

INLAND MARINE SALES AND UNDERWRITING GUIDE

COMMERCIAL LINES

INLAND MARINE



Warehousemen's Application

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH LOCATION.

DRY STORAGE  COLD STORAGE  LEGAL LIABILITY  CONTINGENT DIRECT DAMAGE

NAME OF INSURED	MAILING ADDRESS
LOCATION ADDRESS	LENGTH OF TIME MANAGEMENT HAS RUN BUSINESS
DESCRIPTION OF PREMISES	
GROUND FLOOR AREA: _____ BUILDING CONSTRUCTION: _____ YEAR BUILT: _____	
HEIGHT OR STORIES: _____ ANY AREA OCCUPIED BY TENANTS OR LESSEES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, EXPLAIN: _____	
PREMISES PROTECTION	
IS LOCATION SPRINKLERED: <input type="checkbox"/> YES <input type="checkbox"/> NO      HOW OFTEN IS IT SERVICED: _____	
BY WHOM: _____	
IS THE SYSTEM EQUIPPED WITH A SPRINKLER ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY OTHER PRIVATE FIRE PROTECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, EXPLAIN: _____	
IS THERE A PREMISES ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO      CENTRAL STATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LOCAL: <input type="checkbox"/> YES <input type="checkbox"/> NO      NAME OF ALARM COMPANY: _____	
EXTENT OF PROTECTION: (1-3-3) (A-AA-B-BB-C-CC): _____	
UNDERWRITERS LABORATORIES CERTIFICATE NO.: _____	
ARE WATCHMEN EMPLOYED EXCLUSIVELY BY YOU AND ON DUTY WITHIN THE PREMISES AT ALL TIMES WHEN NOT REGULARLY OPEN FOR BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO      NUMBER: _____	
LIST THE TYPE OF COMMODITIES STORED:	
a: _____ % of annual receipts	d: _____ % of annual receipts
b: _____ % of annual receipts	e: _____ % of annual receipts
c: _____ % of annual receipts	f: _____ % of annual receipts
ESTIMATED VALUES IN STORAGE LAST YEAR:    MAXIMUM: _____    AVERAGE: _____	
DO YOU SUBSCRIBE TO A LOSS CONTROL PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF ORGANIZATION: _____	
LIST ANNUAL GROSS RECEIPTS FOR EACH OF THE LAST FIVE YEARS:	
a) 19____ \$ _____ DRY STORAGE	c) 19____ \$ _____ DRY STORAGE
\$ _____ COLD STORAGE	\$ _____ COLD STORAGE
\$ _____ HANDLING	\$ _____ HANDLING
b) 19____ \$ _____ DRY STORAGE	d) 19____ \$ _____ DRY STORAGE
\$ _____ COLD STORAGE	\$ _____ COLD STORAGE
\$ _____ HANDLING	\$ _____ HANDLING

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STOCK NO. 350245-10-83

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WHAT ARE THE ESTIMATED RECEIPTS FOR THE NEXT TWELVE MONTHS: DRY STORAGE: \$ _____ COLD STORAGE: \$ _____ HANDLING: \$ _____		
WHAT POLICY LIMIT IS DESIRED: \$ _____ DEDUCTIBLE: \$ _____		
<ul style="list-style-type: none"><li>• A COMPLETE COPY OF ALL WAREHOUSE RECEIPTS MUST BE ATTACHED.</li><li>• LIST AND ATTACH ANY SPECIAL STORAGE AGREEMENTS.</li><li>• IF COLD STORAGE IS BEING COVERED, COMPLETE THE COLD STORAGE SUPPLEMENT.</li></ul>		
LOSS HISTORY LAST 5 YEARS: SHOW CAUSE, AMOUNT OF LOSS AND DEDUCTIBLE		
19 _____	\$ _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INLAND MARINE SALES AND UNDERWRITING GUIDE**

**COMMERCIAL LINES**



**INLAND MARINE**

**Warehousemen's Application  
Cold Storage**

**SUPPLEMENTAL APPLICATION**

**350244-08-83**

CUBIC CAPACITY OF COLD STORAGE: _____				
LIST THE MAJOR COMMODITIES STORED:				
a) _____				d) _____
b) _____				e) _____
c) _____				f) _____
TYPE OF REFRIGERANT:				
COMPRESSORS				
AGE	MANUFACTURER	CAPACITY	KIND OF DRIVE	
a) _____	_____	_____	_____	
b) _____	_____	_____	_____	
c) _____	_____	_____	_____	
IS THERE AN AUXILIARY POWER PLANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____				
IS THERE AUXILIARY REFRIGERATION EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____				
DO YOU HAVE 24 HOUR MAINTENANCE STAFF ON DUTY SEVEN DAYS A WEEK?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE A CENTRAL STATION ALARM FOR TEMPERATURE CONTROL?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IS CONTAMINATION INSURANCE CARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF COMPANY AND LIMITS: _____				
DO YOU DO ANY PROCESSING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____				
(THE SOLE ACT OF COOLING, THAWING OR FREEZING SHALL NOT BE CONSIDERED A PROCESSING OPERATION).				