



Red Shield Insurance Company®

1411 SW Morrison Street, Suite 400
Portland, OR 97205-1945
800-527-7397 • FAX 800-742-5176

WAREHOUSE LEGAL LIABILITY APPLICATION

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.:	
Applicant's Phone No. Home: _____ Work: _____		Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security #:	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down pmt)	
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)	
Business Description: <input type="checkbox"/> Public Warehouseman <input type="checkbox"/> Private Warehouseman <input type="checkbox"/> Bonded Warehouseman		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		Inspection Records Name: Contact Phone:	

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):			

Total amount of warehouse employees:	Are employees bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what bonding company?
--------------------------------------	---

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 A PPLICATION FOR INSURANCE OR ST ATEMENT OF CLAIM CONT AINING 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 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 FACT 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 producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____

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