

AGENCY INFORMATION

| | | | | |
|----------------|---------|--------------|--------|------|
| Agency Name: | | Agency Code: | | |
| Agency Address | Street: | City: | State: | Zip: |
| Producer Name | | | | |

GENERAL INFORMATION

| | | | | | |
|--------------------|-------------------------------------|--------------------------------------|--------------------------------------|--|---------------------------------|
| Insured Name: | | Date: | | | |
| Effective Date | From: | To: | | | |
| Mailing Address | Street: | City: | State: | Zip: | |
| Business Structure | Individual <input type="checkbox"/> | Partnership <input type="checkbox"/> | Corporation <input type="checkbox"/> | Joint Venture <input type="checkbox"/> | Other <input type="checkbox"/> |
| | If Other, please explain: | | | | |
| Years in business: | | Years under current management: | | | |
| Yard Address | Street: | City: | State: | Zip: | |
| Inspection Contact | Name: | Phone: | Email: | | |
| Deductible | \$1,000 <input type="checkbox"/> | \$2,500 <input type="checkbox"/> | \$5,000 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | Other: <input type="checkbox"/> |

LIMITS OF INSURANCE

| | |
|--|----|
| a. Per Location | \$ |
| b. Catastrophe Limit | \$ |
| c. Spoilage or Cold Storage Limit (Please specify) | \$ |

BUILDING INFORMATION

| | | | |
|--|-------------------------------------|---|--|
| Square footage of entire building: | Number of stories: | Total area of premises available for storage: | |
| Identify and describe any areas occupied by tenants or lessees (if any): | | | |
| Roof | Year Built: | | |
| Recent Upgrades to: | Roof <input type="checkbox"/> | Year Upgraded: | |
| | Plumbing <input type="checkbox"/> | Year Upgraded: | |
| | Electrical <input type="checkbox"/> | Year Upgraded: | |
| | Other <input type="checkbox"/> | Year Upgraded: | |
| If other, please explain: | | | |
| Nearest Body of water: | | Distance: | |
| Adjacent Structure Occupancies: | | | |

Closer Coverage delivered in the Northeast, with offices located in:

CONNECTICUT | MAINE | MASSACHUSETTS | NEW HAMPSHIRE | NEW YORK | VERMONT

| PROTECTION | | | |
|--|-------------------------|---|-----------------------------|
| Distance to Operating Fire Hydrant: | | Distance to Fire Department: | |
| Protection Class: | | | |
| Is location sprinklered? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wet or Dry System: | | | |
| Building Percentage sprinklered: | | How Often Serviced: | |
| Is system equipment with a sprinkler alarm? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List any other private fire protection: | | | |
| Alarm System on Premises? | | If yes, Central Station or Local Alarm? | |
| Extent of Protection | | | |
| Doors | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Windows | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Motion | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name of Security Company: | | UL Certificate #: | Expiration Date: |
| Number of Watchmen Employed: | | | |
| Any Cold Storage Facilities? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, describe: | | Type of Refrigerant: | |
| Compressors | | | |
| Manufacturers Name | Ton of Capacity Per Day | Kind of Drive | Age |
| a. | | | |
| b. | | | |
| c. | | | |
| Auxiliary Power | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, describe: | | | |
| Auxiliary Refrigeration Equipment | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, describe: | | | |
| Any Processing Operations? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Estimate Prior Year Storage Values | | \$ | |
| Maximum Values Any One Time | | \$ | |
| Average Values | | \$ | |
| Peak Season Months: | | | |
| What is the average turn-around time of stored inventory?: | | | |

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| PROTECTION (continued) | | | |
|--|---|--------------------|---|
| Types and Percentage of Inventory Commodities Stored | | | |
| Total Dry Storage | | Total Cold Storage | |
| a. | % | | % |
| b. | % | | % |
| c. | % | | % |
| d. | % | | % |

| ADDITIONAL INFORMATION |
|-----------------------------|
| Any additional information: |

Please include the following with the submission:

1. 5 year loss history
2. Copy of any hold harmless agreements
3. Copy of the warehouse contract
4. Copies of all warehouse receipts
5. Any additional contracts

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____
 Producer Signature: _____ Producer Name (Please Print): _____

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