

FWR WAREHOUSEMAN'S LEGAL LIABILITY PROPOSAL FORM

Underwriters shall rely upon each and every response given in this Proposal Form in deciding whether to insure this risk and if so at what premium, terms and conditions this risk will be accepted. Underwriters regard every response to be material to their decisions with respect to this risk. Failing to answer or answering any question incorrectly could invalidate any policy of insurance written by Underwriters for this risk, All questions must be answered giving full details applicable to each location separately. If necessary complete a separate proposal form for each location to be insured.

1. (a) Name of Proposed Assured
 (b) Names of owners, partners, and directors and officers.

2. Mailing address

3. Location to be insured

4. Who owns the location to be insured?

5. Is the premises occupied solely by the Proposed Assured?
 If not give full details,

6. For how long have the Proposer, owners, partners directors and officers been in the warehousing business?

7. When was this business first organized?

8. Describe the premises stating:
 - (a) Construction
 - (b) Year built
 - (c) Height, in stories
 - (d) Dates of any remodeling
 - (e) The ground floor area
 - (f) The total area of premises available for storage
 - (g) Whether or not there are any basements;
 If so give details of any exposure to flood damage in basements
 - (h) Any flood exposure
 - (i) Height of loading dock above ground level
 - (j) The present condition and state of repair

9. Is the premises protected by central station fire and smoke alarm systems?
 If so are all such systems regularly maintained, serviced and tested in accordance with the manufacturers or installers instructions?

10. Is the building sprinklered?
If so state: -
(a) Whether the system is wet or dry.
(b) The manufacturer's name and when installed.
(c) Frequency of servicing.
(d) Whether the system is equipped with a Sprinkler Alarm
If so describe any such system:
11. Give full details of all previous losses, insured and uninsured, during the last five years that would have been recoverable under this type of insurance had such a policy been carried. State all causes of loss, dates, circumstances and amounts of such losses.
12. Has the Proposed Assured or any of the persons named in question 1(b) above ever had insurance cancelled or declined by Lloyd's or any other insurer? If so give full details..
13. Are there any cold storage facilities at the premises?
Note. If cover is required for refrigeration breakdown, contamination or deterioration complete the Refrigeration Supplementary Proposal Form and attach it to this form.
14. Non-refrigerated Values in storage: -
- | | | |
|---------------------------|----------------|-----------------|
| Last 12 months | (i) Maximum \$ | (ii) Average \$ |
| Estimated next. 12 months | (i) Maximum \$ | (ii) Average \$ |
15. State the percentages of the following commodities stored:-
- | | | | |
|---|---|----------------------------|---|
| (a) Furniture | % | (g) Electrical white goods | % |
| (b) Clothing | % | (h) Electrical brown goods | % |
| (c) Foods | % | (i) Wet Commodities | % |
| (d) Tobacco | % | (j) Plastics | % |
| (e) Cigarettes | % | (k) Explosives | % |
| (f) Liquor and wines | % | (l) Acids | % |
| (m) Non-explosive and non-corrosive chemicals | % | | |
| (n) Paper products | % | | |
| (o) Other goods particularly susceptible to damage by water or moisture | % | | |
| (p) All other goods (described briefly) | % | | |
16. Is any other operation carried out on the premises such as shrink wrapping, packing, consolidation or pallet manufacturing ? If so give full details.
17. Is any property accepted without the issue of a proper warehouse receipt?
Attach a copy of the warehouse receipt used to this form.

18. Describe the inventory control methods used and state the frequency at which inventories are taken,
19. Is all property palletted or skidded at least 6" above ground level?
If not give MI details.
20. What is the maximum height to which goods are stacked?
21. Is the premises protected by a mercantile central station burglar alarm system?
If so state the grade and extent and the name of the alarm company.
22. (a) What other Burglary or Theft protection is provided?
Give full details of all such protections.
- (b) Are Watchmen employed?
If so state: -
- (i) The number and hours of duty
 - (ii) Whether they signal to a Central Station or "punch in" at clock stations and how often
 - (iii) The number of clock stations and pull boxes for central station signals on the premises
23. What limit of Indemnity is required? \$
24. What were the annual gross receipts (by year) for the last three years; -
- (a) 20__ \$ (b) 20__ \$ (c) 20__ \$
25. What are the estimated gross receipts for the next twelve (12) months? \$
26. Are there any other material facts regarding the risk to be insured which should be disclosed to Underwriters for their consideration?
If the answer is yes give a detailed explanation.

Note: A material fact is one likely to influence assessment and acceptance of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to what constitutes a material fact you should declare it ALL the information requested in this proposal form is material.

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Proposal Form will be attached to and form a part of the policy and will form the basis of the contract with Underwriters. I/We agree that the answers and declarations shall constitute material warranties of any

policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in this Proposal Form whether made intentionally, innocently or accidentally.

Note: This Proposal Form must be answered and the declaration signed and dated in ink by one of the owners of the business.

Date Signature of Proposer.....
(Print Name);.....
Position and Title held
within the business

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Proposer or Proposed Assured personally?
If so for how long?
2. Did you receive this Risk direct from the Proposer?
3. Do you handle other insurance for the Proposer or Proposed Assured?
4. Have you visited the premises of the Proposed Assured?
5. Do you recommend the Proposed Assured and this risk for insurance?
6. State for each location:
 - (a) The Fire Contents Rate with 90% Co-Insurance:
 - (b) The EC Contents Rate with 90% Co-Insurance:
 - (e) What is Contents SL Rate with 90% Co-Insurance:
7. Does the location constitute more than one fire-division in accordance with the local fire inspection or rating bureau?
 - (a) How many divisions
 - (b) Describe how separated (fire doors etc)

Signature Name of Brokerage
Address.....
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