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## WAREHOUSEMAN'S LEGAL LIABILITY INSURANCE QUESTIONNAIRE

(Complete for each location)

1. Name of Insured: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
Street City State Zip

3. Address of Location to be Insured: \_\_\_\_\_  
Street City State Zip

4. How long has current management operated at this location? \_\_\_\_\_

5. **Description of Premises:**

A. Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_

B. Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_

C. Total square foot area available for storage: \_\_\_\_\_

D. Identify and describe area(s), if any, occupied by tenant(s) or lessee:

E. Basement? .....  Yes  No If "yes," is basement protected by automatic sump pump? .....  Yes  No  
Is property stored on shelves or pallets? \_\_\_\_\_

F. Year built: \_\_\_\_\_ If built over 25 years ago, give details on remodeling:

6. **Premises Protection:**

A. Sprinklered? .....  Yes  No If "yes," is it a wet or dry system? \_\_\_\_\_

Manufacturer's name and when installed: \_\_\_\_\_

How often serviced? \_\_\_\_\_ By Whom? \_\_\_\_\_

Sprinkler Alarm? .....  Yes  No If "yes," please describe: \_\_\_\_\_

B. List any other private fire protection: \_\_\_\_\_

Distance to nearest responding Fire Department: \_\_\_\_\_

C. Is your premises protected by an operating premises burglar alarm system? .....  Yes  No

Central station? .....  Yes  No Local alarm? .....  Yes  No

Extent of Protection (e.g. 3AA Alarm): \_\_\_\_\_

Name of protection company: \_\_\_\_\_

Underwriters Laboratories Certified No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

D. Watchmen Service within your premises at all times when not regularly open for business? .....  Yes  No  
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: \$ \_\_\_\_\_

Name of Agent: \_\_\_\_\_