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## WAREHOUSEMAN'S LEGAL

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Total insured amount requested: \$ \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. Number of buildings: \_\_\_\_\_
2. Number of stories: \_\_\_\_\_
3. Construction: \_\_\_\_\_
4. Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_
5. Total square foot area available for storage: \_\_\_\_\_
6. Identify and describe area(s), if any, occupied by tenant(s) or lessee: \_\_\_\_\_
7. Basement?  Yes  No  
If "yes," is basement protected by automatic sump pump?  Yes  No
8. Is property stored on  shelves or  pallets?
9. Year built: \_\_\_\_\_  
If built over 25 years ago, give details on remodeling: \_\_\_\_\_  
\_\_\_\_\_
10. Premises Protection:  
Sprinklered?  Yes  No  
If "yes," is it a  wet or  dry system?
11. Manufacturer's name and when installed: \_\_\_\_\_
12. How often serviced? \_\_\_\_\_ By Whom? \_\_\_\_\_
13. Sprinkler Alarm?  Yes  No  
If "yes," please describe: \_\_\_\_\_
14. List any other private fire protection: \_\_\_\_\_
15. Distance to nearest responding Fire Department: \_\_\_\_\_
16. Is your premises protected by an operating premises burglar alarm system?  Yes  No
17. Central station?  Yes  No Local alarm?  Yes  No
18. Extent of Protection (e.g. 3AA Alarm): \_\_\_\_\_
19. Name of protection company: \_\_\_\_\_
20. Underwriters Laboratories Certified No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_
21. Watchmen Service within your premises at all times when not regularly open for business?  Yes  No
22. Do they signal to a central station?  Yes  No  
If yes, how often? \_\_\_\_\_
23. Any loaded trucks or trailers left outside overnight?  Yes  No
24. Are there any cold storage facilities?  Yes  No  
If yes, total square foot area: \_\_\_\_\_
25. Auxiliary Power?  Yes  No  
If "yes," please explain: \_\_\_\_\_
26. Estimated total values in storage during the previous year: \_\_\_\_\_
27. Maximum value any one time: \_\_\_\_\_ Average value any one time: \_\_\_\_\_

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

29. Do you have any mini/self storage operations?  Yes  No

30. Do you have any special vaults for silverware, furs, artwork, etc.?  Yes  No

If "yes," please describe: \_\_\_\_\_

31. Give percentage (by weight) of goods or commodities stored (dry storage):

a. Canned Foods: \_\_\_\_\_

b. Radio/Television/Electronic Equipment: \_\_\_\_\_

c. Other Foodstuff: \_\_\_\_\_

d. Liquor, Wines or Spirits: \_\_\_\_\_

e. Furniture: \_\_\_\_\_

f. Tobacco Products: \_\_\_\_\_

g. Industrial Chemicals: \_\_\_\_\_

h. Tires: \_\_\_\_\_

i. Cloth Products: \_\_\_\_\_

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

k. Paper Products: \_\_\_\_\_

l. Home Appliances (other than radio or TV equipment): \_\_\_\_\_

m. Any red label commodities (describe): \_\_\_\_\_

32. Attach Warehouse Receipt issued

33. Valuation used:  \$.10/lb.  \$.30/lb.  \$.60/lb.  Other: \_\_\_\_\_

34. List annual gross receipts for each of the last five years (excluding cold storage operations):

Year	Gross Receipts
	\$
	\$
	\$
	\$
	\$

35. What are your estimated gross receipts (excluding cold storage operations) for the next 12 months? \_\_\_\_\_

36. 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: \_\_\_\_\_  
\_\_\_\_\_

37. Name trade association in which memberships have been held for one year or more: \_\_\_\_\_  
\_\_\_\_\_

38. Do you subscribe to a loss control program furnished by an outside organization?  Yes  No

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

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

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name