

**Application for Warehouseman's Legal Liability Insurance**      *Atlantic Marine Underwriters Inc.*

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1  
Tel: (705) 878-9014      Fax: (705) 878-4387      www.atlanticmarine.net*

Applicant's Name: \_\_\_\_\_ Broker's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Location to be Insured \_\_\_\_\_

**Premises Description**

Type of Premises	Ground Floor Area	Height in Stories	Total Cubic Capacity Available for Storage
Identify and describe area(s), if any, occupied by tenant(s) or leases: _____			
Any Basement(s) Yes    No    Partial if yes -	Basement protected by automatic sump pump? Yes    No		Is property stored on Shelves    Pallets    No storage
Kind Of construction material Walls?      Roof?	Year Built?	If recently remodeled, by whom?	
Describe by location and size all pedestrian and vehicle access doors on exterior of building: _____			

**Premises Protection**

Is location sprinklered? Yes    No    if yes -	Is system? Wet    Dry	Manufacturer's name?	When installed?
How often serviced?	Serviced by whom?	Is system equipped with Sprinkler alarm? Yes    No    if yes -	Describe:
List any other private fire protection: _____			Distance to nearest Responding fire Department?
Operating burglar alarm system? Yes    No	Central Station? Yes    No	Local Alarm? Yes    No    if yes -	Describe:
Extent of Protection(i.e. 3AA Alarm)		Name of Protection Company?	
Underwriters' Laboratories cert. No.:		Date of expiration:	
Watchmen employed exclusively by you and maintained on duty within your premises at all times when not regularly open to business:			
Number employed	Do they signal a Central Station? Yes    No	How many clocks stations on premises?	How many pull boxes for Central Station Signals?

**Stored Goods Information**

Estimated total values in during previous year:		Maximum value any one time:	
Average value any one time:		What is the rate of turnover of commodities stored?	
Give Percentage (by weight) of goods or commodities stored			
a) Canned Foods	%	b) Other foodstuffs	%
c) Furniture	%	d) Industrial Chemicals	%
e) Cloth products	%	f) Paper products	%
g) Home appliance (other than radio or TV equipment)	%	h) Radio/TV/Electronic equipment	%
i) Liquor, wines, spirits	%	j) Tobacco products	%
k) Tires	%	l) Other (describe)	%

**Other required Information**

Total Number of employees?	Is any employee(s) bonded?		
	Yes	No	If yes, please give details
List annual gross receipts for each of last five years:	Estimated gross receipts		
Year			For next 12 months
Storage	\$	\$	\$
Handling	\$	\$	\$

Give Details and amount(s) of all previous losses, insured or not insured, occurring during past five years, which would have been recovered under this type of insurance?

Name trade associations in which memberships have been held for one year or more?

Do you subscribe to a loss control program furnished by an outside organization? Yes No  
 If yes, please give name of organization and briefly describe services performed:

Attach a copy of latest financial statement: Attach a complete copy of the warehouse receipt(s) used. List any commodities stored under special agreements and pertinent details of such agreement:

What policy limit is desired? What Deductible?  
 \$ \$

Note: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, shall void this policy from inception.

The applicant agrees that the statements contained in this application are true and that if insurance is effected, material misrepresentation or concealment of any information voids this insurance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_