

**CENTURY SURETY COMPANY**  
**Warehousemen's Legal Liability Supplemental Questionnaire**  
**(In addition to the ACORD Application)**  
**COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION**

1. Name of Proposer (Partners or Officers, if applicable): \_\_\_\_\_

2. Post Office Address: \_\_\_\_\_

3. Location to be insured: \_\_\_\_\_

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

5. Description of Premises:

a. What is ground floor area? \_\_\_\_\_

b. Height in stories? \_\_\_\_\_

c. Total area (or cubic capacity) of premises available for storage? \_\_\_\_\_

d. Identify and describe area(s), if any, occupied by tenant(s) or lessees \_\_\_\_\_

e. Any basement(s)? \_\_\_\_\_ If answer is Yes, is it protected by an automatic sump pump? \_\_\_\_\_  
and stored property on shelves or pallets? \_\_\_\_\_

f. Construction of walls? \_\_\_\_\_ Roof? \_\_\_\_\_

g. Year built? \_\_\_\_\_ If recently remodeled, when? \_\_\_\_\_

6. Protection of Premises

a. Is location sprinklered? \_\_\_\_\_ If Yes:

(1) Wet or dry system? \_\_\_\_\_

(2) Manufacturer's name and when installed \_\_\_\_\_

(3) How often serviced? \_\_\_\_\_  
By whom? \_\_\_\_\_

(4) Is system equipped with a Sprinkler Alarm? \_\_\_\_\_  
Describe: \_\_\_\_\_

b. List any other private fire protection \_\_\_\_\_

c. (1) Are your premises protected by an operating Premises Alarm System? \_\_\_\_\_  
Central Station? \_\_\_\_\_ Local Alarm? \_\_\_\_\_

(2) Extent of Protection (2-3?) \_\_\_\_\_  
Name of Protective Company \_\_\_\_\_

(3) Underwriters Laboratories Certificate No.? \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

d. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises  
at all times when not regularly open to business \_\_\_\_\_

(2) Do they signal to a Central Station? \_\_\_\_\_ and how often? \_\_\_\_\_

(3) How many clock stations on premises? \_\_\_\_\_

(4) How many pull boxes for Central Stations Signals? \_\_\_\_\_

7. Are there any cold storage facilities? \_\_\_\_\_

8. Estimated values in storage during previous year \_\_\_\_\_

Maximum value any one time: \_\_\_\_\_ Average value any one time: \_\_\_\_\_

9. What is the average turn-around time of goods? \_\_\_\_\_

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

- a. Canned Foods \_\_\_\_\_
- b. Other Foodstuffs \_\_\_\_\_
- c. Furniture \_\_\_\_\_
- d. Industrial Chemicals \_\_\_\_\_
- e. Cloth Products \_\_\_\_\_
- f. Paper Products \_\_\_\_\_
- g. Home appliances (other than radio or TV equipment) \_\_\_\_\_
- h. Radio/Television/Electronic Equipment \_\_\_\_\_
- i. Liquor, wines, spirits \_\_\_\_\_
- j. Tobacco products \_\_\_\_\_
- k. Tires \_\_\_\_\_
- l. \_\_\_\_\_

11. Total number of employees? \_\_\_\_\_ If any employee(s) bonded, give details \_\_\_\_\_

12. List annual gross receipts for each of **last five** years (excluding any cold storage operations):

Year	Storage	Handling
(a) _____	\$ _____	\$ _____
(b) _____	\$ _____	\$ _____
(c) _____	\$ _____	\$ _____
(d) _____	\$ _____	\$ _____
(e) _____	\$ _____	\$ _____

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

Storage \$ \_\_\_\_\_ Handling \$ \_\_\_\_\_

14. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this type of insurance: \_\_\_\_\_

15. Name trade associations in which membership is held \_\_\_\_\_

16. Do you subscribe to a loss control program furnished by an outside organization? \_\_\_\_\_ If Yes, give name of the organization and briefly describe services performed \_\_\_\_\_

17. Attach a complete copy of the warehouse receipt used.

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

19. What policy limit is desired? \$ \_\_\_\_\_ What Deductible \$ \_\_\_\_\_

The proposer agrees that the statements contained in this proposal are true and that if insurance is effected, material misrepresentation or concealment of any information voids this insurance

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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