Pennock Insurance, Inc.

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Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. **List all warehouses you own or lease:**

Loc. No.	Complete Address	Square Footage	Owned & Occupied by Applicant (Check if applicable)	Owned & Leased to Others (% of Bldg Leased)	Leased to Applicant (% of Bldg Leased)
1			☐	%	%
2			☐	%	%
3			☐	%	%
4			☐	%	%
5			☐	%	%

2. **Provide the following information for all locations:**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Cold storage warehouse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Fenced	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Guard Dogs	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Lighted	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mini-warehouse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Public Access	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are the customer goods on racks or pallets?	☐ Racks ☐ Pallets	☐ Racks ☐ Pallets	☐ Racks ☐ Pallets	☐ Racks ☐ Pallets	☐ Racks ☐ Pallets
Security Guards	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you store flammable or toxic substances?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If yes, what provisions are made for handling and storing them (please indicate location number and details)?

_____

_____

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Does building have a sprinkler system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, indicate location number and type of system: _____					
Do you have any other private fire protection system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, indicate location number and details: _____					

3. **If warehouse/building is leased, who is responsible for the maintenance?** _____
   Indicate location number and details: _____
   _____
   _____

4. **If you store food, have you ever been cited for violations by any state or federal food or health inspection agency?** .... ☐ Yes ☐ No
   Indicate location number and details: _____
   _____
   _____

5. **To what extent is the movement of goods in the warehouse automated?** _____
   Indicate location number and details: _____
   _____
   _____

6. **Name any associations, groups, etc. you belong to as a business:** _____
   _____
   _____

7. **Commodities stored: (Indicate percentage)**

Commodity	%	Commodity	%	Commodity	%
Antiques	%	Electronic Media (CD, DVD, etc.)	%	Recording Equipment	%
Appliances	%	Fireworks	%	Red Label Items	%
Art	%	Flammables	%	Rubber Goods	%
Auto Parts	%	Fur Apparel	%	Sporting Goods/Athletic Equip	%
Beer/Wine	%	Furniture	%	Stereo Equipment	%
Boats	%	Jewelry/Gemstones	%	Telecommunication Equipment	%
Canned Foods	%	Liquor	%	Televisions	%
Cell Phones/Pagers	%	Museum Artifacts	%	Tobacco Products	%
Chemicals	%	Oriental Rugs	%	Toxic Substances	%
Clothing	%	Paper Products	%	Vitamins	%
Collectible/Memorabilia Sales	%	Pharmaceutical	%	**List Others:**	
Computer Equipment	%	Photography Equipment	%		%
Electronic Equip/Components	%	Property of Others	%		%

8. **Do you subcontract any operations?** .... ☐ Yes ☐ No

If yes, description of operations subcontracted: _____

Annual cost of subcontracting: $_____

Is evidence of insurance obtained? .... ☐ Yes ☐ No

Are you included as an additional insured? .... ☐ Yes ☐ No

Minimum limits subcontractors are required to carry: _____

9. **Do you have any operations as a moving company?** .... ☐ Yes ☐ No

If yes, explain: _____

_____

10. **Are there any manufacturing operations on the premises?** .... ☐ Yes ☐ No

If yes, explain: _____

_____

11. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .... ☐ Yes ☐ No

If yes, describe: _____

_____

12. **Does applicant have other business ventures for which coverage is not requested?** .... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO 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 in the third degree.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and 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.

NOTICE TO RHODE ISLAND 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE:_____ DATE: _____

PRODUCER'S ADDRESS: _____

PRODUCER'S LICENSE NUMBER: _____

────────────────── IMPORTANT NOTICE ──────────────────

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.