



## Commercial Information Section

**APPLICANT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY:** \_\_\_\_\_  
**AGENT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Year business started:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

**5. Previous carrier and loss information (last five years):**

**Check if no losses last five years.**

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: \_\_\_\_\_  
(PRINT)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## COMMERICAL LIABILITY SECTION

**LIMITS**

GENERAL AGGREGATE	\$	_____	EMPLOYEE BENEFITS LIABILITY	\$	_____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	_____	DEDUCTIBLE PER CLAIM:	\$	_____
PERSONAL & ADVERTISING INJURY	\$	_____	RETROACTIVE DATE:		_____
EACH OCCURRENCE	\$	_____	NUMBER OF EMPLOYEES:		_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$	_____			
MEDICAL EXPENSE (ANY ONE PERSON)	\$	_____			

6. Does applicant subcontract work?.....  Yes  No  
 If so, state type: \_\_\_\_\_  
 What is the cost (labor & materials) of subcontracted work? \$ \_\_\_\_\_  
 Are Certificates of Insurance required from all subcontractors?.....  Yes  No

**7. Description of Exposures:**

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT
(S) GROSS SALES – PER \$1,000 / SALES	(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

INTEREST	NAME AND ADDRESS		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
[ ] ADDITIONAL INSURED				LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?					

  

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[ ] ADDITIONAL INSURED				LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?					



**Warehouse Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

**1. List all warehouses you own or lease:**

Loc. No.	Complete Address	Square Footage	Owned & Occupied by Applicant (Check if applicable)	Owned & Leased to Others (% of Bldg Leased)	Leased to Applicant (% of Bldg Leased)
1			<input type="checkbox"/>	%	%
2			<input type="checkbox"/>	%	%
3			<input type="checkbox"/>	%	%
4			<input type="checkbox"/>	%	%
5			<input type="checkbox"/>	%	%

**2. Provide the following information for all locations:**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Cold storage warehouse</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fenced</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Guard Dogs</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lighted</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mini-warehouse</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Access</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are the customer goods on racks or pallets?</b>	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets
<b>Security Guards</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you store flammable or toxic substances?</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what provisions are made for handling and storing them (please indicate location number and details)?

\_\_\_\_\_

\_\_\_\_\_

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Does building have a sprinkler system?</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and type of system: _____					
_____					
_____					
<b>Do you have any other private fire protection system?</b>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and details: _____					
_____					
_____					

3. **If warehouse/building is leased, who is responsible for the maintenance?** \_\_\_\_\_  
 Indicate location number and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **If you store food, have you ever been cited for violations by any state or federal food or health inspection agency?** .....  Yes  No  
 Indicate location number and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **To what extent is the movement of goods in the warehouse automated?** \_\_\_\_\_  
 Indicate location number and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Name any associations, groups, etc. you belong to as a business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Commodities stored: (Indicate percentage)**

Antiques	%	Electronic Media (CD, DVD, etc.)	%	Recording Equipment	%
Appliances	%	Fireworks	%	Red Label Items	%
Art	%	Flammables	%	Rubber Goods	%
Auto Parts	%	Fur Apparel	%	Sporting Goods/Athletic Equip	%
Beer/Wine	%	Furniture	%	Stereo Equipment	%
Boats	%	Jewelry/Gemstones	%	Telecommunication Equipment	%
Canned Foods	%	Liquor	%	Televisions	%
Cell Phones/Pagers	%	Museum Artifacts	%	Tobacco Products	%
Chemicals	%	Oriental Rugs	%	Toxic Substances	%
Clothing	%	Paper Products	%	Vitamins	%
Collectible/Memorabilia Sales	%	Pharmaceutical	%	<b>List Others:</b>	
Computer Equipment	%	Photography Equipment	%		%
Electronic Equip/Components	%	Property of Others	%		%

8. **Do you subcontract any operations?** .....  Yes  No  
 If yes, description of operations subcontracted: \_\_\_\_\_  
 Annual cost of subcontracting: \$ \_\_\_\_\_  
 Is evidence of insurance obtained? .....  Yes  No  
 Are you included as an additional insured? .....  Yes  No  
 Minimum limits subcontractors are required to carry: \_\_\_\_\_
9. **Do you have any operations as a moving company?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
10. **Are there any manufacturing operations on the premises?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
11. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
12. **Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (Applicable in Tennessee, Virginia 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S ADDRESS: \_\_\_\_\_

PRODUCER'S LICENSE NUMBER: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.