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Warehouseman’s Legal Liability Application

Please note that this proposal form must be returned together with a copy of your warehouse receipt showing how you limit liability.

1. Full Name of Proposer: _____
2. Name under which the proposer normally trades: _____
3. Name(s) under which the proposer has previously traded in the last five (5) years:

4. Where has the proposer been previously insured? _____
5. Is the proposer currently insured?
Yes No
6. Please state currency used for all monetary answers: _____
7. In the last five years, have you – the proposer suffered any loss or losses (whether covered by this insurance or not – including ex-gratia claims, declined claims, disputed claims and paid claims)?
Yes No
8. If yes: please give full details of loss, including full circumstances, date of loss, and values claimed, together with amounts paid by insurers: _____

9. Full address of location(s) to be covered: _____

10. What sort of work is normally undertaken by the proposer, and what types of good would normally be being stored/kept there at any one time? _____

11. Does the proposer have sole use of the location?
Yes No

12. If the Assured is using the premises as a joint user, please explain who else is using the location, and if they are using the same warehouse / storage area, or a completely separate and different part of the location:

13. What size is the location approximately (in metres square)? _____

14. How many years has the location been in operation? _____

15. How many years has the Assured used the location? _____

16. Please name the principals / senior personnel of the location:

17. Number of full-time employees there: _____

18. Number of part-time employees there: _____

19. Number of bonded employees: _____

20. Number of employees there at night: _____

21. Number of security staff present during day _____ during night _____

22. How long has the present management operated this location? _____

23. When are most part-time employees normally working? _____

24. Description of premises: _____

a. What is the ground floor area? _____

b. How many floors are there (excluding those below ground level)? _____

c. How many floors below ground level? _____

d. Total area or cubic capacity of premises available for storage? _____

e. Are any hazardous goods normally kept on the premises? _____

f. Please state and describe the area(s) if any, occupied by other tenants or leasees:

g. Please describe the construction of walls: _____

h. Please describe construction of roof(s): _____

i. Are there any windows – are these normally left open or shut during working hours? _____

j. Please detail all fire protections present.

i. How many fire extinguishers are there? _____

- ii. How near is the premises to the nearest fire station? _____
- iii. Is the location sprinklered? _____
- iv. If sprinklered, is this with a wet or dry system? _____
- v. Please provide manufacturers name and when installed? _____
- vi. How often is it serviced? _____
- vii. Is the system equipped with a sprinkler alarm – please describe: _____

- viii. Are fire drills held during the year? _____
- ix. Please list all other fire protections present? _____

25. Please detail all flood protections present.

- a. Are drains kept clear of debris at all times? _____
- b. Are all sewage facilities regularly maintained? _____
- c. Are supplies of water kept on site? _____
- d. Are such supplies kept in an area away from the storage areas to be used? _____
- e. Is the location in an area where flooding has arisen previously? _____
- f. How far away is the nearest river? _____
- g. How far away is the sea? _____

26. Please detail all security protections present.

- a. Are there burglar alarms around the premises? _____
- b. Is the location a bonded / customs area? _____
- c. Do security patrols regularly patrol this area? _____
- d. Is the location situated in an area suffering from burglaries and break-ins? _____
- e. How near is the location to the nearest police station? _____
- f. Are guns kept on site? _____
- g. Have there been any break-ins / burglaries in this location in the last five years? _____
- h. Are alarms all central station? _____
- i. Are alarms local alarms only? _____
- j. Please advise the grade of protection present? _____
- k. What is the name of the security / protection company? _____
- l. Is any cash kept on site? _____
- m. Are there any safes / vaults kept on the site – please detail their protections:

27. Please provide estimates of total values in store during previous year? _____

28. What is the maximum amount in store at any one time? _____

29. What is the average amount in store at any one time? _____

30. What is the rate of turnover of commodities stored? _____

31. Are you intending to use the location for wet storage? _____

32. Please give the percentage (by weight) of goods or commodities stored (for dry storage):

- a. Canned goods: _____
- b. Other foodstuffs: _____
- c. Furniture: _____
- d. Industrial chemicals: _____
- e. Hazardous chemicals: _____
- f. Cloth products: _____
- g. Cigarettes / tobacco: _____
- h. Cotton: _____
- i. Paper / paper products: _____
- j. Home kitchen appliances: _____
- k. Televisions / radios/ VCR's: _____
- l. Other home electronic equipment: _____
- m. Liquor / wine / spirits: _____
- n. Tires: _____
- o. Petroleum / oils: _____
- p. Munitions including explosives: _____
- q. Fishmeal: _____
- r. Furs / hides / skins: _____
- s. Temperature controlled goods: _____
- t. Red label goods: _____
- u. Goods rated IMDG grade 2 or above: _____
- v. Large machinery: _____

33. Will you be undertaking any work on the goods whilst stored at this location? Please detail if the following activities are being performed by you on the goods:

- a) Welding: _____
- b) Burning / soldering: _____
- c) Painting / plastering: _____
- d) Electrical: _____
- e) Mechanical / electronic: _____
- f) Sandblasting: _____
- g) Piping: _____

- h) Steel plate work: _____
- i) Crane / heavy lifting /hoisting: _____
- j) Other – please detail: _____

34. What percentage of your work is:

- a. Subcontracted in: _____ %
- b. Subcontracted out: _____ %

35. Do you, the proposer, issue hold harmless guarantees? Please fully describe to whom such guarantees are normally issued: _____

36. Do you have an emergency response plan, and has it ever been triggered?

- Yes No

37. If yes, please advise full details: _____

38. Do all employees undertake safety training?

- Yes No

39. If no, please advise which employees do not undertake safety training and the reason: _____

40. Is the premises open to the public?

- Yes No

41. List annual gross receipts for each of the last five (5) years, split by storage and handling activities:

Present Year:	Storage: _____	Handling: _____
Previous Years:	Storage: _____	Handling: _____
	Storage: _____	Handling: _____
	Storage: _____	Handling: _____
	Storage: _____	Handling: _____

42. What are your estimates for gross receipts for the oncoming year?

- a. Storage: _____
- b. Handling: _____

43. Name all trade associations in which membership is held by you currently for one year or more:

44. Do you subscribe to a loss control program furnished by an outside organization?

Yes No

45. Please attach a complete copy of the warehouse receipt(s) used. Please also list separately any commodities stored under special agreements and the pertinent details of such agreements.

46. Please provide a legible copy of your contract with the location at which you are leasing space as a tenant / leasee, in English, detailing your accepted liabilities resulting from you usage of that location. Please include any amendments that would alter your liabilities as a user of the location. Please note that you must advise the underwriters in this respect of any change arising during the policy year that would or may lead to a change in your assumed liabilities as a user of the location, especially a contractual change between yourselves and the location's owner.

47. Have you bought this type of insurance before?

Yes No

48. What change in your business activities has led to you now requiring such coverage? _____

49. What policy limit do you require? _____

50. What deductible? _____

51. Has any insurer ever cancelled or refused to renew your insurance?

Yes No

52. Please explain: _____

53. Are there any other circumstances within the proposer's knowledge or opinion not already disclosed, affecting or likely to affect this proposed insurance? _____

Copies of your contractual agreements with the location's owner must be provided prior to a quote being offered.

Please check that you have fully completed the form, and that the currency of any monetary answers is clearly answered, that your claims record is correctly stated, and that any supplemental information you believe will assist the application is enclosed as well.

Signing this form does not bind the proposer to complete the insurance, but it is agreed that this proposal form shall form the basis of the contract should an insurance be consequently issued.

I, the proposer, have read the above and agree that it is to the best of my knowledge and belief representative of a true and complete statement.

I, the proposer, agree that if this insurance is completed, that the protections and / or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of Underwriters without their prior consent.

Signature of applicant (or authorized representative) _____

Print Name and Title _____

Date _____