

WAREHOUSEMAN LIABILITY INSURANCE

COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Proposer (Partners or Officers, if applicable) _____

2. Post Office Address _____
3. Telephone Number _____
4. Location to be insured _____
5. How long has current management operated this business? _____
6. Description of Premises:
 - a. What is ground floor area? _____
 - b. Height in stories? _____
 - c. Total area (or cubic capacity) of premises available for storage? _____
 - d. Identify and describe area(s), if any, occupied by tenant(s) or lessees _____

 - e. Any basement(s)? _____ If answer is "Yes", is basement protected by automatic sump pump? _____
 - f. Construction of walls? _____ Roof? _____
 - g. Year built? _____ If recently remodeled, when? _____
7. Protection of Premises
 - a. Is location sprinklered? _____ If "Yes";
 - (1) Wet or dry system? _____ If wet system, is storage area heated? _____
 - (2) Manufacturers name and when installed _____
 - (3) How often serviced? _____
 - (4) Is system equipped with a Sprinkler Alarm? _____
Describe _____
 - b. List any other private fire protection _____
 - c. Public Protection at risk (ISO Grading) _____
 - d. (1) Are your premises protected by an operating Premises Burglar Alarm Systems? _____
Central Station? _____ Local Alarm? _____
(2) Extent of Protection (1-2-2 ½-3)? _____ Name of Protective Company _____

(3) Underwriters' Laboratories Certificate No.? _____
Date of Expiration _____
 - e. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises all times when not regularly open to business _____
(2) Do they signal to a Central Station and how often? _____
(3) How many clock stations on premises? _____
(4) How many pull boxes for Central Stations Signal? _____

8. Are there any cold storage facilities? _____ If so, complete Cold Storage section.
9. Estimated values in storage during previous year: _____
 Maximum _____ Average _____ Limit Requested _____ Deductible _____
10. Give percentage (by weight) of goods or commodities stored (dry storage):
- a. Canned Foods _____
 - b. Other Foodstuffs _____
 - c. Furniture _____
 - d. Industrial Chemicals _____
 - e. Cloth products _____
 - f. Paper products _____
 - g. Home appliances (other than radio or TV equipment) _____
 - h. Radio/Television/Electronic Equipment _____
 - i. Liquor, wines, spirits _____
 - j. Tobacco products _____
 - k. Tires _____
 - l. Explosives _____
 - m. Other (describe) _____
11. Total number of employees? _____ If any employee(s) bonded, give details _____

12. List annual gross receipts for each of last five years (excluding any cold storage operations):
- | | | | | | | | |
|----|--------|----------|----------|----|--------|----------|----------|
| a. | 19____ | \$ _____ | storage | d. | 19____ | \$ _____ | storage |
| | | \$ _____ | handling | | | \$ _____ | handling |
| b. | 19____ | \$ _____ | storage | e. | 19____ | \$ _____ | storage |
| | | \$ _____ | handling | | | \$ _____ | handling |
| c. | 19____ | \$ _____ | storage | | | | |
| | | \$ _____ | handling | | | | |
13. What are estimated gross receipts (excluding cold storage operations) for the next twelve months?
 Storage _____ Handling _____
14. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this type of insurance _____

15. Name trade associations in which memberships have been held for one year or more _____

16. Do you subscribe to a loss control program furnished by an outside organization? _____
If "yes", give name of organization and briefly describe services performed _____

17. Attach a complete copy of the warehouse receipt(s) used _____ List any commodities stored
under special agreements and pertinent details of such agreements _____

The proposer agrees that the statements contained in this proposal are true and that, if insurance is effected material misrepresentation or concealment of any information voids this insurance.

If cold storage, please answer the following:

18. Type of refrigerant used? _____

19. Number of compressors? _____

20. Age of compressors? _____

21. When were compressors last serviced? _____ By whom? _____

22. Is maintenance program in force for the compressors? _____ If "yes", how often _____

23. Are thermostat checks made to determine temperature of facility? _____ If "yes", how often _____

24. Is high temperature alarm present? _____ If "yes", is alarm local or central station? _____

25. Proposed if terms of company confirms acceptable _____

Signed: _____

Date: _____

By: _____

To be completed by agent:

Customers Goods Rates:

Contents

a. Group 1 _____

b. Group 2 _____

Agency _____

Address _____

(FAX

NAME: _____

COMPANY: _____

ADDRESS: _____

STATE, ZIP: _____

DATE: _____

NUMBER OF PAGES (incl. Cover): _____

* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:
