Warehouse Legal Liability Choice Application

Please attach a copy of your warehouse contract and 5-year hard copy loss runs.

Type of Warehouse Operation

☐ Public Warehouse ☐ Contract Warehouse ☐ Bonded ☐ Private ☐ Self-storage

NOTE: If you selected Private or Self-storage, please contact your Inland Marine underwriter before completing this application.

General Information

Effective Date:	Expiration Date:
Named Insured:	Website Address:
Mailing Address:	
Inspection Contact:	Telephone:
Description of Operations:	
Agent Name:	Agency Code:
Current Carrier:	Current Premium: $
Has your Warehouse Legal Liability coverage ever been canceled or non-renewed in the past 3 years? ☐ Yes ☐ No **(Missouri Applicants – Do not answer this question)**	
If Yes, please explain:	
Have you ever filed for bankruptcy?	☐ Yes ☐ No
Reporting structure?	☐ Reporting ☐ Non-reporting
What year was the business established?	
Average employee tenure is five years or greater?	☐ Yes ☐ No ☐ Unknown
Formal training program in place (including proper handling for commodities stored)?	☐ Yes ☐ No ☐ Unknown
Smoking rule established and enforced?	☐ Yes ☐ No ☐ Unknown
Criminal background checks and drug testing for all employees?	☐ Yes ☐ No ☐ Unknown
Full-time risk manager on staff?	☐ Yes ☐ No ☐ Unknown
Catastrophe contingency plan in place?	☐ Yes ☐ No ☐ Unknown
Frequency of physical inventory? ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually	

Complete the premises information and commodities listing for **Location 1** and complete the additional location application for each additional location.

Premises Information

Premises Address:	County:	
City:	State:	Zip:

Location Coverages

Warehouse Location Limit Requested	$
Current Deductible	$
Requested deductible, if different from current deductible	$
Optional coverages, if applicable:	
Direct Damage	
Do any of your contracts extend liability beyond negligence only?	☐ Yes ☐ No
If Yes, % of receipts applicable to those contracts **NOTE:** We require a copy of each contract that extends liability beyond negligence.	%
Spoilage Due to Change in Temperature (**If yes,** complete below)	☐ Yes ☐ No
Limit	$
Deductible	$
Are 24/7 temp controls and central station monitoring in place?	☐ Yes ☐ No

Services

Service Provided	**Annual Gross Receipts**
Storage	$
Packaging	$
Assembly	$
Kitting	$
Cross Docking	$
All other logistics services	$
Describe nature of all other logistics services being conducted:	

Location Details and Protection

Building: ☐ Owned ☐ Leased		Avg. Values in storage at any one time: $
Year Built:	Square Footage:	Storage Turnover Rate:
Public Protection Class:	Number of Floors:	Maximum Limit:

Construction Type:

- ☐ Frame (ISO Grade 1)
- ☐ Joisted Masonry (ISO Grade 2)
- ☐ Non-combustible (ISO Grade 3)
- ☐ Masonry Non-combustible (ISO Grade 4)
- ☐ Modified Fire Resistive (ISO Grade 5)
- ☐ Fire Resistive (ISO Grade 6)
- ☐ Heavy Timber Joisted Masonry (ISO Grade 7)
- ☐ Superior Non-combustible (ISO Grade 8)
- ☐ Superior Masonry Non-combustible (ISO Grade 9)

Year of Last Roof Replacement:	
Does the building have a Roof Preventative Maintenance/ Inspection Program?	☐ Yes ☐ No ☐ Unknown
Year Plumbing Updated:	
Does the building have an Electrical Maintenance Plan (EPM)?	☐ Yes ☐ No ☐ Unknown

Location Details and Protection *continued*	
If sprinklered, is the system designed for the commodity stored?	☐ Yes ☐ No ☐ Unknown
Heat and smoke alarm with central station monitoring?	☐ Yes ☐ No ☐ Unknown
Building is occupied 24/7 (by employees or watchman/security)?	☐ Yes ☐ No ☐ Unknown
Building perimeter is fully fenced and secured?	☐ Yes ☐ No ☐ Unknown
Burglar alarm with central station monitoring?	☐ Yes ☐ No ☐ Unknown
Surveillance cameras in place?	☐ Yes ☐ No ☐ Unknown
Water/flow valve tamper alarm with central station monitoring?	☐ Yes ☐ No ☐ Unknown
Controlled access to property (security and electronic badging)?	☐ Yes ☐ No ☐ Unknown
Backup generators on-site?	☐ Yes ☐ No ☐ Unknown

Commodities indicate % of applicable commodities at this location (must equal 100%):	
Accounts, Bills, Currency, Money, Deeds, Notes, Tickets including Lottery Tickets, Securities, Evidences of Debt	%
Aircraft or Watercraft	%
Alcoholic Beverages (Beer, Liquor, Wine)	%
Appliances (Major)	%
Auto Parts	%
Beauty Products, Perfumes & Cosmetics	%
Biological Products (such as Blood, Tissue, Organ)	%
Building Materials (Raw)	%
Building Materials (Fabricated/Finished)	%
Bulk Commodities	%
Bullion	%
Cannabis/Marijuana/THC	%
Chemicals (Hazardous)	%
Cigarettes, Tobacco Products	%
Clothing & Footwear	%
Coal/Anthracite	%
Construction Equipment/Machinery including Generators (Large)	%
Copper & Other Non-precious Metal Materials (Raw or Finished)	%
Dairy Products	%
Electronics (Consumer)	%
Explosives	%
Fertilizer	%
Flowers, Garden/Nursery Stock	%
Fresh Fruits & Vegetables	%
Fresh Meat, Seafood or Poultry	%
Frozen Foods	%
Furs or Similar Valuables	%
Garbage/Refuse	%
General Consumer Goods/General Merchandise	%

Commodities *continued*	
General Dry/Canned Groceries/Food Stuffs/Non-alcoholic Beverages	%
Gifts or Novelties	%
Glass or Glass Products	%
Grain, Seed	%
Guns and/or Ammunition	%
Home Furnishings including Furniture (New)	%
Household Goods including Furniture – Used (Moving & Storage)	%
Jewelry (including watches that retail for $150 or more)	%
Leather Apparel	%
Lithium Batteries	%
Live Animals	%
Machinery or Tools (Small)	%
Manufactured Homes	%
Medical Equipment and Supplies	%
Miscellaneous Consumer Products	%
Miscellaneous Industrial Products	%
Musical Instruments	%
Oil, Natural Gas	%
Paintings, Statuary or other Articles of Art	%
Paper Products	%
Pesticide	%
Petroleum or Petroleum Products/Gasoline's & Fuel	%
Pharmaceuticals (other than Cannabis, etc.)	%
Plastic Materials (Raw)	%
Precious Metals (Gold, Silver, Platinum)	%
Precious or Semi-precious Stones	%
Textiles/Fabric	%
Tires	%
Transformers	%
Turbines, Power Generation Equipment (except Generators)	%
Vehicles including Motor Homes, Automobiles, Trucks, Trailers, Motorcycles & Campers	%
Other commodities not listed above, please specify:	%
TOTAL	**%**

Policy Extensions		
	Included Sublimit	**Requested sublimit** (if different than included sublimit)
Newly Acquired Warehouses	$250,000	$

Additional Coverages

	Included Sublimit	Requested Sublimit
Claim Mitigation Expenses	$10,000	$
Claim Preparation Expenses	$25,000	$
Debris Removal	$50,000	$
Earned or Uncollectible Storage Charges	$25,000	$
Emergency Service Charge	$10,000	$
Fraud and Deceit	$5,000	$
Pollutants and Contaminants Clean Up and Removal	$25,000	$
Protection of Covered Property	$25,000	$
Reward Payments	$5,000	$

Optional Coverages (check any that apply)

	Limit	Deductible
Contingent Liability Exposure		
Do you outsource any storage operations? ☐ Yes ☐ No		
If Yes, do you want to include Contingent Liability coverage for this exposure? ☐ Yes ☐ No	$	$
Gross Receipts for Contingent Liability Exposures:	$	
Employee Dishonesty ☐ Yes ☐ No	$	$
If Yes, number of employees:		
If Yes, is an annual audit performed? ☐ Yes ☐ No		
If Yes, is the audit performed by ☐ CPA ☐ Staff ☐ Public Accountant		
Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No		
Infestation and Fumigation ☐ Yes ☐ No	$	$
Unexplained Disappearance and Shortage Found Upon Taking Inventory ☐ Yes ☐ No	$	$
Services at Unnamed Locations ☐ Yes ☐ No	$	$

Loss History (please attach a 5-year hard copy of loss runs)

Effective Date	Expiration Date	Exposure Amount	Annual Premium	# of Losses	Total Loss Amount	Prior Year Deductible

Are there any prior exposures that no longer exist? (**If Yes**, please describe) ☐ Yes ☐ No

Countrywide Fraud Warning Statements

For Utah applicants only: any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the american arbitration association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Fraud Warning Statements

Arkansas applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California applicants: for your protection california law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: warning it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: for your protection, hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey applicants: any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: Title:

Print Name: Date:

Producer's Signature: Title:

Print Name: Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company
New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

Please submit this proposal and appropriate materials to:
Marine.Services@thehartford.com

The Hartford