

**WAREHOUSE LEGAL** LIABILITY APPLICATION

**Red Shield Insurance Company**® 1411 SW Morrison Street, Suite 400 Portland, OR 97205-1945 800-527-7397 • FAX 800-742-5176

Policy No.	Proposed E From:	Effective and Exp	iration Date o:		Status of Submission  Quote Bind				
Applicant's Name				Agent Name	Agent Name				
Business Name/DB/	4				Agent Address	Agent Address			
Mailing Address									
					Agent's Phone No.:				
Applicant's Phone No. Home: Work:				Have you insured this account before: ☐ Yes ☐ No					
Applicant Social Sec	Social Security #: Applicant's Occupation / DBA				Billing Status:				
Years in Business	usiness Years of Experience				Company Installment Plan Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% Down Payment Required)				
Business Description:  Public Warehouseman Private Warehouseman  Bonded Warehouseman					Accounting Records Name: Contact Phone:				
Type of Business					Inspection Records Name:				
☐ Joint Venture	☐ Joint Venture ☐ Partnership ☐ Other					Contact Phone:			
PREMISES INFORMATION – Locations to be insured									
LOC#			ADD	DRESS	LIMIT				
FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach additional sheets for multiple location)									
Construction Type:					Percentage Occupied: %				
Number of Stories:	of Stories: Year Built: Total Square		Square	Footage:	Class:				
Ages / Updates:	dates: Wiring: Roof:			Plumbing: HVAC:					
Percentage of building that is sprinklered:  %  Type of System:									
Other private fire protection (fire extinguishers, private water supply, etc.)									
Operating Alarms:  □ Fire □ Burglary  Number of Alarms:				Type of Alarm: ☐ Central Station ☐ Local ☐ Police					
If any locations are leased, who is responsible for building and system maintenance?									
Identify and describe other tenant's operations:									
Is there basement storage?									

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Are any locations in a flood zone?	☐ Yes ☐ No	If YES, what flood zone?			
Are any locations in an earthquake	e zone? 🗌 Yes 🔲 No	If YES, what earthquake zone?			
What actions are taken to control to	flood and quake exposures?				
Number of watchmen employed ex	cclusively by you and maintained on	n your premises at all times when not o	pen to business:		
Do they signal to a central station? If YES, how often?	? ☐ Yes ☐ No	How many clock stations on premises?  How many pull boxes for central station signal?			
STORAGE INFORMATION -Ty	pes of commodities stored/average	and maximum values in storage			
COMMODITY	AVERAGE / MAXIMUM VALUES		AVERAGE / MAXIMUM VALUES		
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	1		1		
	1		I		
Total estimated values in storage	prior 12 months:	Average:	Maximum:		
**REQ	UIRED- PROVIDE COPY OF STA	ANDARD WAREHOUSE AGREEME	NT.**		
What percentage of customers us					
Describe any agreements, includi	ing with which customers, when you	u may deviate from this:			
	tomer goods:	□ Pallets         □ Coolers/Freezers           □ Yes         □ No           □ Yes         □ No			
Is there refrigerated storage? If YES, provide the square foo	☐ Yes ☐ No commodities	and percentage of total revenu	es %.		
Type of Refrigerant:	Number of C Age:	Capacity:			
Is there a maintenance program in Date Last Serviced:	n force for the compressors:	es 🗌 No			
Do you have an auxiliary power p	lant? 🗌 Yes 🔲 No	Auxiliary refrigeration equipment? If YES, describe:	☐ Yes ☐ No		
Are temp checks made to determine Yes No If YES, how ofte	• • •	Is there an alarm for temp control?  Yes No If YES, type:  Central Station Local			
Do you have 24- hour maintenand ☐ Yes ☐ No	e staff on duty 7 days a week?	Do you perform any processing (act of cooling, thawing or freezing not considered processing) or repackaging? ☐ Yes ☐ No			
How often is physical inventory to	aken?	How often is inventory reconciled with customers?			

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Total amount of warehouse employees:				Are employees bonded? ☐ Yes ☐ No If YES, what bonding company?					
PROVIDE TO	OTAL GROSS F	RECEIP	TS AS FOLLO	WS:					
YEAR	AR STORAGE			HANDLING			TRANSIT		
Prior 12 mont	Prior 12 months								
Next 12 mont (anticipated)	hs								
COVERAGE	INFORMATION:	:							
Limit, any one location: (Per schedule of locations, unless noted here)					Limit, any one occurrence:				
Deductible: Limit, spoilag	١٥٠				Limit refriencest contemination.				
Deductible:	o.				Limit, refrigerant contamination:  Deductible:				
Limit, flood:					Limit, earthquake:				
Deductible:					Deductible:				
	DENT INCLIDAD	ICE CO	MDANY INFO	PMATION					
PRIOR/ CURRENT INSURANCE COMPANY INFORMATION  TYPE OF COVERAGE CARRIER				FROM	TO PREMIUI			PREMIUM	
Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?									
If YES, explai	n:								
Explain any p	eriods when insu	ırance v	vas not in place:						
How long has	current manage	ment op	erated business	? Years					
	INFORMATION nder this type of			red or uninsure	ed, occurring during the	past five ye	ears, which w	would	have been
Date of Loss	Carrier	insurai	Loss 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

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INFORMATION, OR CON CEALS 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 VE RMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PER SON FILES AN APPLICAT ION 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 COMM ITTING 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. PENALT IES 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				
	vearned premiums developed from the binding of this application.  ant and, to the best of the producers ability, is confident that all information				
PRODUCER'S SIGNATURE	Date				

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

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