alarm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is location fenced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is location lighted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are fire extinguishers inspected and tagged annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are "No Smoking" signs posted wherever smoking is prohibited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section III – Operations

1. Please check off all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Warehouses – occupied by multiple interests (lessor's risk only) | <input type="checkbox"/> Warehouses – mini-warehouses |
| <input type="checkbox"/> Warehouses – occupied by single interest (lessor's risk only) | <input type="checkbox"/> Warehouses – cold storage public |
| <input type="checkbox"/> Warehouses – individual cold storage lockers | <input type="checkbox"/> Warehouses – moving company |
| <input type="checkbox"/> Warehouses – Other: _____ | |

- | | | |
|---|------------------------------|-----------------------------|
| 2. Is warehouse part of franchise or chain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is warehouse individually owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you a member of a Trade Association? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, please list:

5. Estimated total values in storage during the previous year: \$ _____
- Maximum at any one time: \$ _____
- Average at any one time: \$ _____

Section III – Operations (continued)

6. Commodities Stored (Indicate percentage):

Antiques	_____ %	Collectables	_____ %	Furniture	_____ %	Televisions	_____ %
Appliances	_____ %	Computer Equipment	_____ %	Oriental Rugs	_____ %	Tobacco Products	_____ %
Art	_____ %	Electronic Media	_____ %	Paper Products	_____ %	Toxic Substances	_____ %
Beer/Wine	_____ %	Fireworks	_____ %	Pharmaceuticals	_____ %	Vitamins	_____ %
Boats	_____ %	Flammables	_____ %	Photography Equipment	_____ %	Other: _____	_____ %
Canned Food	_____ %	Fur Apparel	_____ %	Red Label Items	_____ %	Other: _____	_____ %
Cell Phones	_____ %	Jewelry/Gemstones	_____ %	Rubber Goods	_____ %	Other: _____	_____ %
Chemicals	_____ %	Liquor/Spirits	_____ %	Sporting/Athletic Goods	_____ %	Other: _____	_____ %
Clothing	_____ %	Museum Artifacts	_____ %	Stereo Equipment	_____ %	Other: _____	_____ %

Section IV – Additional Operations

1. Does the Applicant offer packing and unpacking services? Yes No

If YES, are containers provided by the Applicant? Yes No

2. Is food stored on the premises? Yes No

If YES, has facility ever been cited for violations by any state or federal food or health inspection agencies? Yes No

3. What sanitation and pest control measures are in place? _____

4. Are any manufacturing operations taking place on the premises? Yes No

If YES, please describe:

5. Any chemical flammables stored? Yes No

If YES, list chemicals/flammables: _____

If YES, are chemicals/flammables stored in UL-approved storage cabinets and/or containers? Yes No

6. Does Applicant have any operations as a moving company? Yes No

If YES, please explain:

7. Does the Applicant operate on airport tarmacs or terminals? Yes No

If YES, prohibited.

8. Does the Applicant operate on boat or ship docks? Yes No

If YES, prohibited.

9. Does the Applicant provide security services/watchmen? Yes No

If YES, please answer the following questions:

a. What hours are the watchmen services provided? _____

b. Are the guards: Armed Unarmed Employees Independent Contractors

If independent contractors are used:

a. Are they required to list you as an additional insured? Yes No

b. Are they required to sign hold harmless/indemnification agreement in your favor? Yes No

c. Are they required to carry limits equal to or greater than Applicant? Yes No

d. Are Certificates of Insurance maintained on file? Yes No

10. Does the Applicant have any guard dogs on the premises? Yes No

11. If warehouse/building is leased, who is responsible for the maintenance? _____

12. If lessor's risk, are certificates of insurance of CGL insurance required from all tenants? Yes No

If YES, what limits are required: \$ _____

Section IV – Additional Operations (continued)

13. Does the Applicant operate a mini-warehouse (self-storage)? Yes No
a. Are any restrictions placed on the types of items that may be stored on site? Yes No

If YES, please describe:

- b. Has the insured posted “No Smoking” and “No Trespassing” signs at the facility? Yes No
c. Does the rental agreement inform prospective tenants that hazardous materials such as flammables, explosives, pollutants or corrosives may not be stored on site? Yes No
14. Do you subcontract any operations? Yes No

If YES, please describe operations subcontracted:

- a. What is the annual cost of subcontracting? \$ _____ Yes No
b. Is evidence of insurance obtained? Yes No
c. Are you included as an additional insured? Yes No
d. Minimum limits of liability subcontractors are required to carry: \$ _____

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY