

Do they signal to a central station?..... Yes No How often? _____

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

7. Are there any cold storage facilities? Yes No Total square foot area: _____

Auxiliary Power? Yes No If "yes," please explain: _____

8. 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? _____

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

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

If "yes," please describe: _____

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

A. Canned Foods: _____ H. Radio/Television/Electronic Equipment: _____

B. Other Foodstuff: _____ I. Liquor, Wines or Spirits: _____

C. Furniture: _____ J. Tobacco Products: _____

D. Industrial Chemicals: _____ K. Tires: _____

E. Cloth Products: _____ L. Other (describe): _____

F. Paper Products: _____

G. Home Appliances (other than radio or TV equipment): _____ M. Any red label commodities (describe): _____

12. Attach Warehouse Receipt issued:

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

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

1.	\$ _____	storage	4.	\$ _____	storage
	_____	handling		_____	handling
2.	\$ _____	storage	5.	\$ _____	storage
	_____	handling		_____	handling
3.	\$ _____	storage			
	_____	handling			

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

Storage: _____ Handling: _____

15. 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:

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

17. 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:

18. List any commodities stored under special agreements and pertinent details of such agreements:

19. Policy Limit requested: \$ _____ Deductible: \$ _____