



# GLOBAL INSURANCE BROKERAGE

## Warehouse Program Supplemental Application (Complete in addition to ACORD General Liability Application)

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

Web site Address: \_\_\_\_\_

**1. List all warehouses you own or lease:**

Loc. No.	Complete Address	Square Footage	Owned (Check if applicable)	Leased (% of Bldg leased)
1			<input type="checkbox"/>	%
2			<input type="checkbox"/>	%
3			<input type="checkbox"/>	%
4			<input type="checkbox"/>	%
5			<input type="checkbox"/>	%

**2. Provide the following information for all locations:**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Cold storage warehouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fenced</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Guard Dogs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lighted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mini-warehouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are the customer goods on racks or pallets?</b>	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets	<input type="checkbox"/> Racks <input type="checkbox"/> Pallets
<b>Security Guards</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you store flammable or toxic substances?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what provisions are made for handling and storing them (please indicate location number and details)?

\_\_\_\_\_

\_\_\_\_\_

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Does building have a sprinkler system?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and type of system: _____					
_____					
_____					
<b>Do you have any other private fire protection system?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location number and details: _____					
_____					
_____					

3. **If warehouse/building is leased, who is responsible for the maintenance?** \_\_\_\_\_  
 Indicate location number and details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **If you store food, have you ever been cited for violations by any state or federal food or health inspection agency?** .....  Yes  No  
 Indicate location number and details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **To what extent is the movement of goods in the warehouse automated?** \_\_\_\_\_  
 Indicate location number and details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. **Name any associations, groups, etc. you belong to as a business:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **Commodities stored: (Indicate percentage)**

Appliances	%	Clothing	%	Paper Products	%
Art	%	Computer Equipment	%	Red Label Items	%
Auto Parts	%	Electronics	%	Rubber Goods	%
Beer, Wine	%	Fireworks	%	Toxic Substances	%
Boats	%	Flammables	%	Tobacco Products	%
Canned Foods	%	Furniture	%	Others, Please List	%
Chemicals	%	Liquor	%		%

8. **Do you subcontract any operations?** .....  Yes  No  
 If yes, description of operations subcontracted: \_\_\_\_\_  
 Annual cost of subcontracting: \$ \_\_\_\_\_  
 Is evidence of insurance obtained? .....  Yes  No  
 Are you included as an additional insured? .....  Yes  No  
 Minimum limits subcontractors are required to carry: \_\_\_\_\_

9. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_