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Agent Name _____
 and Address _____
 Phone _____ Fax _____

Warehousemen's Legal Liability Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____
 Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____
 Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

Description of Premises

Ground floor area: _____ Height in stories: _____ Total area of premises available for storage: _____
 Are there any areas occupied by tenants or lessees? Yes No
 If yes, please explain: _____
 Is there a basement? Yes No
 Are there any areas occupied by tenants or lessees? Yes No
 Is inventory stored properly on shelves or pallets? Yes No
 If no, describe: _____
 Construction of building walls: _____ Roof: _____ Roof supports: _____
 Year built: _____
 If recently remodeled: when and what was done: _____

 Nearest body of water: _____ Distance: _____
 Adjacent structure occupancies: _____

Protection of Premises

Is the location sprinklered? Yes No
 If yes, wet or dry? _____ Percentage of building sprinklered: _____ %
 Manufacturer's name and when installed: _____
 Serviced how often: _____ By whom: _____
 Is the system equipped with a Sprinkler Alarm? Yes No
 If yes, describe (i.e. local, central station, etc): _____ Water source: _____

List any other private fire protection: _____

Are your premises protected by an operating Premises Alarm System? Yes No

If yes, describe (central station or local alarm): _____

Extent of protection (doors, windows, motion, etc) _____

Name of protective company: _____

Underwriters Laboratories Certificate Number: _____ Expiration Date: _____

Number of watchmen employed exclusively by applicant and on duty within your premises at all times when warehouse is not regularly open to business: _____

Do they signal to a central station? Yes No If yes, how often: _____

Number of Clock Stations on premises: _____ Number of Pull / Scan Boxes for Central Stations Signals: _____

Any cold storage facilities? Yes No If yes, describe: _____

Type Refrigerant? _____

Compressors:

Manufacturers Name	Ton Capacity Per Day	Kind of Drive	Age

Auxiliary power? Yes No If yes, describe: _____

Auxiliary refrigeration equipment? Yes No If yes, describe: _____

Any processing operations? Yes No If yes, describe: _____

Estimated prior year storage values \$ _____ Maximum values any one time \$ _____

Average values \$ _____ Peak season months _____

What is the average turn-around time of stored inventory: _____

Inventory:

Dry Storage				Cold Storage	
Commodities Stored	%	Commodities Stored	%	Describe cold storage	%
Canned Foods		Industrial Chemicals			
Other Foodstuffs		Describe: _____			
Furniture					
Cloth Products		Paper Products			
Home appliances (other than radio /tv)		Describe: _____			
Electronics					
Alcohol		Tobacco Products			
Tires		Describe: _____			
Other, describe: _____					

Describe any combustible, flammable, corrosive or other hazardous materials: _____

Total number of employees: _____

Are any employees blonded? Yes No

If yes, give details: _____

Gross Receipts

Year	Dry Storage	Handling	Cold Storage	Handling
Next 12 Months				
Prior Year				
Prior Year				
Prior Year				

Trade Association Memberships: _____

Do you subscribe to a loss control program furnished by an outside organization? Yes No

If yes, give names and briefly describe services performed: _____

List any commodities stored under special agreements, names of entities and details of such agreements: _____

Any subcontractors used? Yes No

If yes, please explain: _____

Any Hold Harmless Agreements to customers? Yes No

If yes, please provide entities and details: _____

Policy limit desired: _____ Deductible desired: _____

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____