



# Warehouse Legal Liability Insurance Application

## 1. General Information

Name of Insured: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Website: \_\_\_\_\_

Years in business as a warehouse operator: : \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Primary contact title: \_\_\_\_\_

Primary contact phone: \_\_\_\_\_

Primary contact email: \_\_\_\_\_

Description of Operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective Date (mm/dd/yyyy): \_\_\_\_\_

Current insurance carrier: \_\_\_\_\_

Does the insured have a full-time risk manager on staff?

Yes

No

Has the insured filed for bankruptcy in the past 5 years?

Yes

No

Have you maintained continuous Warehouse Legal Liability coverage for the past 3 years?

Yes

No

## 2. Type of Warehouse Operation

Select all that apply

Public Warehouse

Contract Warehouse

Cold Storage

Distribution Center

Fulfillment Center

Total number of locations to be insured: \_\_\_\_\_

*Important: If you have MORE THAN 1 LOCATION, please complete Appendix A for each additional location. If you have MORE THAN 5 LOCATIONS, please submit a separate Schedule of Values (SOV) with complete details for all locations.*

Are there any other operations or services that take place at the insured locations?

Yes

No

If yes, describe operations or services: \_\_\_\_\_

### 3. Coverages Requested

Select all that apply

Spoilage

Infestation

Contamination

### 4. Warehouse Exposure & Risk Characteristics

Location #1
Address: _____
City: _____
State: _____
ZIP: _____
Owned or Leased: _____
Storage Capacity (Sq. or Cubic Feet): _____
Number of Floors: _____
Construction Type (Select One):
<input type="checkbox"/> Frame (ISO Class 1)
<input type="checkbox"/> Joisted Masonry (ISO Class 2)
<input type="checkbox"/> Light Noncombustible (ISO Class 3)
<input type="checkbox"/> Masonry Noncombustible (ISO Class 4)
<input type="checkbox"/> Modified Fire Resistive (ISO Class 5)
<input type="checkbox"/> Fire Resistive (ISO Class 6)
Year of Last Roof Replacement / Update: _____
How regularly is the roof inspected? (e.g., Semi-annually, annually): _____
Year of Last Electrical Replacement / Update: _____

How regularly is the electrical inspected? (e.g., Semi-annually, annually): \_\_\_\_\_  
 Year of Last Plumbing Replacement / Update: \_\_\_\_\_  
 How regularly is the plumbing inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

**Premises Protection**

Central Station Fire Alarm (Y/N): \_\_\_\_\_ Sprinkler (Y/N): \_\_\_\_\_  
 Percentage of Location Protected: \_\_\_\_\_  
 PPC or Distance to Fire Department: \_\_\_\_\_  
 Central Station Burglar Alarm (Y/N): \_\_\_\_\_ Controlled Access (Y/N): \_\_\_\_\_  
 Are CCTVs installed at all points of entry? (Y/N): \_\_\_\_\_  
 On-Site Security (Y/N): \_\_\_\_\_  
     If Yes, provide details (e.g., 24/7 security, periodically patrolled facility): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are smoking rules and areas established and enforced? (Y/N): \_\_\_\_\_  
 Is this location equipped with a backup power generator? (Y/N) \_\_\_\_\_  
 Inspection and Maintenance schedule of cold storage unit (and backup power generator if applicable): \_\_\_\_\_

**Temperature Monitoring & Alarm Response Training**

Describe protocols for temperature-controlled storage, alarm monitoring systems, response procedures for temperature excursions, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated Values & Limits**

Average Value:	Maximum Value:	Limit Required:
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If average and/or maximum values are not available, please advise gross receipts for this location:

    Previous 12 months: \_\_\_\_\_  
     Estimated next 12 months: \_\_\_\_\_

**Percentage of Goods Stored**

Commodity	%
Appliances	
Machinery & Equipment	

Auto Parts & Accessories	
Metal Products	
Building Materials	
Office Equipment & Supplies	
Canned & Dry Foods	
Paper & Paper Products	
Chemicals	
Pharmaceuticals	
Clothing & Textiles	
Plastic Products	
Consumer Electronics	
Sporting Goods	
Furniture & Household Goods	
Temperature-Controlled Foods (Frozen/Refrigerated)	
Hardware & Tools	
Wine, Beer & Spirits	
Lumber & Wood Products	
Other (please specify type of goods and respective percentages)	

Cold Storage (If Applicable)

Is this location equipped with a backup power generator?

- Yes
- No

## 5. Hiring & Training Programs

Does the insured maintain formal hiring and training programs? (including proper handling for commodities stored)

- Yes
- No

Does the insured conduct pre-employment criminal background checks and drug testing for all employees?

- Yes
- No

If Yes, please describe the formal programs in place for the following areas:

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### Emergency Response Procedures:

Describe emergency action plans, evacuation procedures, incident response protocols, etc.

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### Fire Safety & Response:

Describe fire prevention training, use of fire suppression equipment, emergency contacts, etc.:

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## 6. Deductible History

Expiring Deductible (\$): \_\_\_\_\_

Requested Deductible (\$): \_\_\_\_\_

Has the insured maintained any special deductibles or different deductibles over the previous 5 policy terms?

- Yes
- No

If Yes, please provide details of special deductibles, including policy term dates, deductible amounts, and any specific conditions or circumstances

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### 7. 5-Year Loss History

Please provide hard copy loss runs separately with this application.

Policy Term	Number of Claims	Net Incurred Loss

### 8. Special Agreements / Enhanced Liability

List any commodities stored under special agreement, any contracts that provide enhanced liability to customers (beyond standard negligence coverage), gross receipts, or average/maximum total insured values for each contract providing enhanced liability.

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## Declaration and Signature

Applicant's Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE COVERAGE. Application MUST be currently signed and dated to be considered for quotation.

Submit completed applications to: your dedicated Parsyl Underwriter or [insurance@parsyl.com](mailto:insurance@parsyl.com)

Questions? Contact: [insurance@parsyl.com](mailto:insurance@parsyl.com) | [parsyl.com](http://parsyl.com)

## APPENDIX A: ADDITIONAL LOCATIONS (2-5)

Location #2
Address: _____
City: _____
State: _____
ZIP: _____
Owned or Leased: _____
Storage Capacity (Sq. or Cubic Feet): _____
Number of Floors: _____
Construction Type (Select One): <input type="checkbox"/> Frame (ISO Class 1) <input type="checkbox"/> Joisted Masonry (ISO Class 2) <input type="checkbox"/> Light Noncombustible (ISO Class 3) <input type="checkbox"/> Masonry Noncombustible (ISO Class 4) <input type="checkbox"/> Modified Fire Resistive (ISO Class 5) <input type="checkbox"/> Fire Resistive (ISO Class 6)
Year of Last Roof Replacement / Update: _____

How regularly is the roof inspected? (e.g., Semi-annually, annually): \_\_\_\_\_  
 Year of Last Electrical Replacement / Update: \_\_\_\_\_  
 How regularly is the electrical inspected? (e.g., Semi-annually, annually): \_\_\_\_\_  
 Year of Last Plumbing Replacement / Update: \_\_\_\_\_  
 How regularly is the plumbing inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

**Premises Protection**

Central Station Fire Alarm (Y/N): \_\_\_\_\_ Sprinkler (Y/N): \_\_\_\_\_  
 Percentage of Location Protected: \_\_\_\_\_  
 PPC or Distance to Fire Department: \_\_\_\_\_  
 Central Station Burglar Alarm (Y/N): \_\_\_\_\_ Controlled Access (Y/N): \_\_\_\_\_  
 Are CCTVs installed at all points of entry? (Y/N): \_\_\_\_\_  
 On-Site Security (Y/N): \_\_\_\_\_  
     If Yes, provide details (e.g., 24/7 security, periodically patrolled facility): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are smoking rules and areas established and enforced? (Y/N): \_\_\_\_\_  
 Is this location equipped with a backup power generator? (Y/N) \_\_\_\_\_  
 Inspection and Maintenance schedule of cold storage unit (and backup power generator if applicable): \_\_\_\_\_

**Temperature Monitoring & Alarm Response Training**

Describe protocols for temperature-controlled storage, alarm monitoring systems, response procedures for temperature excursions, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated Values & Limits**

Average Value:	Maximum Value:	Limit Required:
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If average and/or maximum values are not available, please advise gross receipts for this location:  
 Previous 12 months: \_\_\_\_\_  
 Estimated next 12 months: \_\_\_\_\_

Do the commodities stored at this location deviate from the percentages provided in Location #1?  
 Yes

No

If Yes, please provide provide % breakdown of commodities stored at this location

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**Cold Storage (If Applicable)**

Is this location equipped with a backup power generator?

Yes

No

**Location #3**

Address: -----

City: -----

State: -----

ZIP: -----

Owned or Leased: -----

Storage Capacity (Sq. or Cubic Feet): -----

Number of Floors: -----

Construction Type (Select One):

- Frame (ISO Class 1)
- Joisted Masonry (ISO Class 2)
- Light Noncombustible (ISO Class 3)
- Masonry Noncombustible (ISO Class 4)
- Modified Fire Resistive (ISO Class 5)
- Fire Resistive (ISO Class 6)

Year of Last Roof Replacement / Update: -----

How regularly is the roof inspected? (e.g., Semi-annually, annually): -----

Year of Last Electrical Replacement / Update: -----

How regularly is the electrical inspected? (e.g., Semi-annually, annually): -----

Year of Last Plumbing Replacement / Update: -----

How regularly is the plumbing inspected? (e.g., Semi-annually, annually): -----

**Premises Protection**

Central Station Fire Alarm (Y/N): \_\_\_\_\_ Sprinkler (Y/N): \_\_\_\_\_  
 Percentage of Location Protected: \_\_\_\_\_  
 PPC or Distance to Fire Department: \_\_\_\_\_  
 Central Station Burglar Alarm (Y/N): \_\_\_\_\_ Controlled Access (Y/N): \_\_\_\_\_  
 Are CCTVs installed at all points of entry? (Y/N): \_\_\_\_\_  
 On-Site Security (Y/N): \_\_\_\_\_  
 If Yes, provide details (e.g., 24/7 security, periodically patrolled facility): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are smoking rules and areas established and enforced? (Y/N): \_\_\_\_\_  
 Is this location equipped with a backup power generator? (Y/N) \_\_\_\_\_  
 Inspection and Maintenance schedule of cold storage unit (and backup power generator if applicable): \_\_\_\_\_  
 \_\_\_\_\_

**Temperature Monitoring & Alarm Response Training**

Describe protocols for temperature-controlled storage, alarm monitoring systems, response procedures for temperature excursions, etc.

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 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated Values & Limits**

Average Value:	Maximum Value:	Limit Required:
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If average and/or maximum values are not available, please advise gross receipts for this location:

Previous 12 months: \_\_\_\_\_  
 Estimated next 12 months: \_\_\_\_\_

Do the commodities stored at this location deviate from the percentages provided in Location #1?

- Yes
- No

If Yes, please provide provide % breakdown of commodities stored at this location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cold Storage (If Applicable)

Is this location equipped with a backup power generator?

- Yes
- No

Location #4

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Owned or Leased: \_\_\_\_\_

Storage Capacity (Sq. or Cubic Feet): \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Construction Type (Select One):

- Frame (ISO Class 1)
- Joisted Masonry (ISO Class 2)
- Light Noncombustible (ISO Class 3)
- Masonry Noncombustible (ISO Class 4)
- Modified Fire Resistive (ISO Class 5)
- Fire Resistive (ISO Class 6)

Year of Last Roof Replacement / Update: \_\_\_\_\_

How regularly is the roof inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

Year of Last Electrical Replacement / Update: \_\_\_\_\_

How regularly is the electrical inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

Year of Last Plumbing Replacement / Update: \_\_\_\_\_

How regularly is the plumbing inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

**Premises Protection**

Central Station Fire Alarm (Y/N): \_\_\_\_\_ Sprinkler (Y/N): \_\_\_\_\_

Percentage of Location Protected: \_\_\_\_\_

PPC or Distance to Fire Department: \_\_\_\_\_

Central Station Burglar Alarm (Y/N): \_\_\_\_\_ Controlled Access (Y/N): \_\_\_\_\_

Are CCTVs installed at all points of entry? (Y/N): \_\_\_\_\_

On-Site Security (Y/N): \_\_\_\_\_

If Yes, provide details (e.g., 24/7 security, periodically patrolled facility): \_\_\_\_\_

\_\_\_\_\_

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 Are smoking rules and areas established and enforced? (Y/N): -----  
 Is this location equipped with a backup power generator? (Y/N) -----  
 Inspection and Maintenance schedule of cold storage unit (and backup power generator  
 if applicable): -----

**Temperature Monitoring & Alarm Response Training**

Describe protocols for temperature-controlled storage, alarm monitoring systems,  
 response procedures for temperature excursions, etc.

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**Estimated Values & Limits**

Average Value:	Maximum Value:	Limit Required:
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If average and/or maximum values are not available, please advise gross receipts for this  
 location:

Previous 12 months: -----  
 Estimated next 12 months: -----

Do the commodities stored at this location deviate from the percentages provided in  
 Location #1?

- Yes
- No

If Yes, please provide provide % breakdown of commodities stored at this location

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**Cold Storage (If Applicable)**

Is this location equipped with a backup power generator?

- Yes
- No

Location #5

Address: -----

City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 Owned or Leased: \_\_\_\_\_  
 Storage Capacity (Sq. or Cubic Feet): \_\_\_\_\_  
 Number of Floors: \_\_\_\_\_  
 Construction Type (Select One):  
 Frame (ISO Class 1)  
 Joisted Masonry (ISO Class 2)  
 Light Noncombustible (ISO Class 3)  
 Masonry Noncombustible (ISO Class 4)  
 Modified Fire Resistive (ISO Class 5)  
 Fire Resistive (ISO Class 6)  
 Year of Last Roof Replacement / Update: \_\_\_\_\_  
 How regularly is the roof inspected? (e.g., Semi-annually, annually): \_\_\_\_\_  
 Year of Last Electrical Replacement / Update: \_\_\_\_\_  
 How regularly is the electrical inspected? (e.g., Semi-annually, annually): \_\_\_\_\_  
 Year of Last Plumbing Replacement / Update: \_\_\_\_\_  
 How regularly is the plumbing inspected? (e.g., Semi-annually, annually): \_\_\_\_\_

**Premises Protection**

Central Station Fire Alarm (Y/N): \_\_\_\_\_ Sprinkler (Y/N): \_\_\_\_\_  
 Percentage of Location Protected: \_\_\_\_\_  
 PPC or Distance to Fire Department: \_\_\_\_\_  
 Central Station Burglar Alarm (Y/N): \_\_\_\_\_ Controlled Access (Y/N): \_\_\_\_\_  
 Are CCTVs installed at all points of entry? (Y/N): \_\_\_\_\_  
 On-Site Security (Y/N): \_\_\_\_\_  
     If Yes, provide details (e.g., 24/7 security, periodically patrolled facility): \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_  
 Are smoking rules and areas established and enforced? (Y/N): \_\_\_\_\_  
 Is this location equipped with a backup power generator? (Y/N) \_\_\_\_\_  
 Inspection and Maintenance schedule of cold storage unit (and backup power generator if applicable): \_\_\_\_\_

**Temperature Monitoring & Alarm Response Training**

Describe protocols for temperature-controlled storage, alarm monitoring systems, response procedures for temperature excursions, etc.

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**Estimated Values & Limits**

Average Value:	Maximum Value:	Limit Required:
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If average and/or maximum values are not available, please advise gross receipts for this location:

Previous 12 months: \_\_\_\_\_

Estimated next 12 months: \_\_\_\_\_

Do the commodities stored at this location deviate from the percentages provided in Location #1?

- Yes
- No

If Yes, please provide provide % breakdown of commodities stored at this location

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**Cold Storage (If Applicable)**

Is this location equipped with a backup power generator?

- Yes
- No