



[Inland Marine Package Application]

WAREHOUSEMAN'S LEGAL LIABILITY APPLICATION

All Commodities



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WAREHOUSEMAN'S LEGAL LIABILITY APPLICATION

Please complete a separate application for each building to be insured

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

Number of years in business: _____ Years' of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain: _____

PART 2 BUILDING INFORMATION

Building Address (Risk Location) including Postal Code: _____

Describe business and/or operations: _____

Number of years in business: _____ Number of shifts: _____

Is the building owned by the Insured? Yes No If "No" is the building leased by the Insured? Yes No

Do other tenants occupy the building? Yes No If "Yes", describe operation of each tenant and separation within the building: _____

Building Description: Construction, age, date remodeled, number of floors, etc. (please attach a floor plan/diagram) _____

Is the building subject to more than one fire division? Yes No

Please describe fire walls/barriers including: construction, type and rating of fire doors in fire well, and provide height of parapets above the roofline: _____

Please list and describe exposures located within 100 feet of the building:

Is property subject to flooding? Yes No If "Yes", please explain below:

Fire and Burglary Protection:

Central station? Yes No Location fenced? Yes No
Premises lighted? Yes No Watchmen employed? Yes No

Describe any storage exposure outside the building:

Distance of hydrants to property: _____ feet Distance to nearest fire department: _____ miles

Sprinklers: Yes No Wet System **OR** Dry System? Date of Installation (dd/mm/yyyy): _____

Clearance between sprinkler heads and stored property: Maximum: _____ in./ft. Minimum: _____ in./ft.

Percentage of area sprinklered: _____ %

Provide information on sprinkler design from system placard (calculated systems) or type of pipe schedule (if available):

Year Installed: _____

Design density: _____

Operating/design area: _____

of sprinklers calculated: _____

Sprinkler demand: _____ Gpm @ _____ psi

Sprinkler orifice size: _____

NFPA Standard for design: _____

Source of fire protection water supply and provide applicable information, if available:

Water Main - flow test information: _____

Gravity Tank - height and capacity: _____

Pond - capacity and distance: _____

Describe any fire pump installations within the building(s):

Describe the frequency of maintenance, inspection and testing of the fire protection systems including the service company and date of the last inspection:

PART 3 OPERATIONS AND EXPOSURES

Type of Commodities stored:

Appliances	_____ %	Liquor, Wine, etc.	_____ %
Canned Goods	_____ %	Machinery	_____ %
Chemicals	_____ %	Metal Products	_____ %
Electronic Equipment	_____ %	Paper	_____ %
Foods	_____ %	Pulp	_____ %
Furniture	_____ %	Textiles	_____ %
Other: _____	_____ %	Other: _____	_____ %

Describe, and attach photos of typical storage arrangement, if possible:

Any cold storage facilities? Yes No Percentage of operations? _____ % Alarm temperature controls? Yes No

Describe commodities and operation:

Type of refrigerant used:

Type of insulation used:

Are thermal barriers approved? Yes No Auxiliary power source? Yes No

Describe:

List any property you **DO NOT WANT** covered under this policy:

Storage Arrangements:

Ground Floor: _____ sq. ft.

Storage area available: _____ sq. ft.

Bulk storage (pile): _____

Palletized storage: _____

Rack storage: _____

Storage Height: Average: _____ ft. Maximum: _____ ft.

Minimum aisle space between racks: _____ ft.

Rack arrangement: Single Double Multiple Row, (Describe): _____

In rack sprinklers? Yes No No. of levels: _____

Horizontal non-combustible barriers in the racks? Yes No



Solid Piling Combination (complete information below):

Maximum: _____ ft. Is encapsulation used as a method of packaging? Yes No

Other: _____

Describe, and provide photos, if available:

Are all materials off of the floor? Yes No

By what method and by how much? (Pallets at 4 inches off the floor, etc.):

Is there basement storage? Yes No If "Yes", please describe "drainage" below:

Describe inventory control methods used and how frequently they are implemented:

Describe procedures followed for cutting and welding operations within the building and storage areas and the precautions used for the storage of the gas cylinders:

Are goods ever stored at premises other than scheduled locations? Yes No If "Yes", please describe below:

Describe responsibility for loading/unloading and/or arriving/ departing commodities:

Is any property accepted without the issue of a storage receipt? Yes No If "Yes" and coverage is desired, include under "Other Covered Property" and explain below:

Are "other operations" performed on the premises, such as shrink-wrapping, packing or consolidation, pallet manufacturing, etc.? Yes No If "Yes", describe:

	Property accepted under storage receipt	Other covered property
Maximum values exposed at one time:	\$	\$
Average values exposed:	\$	\$

Annual Gross Receipts for the last five years:

Year	Storage	Handling	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Describe "Other Operations":

Key Customers: _____

PART 4 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

ATTACHMENTS:

PLEASE CHECK ATTACHMENTS INCLUDED WITH THIS APPLICATION	
<input type="checkbox"/> Yes	Shared Occupancy Narrative
<input type="checkbox"/> Yes	Floor Plan / Diagram
<input type="checkbox"/> Yes	Storage Agreement(s)
<input type="checkbox"/> Yes	Warehouse Receipt(s)
<input type="checkbox"/> Yes	Special Contract(s)
<input type="checkbox"/> Yes	Latest Financial Statements
<input type="checkbox"/> Yes	Pictures of Building and Commodities in Storage

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and

insurance? Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: