



WAREHOUSE SUPPLEMENTAL APPLICATION

(To be completed in addition to Acord App)

APPLICANT INFORMATION	
NAME:	
LOCATION ADDRESS:	

PROPERTY INFORMATION			
1. What types of commodities are stored on premises?			
2. Storage of any of the following?			
▪ Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Clothing or Accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Cosmetics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Designer Goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Electronics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Firearms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Jewelry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Lithium-ion batteries, e-bikes, e-scooters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Pallets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Perfume	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Pharmaceuticals/Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Plastics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Wood or Paper Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Any storage of aerosols, chemicals, compressed gas, or flammables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Provide SDS or list here:			
4. Are flammable or combustible liquids stored in NFPA 30 compliant or UL approved containers and cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are compressed gas tanks stored upright and chained to a wall or post when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. What is the maximum value of stock stored at any one time?	\$		
7. Are the premises equipped with an Automatic Sprinkler System covering 100% of the buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Are the premises equipped with smoke detectors and fire extinguishers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Are the premises equipped with Central Station Fire Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Are the premises equipped with Central Station Burglar Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. If refrigerated warehouse is there an ammonia detection system?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are there any manufacturing operations on premises? (If yes, refer to Manufacturer Special Handling)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Are there any recycling operations or storage of waste materials on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MINI-WAREHOUSES			
14. What are the gross sales?	\$		
15. Are there greater than 200 units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16. Does the insured agree to take care, custody, and control of property of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. Are notices posted and does the lease prohibit storage of ammunition, alcohol, chemicals, explosives, fertilizer, fireworks, flammables, and gasoline or other fuels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. Does the insured provide storage for boats or recreational vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. Are premises secured from unauthorized entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Are tenants able to access the premises after midnight or 24 hours a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

GENERAL LIABILITY INFORMATION			
21. Is total building area greater than 50,000 square feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22. Do the premises have pollution issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. Do the premises have a railroad sidetrack?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24. Has the insured been cited violations by state or federal inspection agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25. Are the premises well-kept and all aisles regularly cleared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26. Are no smoking signs posted on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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27. Is the building occupied by another interest? If yes, complete LRO Information below .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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LRO INFORMATION		
28. What is the square footage leased to others?		sq ft
29. Does the applicant have a lease in place with all commercial tenants in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Does the insured obtain certificates of insurance for general liability from all tenants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Are tenants required to name applicant as an additional insured on their GL policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Does the lease require that certain protective safeguard systems be maintained by the tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

STATE FRAUD STATEMENTS

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

Arkansas: 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: 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: 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 policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Kentucky: 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: 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: 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 denial of insurance benefits.

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

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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



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New Mexico: 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: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with the 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: 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: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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: 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.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**