

WAREHOUSE COVERAGE APPLICATION - Please complete for each warehouse location

Company		
Warehouse Address		
City	State	Zip

Warehouse ownership belongs to	Your Company	Public Shared
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Has your company sustained any losses in this warehouse in the past 5 years?	Yes*	No
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*If Yes, please describe

Please provide a description of the building's structure

List items stored in warehouse (if different than imported cargo)

List packaging (if different than imported cargo)

Description of Security (fencing, lighting, access limitations, guarded, security system, etc.)

What other services, if any, operate out of the building? (distribution, manufacturing, administrative functions, etc.)

Describe the surrounding area (other storage facilities, manufacturing or distribution companies, open land , etc.)

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Do any items require refrigeration?	Yes*	No
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*If Yes, please describe the refrigeration system and maintenance

Basis of Valuation Commonly Quoted at CIF +10%, Please Specify

Maximum Limit in the Warehouse at one time	\$
Average Monthly Value of Goods Stored	\$
Average Time Goods Stored (turnover time)	

Additional Comments

Including a copy of your warehouse receipts is helpful, as it provides much of the requested information.

Additional info may be requested: Loss History Report, also known as Loss Run, from current insurance provider.
Current survey if available.

Signature _____ Title _____ Date _____