



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## WAREHOUSE OPERATORS LEGAL LIABILITY COVERAGE QUESTIONNAIRE

(Complete for each location)

Name of Applicant: \_\_\_\_\_

Proposed Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

Limit Of Insurance Requested: \$ \_\_\_\_\_ Deductible Requested: \$ \_\_\_\_\_

Address of Location to be Insured: \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. How long has current management operated at this location? \_\_\_\_\_

### 2. Description of Premises:

a. Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_

b. Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_

c. Total square foot area available for storage: \_\_\_\_\_

d. Identify and describe area(s), if any, occupied by tenant(s) or lessee: \_\_\_\_\_

\_\_\_\_\_

e. Basement? .....  Yes  No

If yes: Is basement protected by automatic sump pump? .....  Yes  No

Is property in basement stored on shelves or pallets? \_\_\_\_\_

f. Year built: \_\_\_\_\_ If built over twenty-five (25) years ago, give details on remodeling: \_\_\_\_\_

\_\_\_\_\_

### 3. Premises Protection:

a. Sprinklered? .....  Yes  No

If yes: Is it a wet or dry system? \_\_\_\_\_

Manufacturer's name and when installed: \_\_\_\_\_

How often serviced? \_\_\_\_\_ By Whom? \_\_\_\_\_

Is there a sprinkler alarm? .....  Yes  No

b. List any other private fire protection: \_\_\_\_\_

c. Distance to nearest responding Fire Department: \_\_\_\_\_

d. Is your premises protected by an operating premises burglar alarm system? .....  Yes  No

If yes: Central station? .....  Yes  No

Local alarm? .....  Yes  No

Name of protection company: \_\_\_\_\_

e. Is there watchmen service within your premises at all times when not open for business? .....  Yes  No

If yes: Do watchmen signal a central station? .....  Yes  No

If yes, how often? \_\_\_\_\_

f. Any loaded trucks or trailers left outside overnight? .....  Yes  No



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4. Are there any cold storage facilities?.....  Yes  No

If yes: Total square foot area: \_\_\_\_\_

Auxiliary Power? .....  Yes  No

If yes, describe: \_\_\_\_\_

5. Estimated total values in storage during the previous year: \_\_\_\_\_

Maximum value any one time: \_\_\_\_\_ Average value any one time: \_\_\_\_\_

What is the rate of turnover of commodities stored? \_\_\_\_\_

6. Does applicant have any mini/self storage operations? .....  Yes  No

7. Does applicant have any special vaults for silverware, furs, artwork, etc.? .....  Yes  No

If yes, describe: \_\_\_\_\_

8. Advise percentage of total weight for goods or commodities stored in dry storage:

Home appliances (other than radio or TV equipment): \_\_\_\_\_% Furniture: ..... \_\_\_\_\_%

Industrial chemicals: ..... \_\_\_\_\_% Liquor, wines or spirits:..... \_\_\_\_\_%

Cloth products:..... \_\_\_\_\_% Paper products: ..... \_\_\_\_\_%

Electronic/Radio/Television equipment: ..... \_\_\_\_\_% Tires:..... \_\_\_\_\_%

Canned foods: ..... \_\_\_\_\_% Tobacco products: ..... \_\_\_\_\_%

Other food stuff: ..... \_\_\_\_\_%

Red label commodities: ..... \_\_\_\_\_% (describe): \_\_\_\_\_

Other:..... \_\_\_\_\_% (describe): \_\_\_\_\_

9. Attach Warehouse Receipt issued:

Valuation used: Weight \_\_\_\_\_ Other \_\_\_\_\_

10. List previous five years storage and handling annual gross receipts (excluding cold storage operations):

YEAR	STORAGE	HANDLING
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

11. What are estimated gross receipts (excluding cold storage operations) for the next twelve (12) months?

Storage: \_\_\_\_\_ Handling: \_\_\_\_\_

12. Give details and amount(s) of all previous losses, insured or not insured, occurring during the past five years, which would have been recoverable under this type of insurance: \_\_\_\_\_

\_\_\_\_\_

13. Name trade associations in which current memberships have been held for one year or more: \_\_\_\_\_

\_\_\_\_\_



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14. Does applicant subscribe to a loss control program furnished by an outside organization?.....  Yes  No

If yes, provide the name of the organization and briefly describe services performed: \_\_\_\_\_

\_\_\_\_\_

15. List any commodities stored under special agreements and pertinent details of such agreements: \_\_\_\_\_

\_\_\_\_\_