



Red Shield Insurance Company®

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WAREHOUSE LEGAL LIABILITY APPLICATION

Clear Form

APPLICANT INFORMATION

Policy No.:	Proposed Effective and Expiration Date: From: To:	Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code:
Applicant's Name:		Agent Name:	
Business Name / DBA:		Agent Address:	
Mailing Address:			
		Agent's Phone No.:	
		Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Phone No. Home: Work:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business:	Years of Experience:	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Inspection Records Name: Contact Phone:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			

PREMISES INFORMATION – Locations to be insured

LOC #	ADDRESS	LIMIT

FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach additional sheets for multiple location)

Construction Type:			Percentage Occupied: %
Number of Stories:	Year Built:	Total Square Footage:	Public Protection Class:
Ages / Updates:	Wiring:	Roof:	Plumbing: HVAC:
Percentage of building that is sprinklered: %			
Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry			If WET, is storage continually heated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other private fire protection (fire extinguishers, private water supply, etc.)			
Operating Alarms: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary		Number of Alarms:	Type of Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Police
If any locations are leased, who is responsible for building and system maintenance?			<input type="checkbox"/> Owner <input type="checkbox"/> Insured
Identify and describe other tenant's operations:			
Is there basement storage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe protection against rising water (e.g. automatic sump pump, etc.):			

Are any locations in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what flood zone?
Are any locations in an earthquake zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what earthquake zone?
What actions are taken to control flood and quake exposures?	
Number of watchmen employed exclusively by you and maintained on your premises at all times when not open to business:	
Do they signal to a central station? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often?	How many clock stations on premises? How many pull boxes for central station signal?

STORAGE INFORMATION –Types of commodities stored/average and maximum values in storage

COMMODITY	AVERAGE / MAXIMUM VALUES	COMMODITY	AVERAGE / MAXIMUM VALUES
	/		/
	/		/
	/		/

Total estimated values in storage prior 12 months:	Average:	Maximum:
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****REQUIRED- PROVIDE COPY OF STANDARD WAREHOUSE AGREEMENT.****

What percentage of customers use this receipt? %	
Describe any agreements, including with which customers, when you may deviate from this:	
Describe storage method for customer goods: <input type="checkbox"/> Rack <input type="checkbox"/> Pallets <input type="checkbox"/> Coolers/Freezers If RACK, is rack storage itself equipped with automatic sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the racks equipped with appropriate earthquake bracing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there refrigerated storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide the square footage used _____ commodities _____ and percentage of total revenues %.	
Type of Refrigerant: _____ Number of Compressors: _____ Capacity: _____ Age: _____	
Is there a maintenance program in force for the compressors: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Serviced: _____ Serviced by Whom: _____	
Do you have an auxiliary power plant? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe: _____	Auxiliary refrigeration equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe: _____
Are temp checks made to determine proper temp? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often: _____	Is there an alarm for temp control? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local
Do you have 24- hour maintenance staff on duty 7 days a week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform any processing (act of cooling, thawing or freezing not considered processing) or repackaging? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often is physical inventory taken?	How often is inventory reconciled with customers?

Total amount of warehouse employees:	Are employees bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what bonding company?
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PROVIDE TOTAL GROSS RECEIPTS AS FOLLOWS:

YEAR	STORAGE	HANDLING	TRANSIT
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION:

Limit, any one location: (Per schedule of locations, unless noted here) Deductible:	Limit, any one occurrence:
Limit, spoilage: Deductible:	Limit, refrigerant contamination: Deductible:
Limit, flood: Deductible:	Limit, earthquake: Deductible:

PRIOR/ CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If YES, explain:

Explain any periods when insurance was not in place:

How long has current management operated business? Years

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

Date of Loss	Carrier	Loss Amount	Open/Closed	Description of Loss	Deductible	Amount Paid

*****ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED*****

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE

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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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 FAC T MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____

****COPY OF STANDARD WAREHOUSE AGREEMENT MUST ACCOMPANY APPLICATION****