

Warehouse Storage Application

Company Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____ e-mail: _____

Total gross warehouse receipts for past 12 months: \$ _____

Individual warehouse location (full address)	Construction of building:
1. _____	_____
2. _____	_____
3. _____	_____

Individual Warehouse Information:

Loc.	Year Built Upgrade	Last Electrical Upgrade	Last Roof Upgrade	Last Plumbing Upgrade	Average Dollar Amount Stored	Location Limit Required
1.	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	\$ _____	\$ _____

Detailed Description of Merchandise:

Burglary Protection:	Is there a monitored alarm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	24 hour security guard?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Guard during closed hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Are windows/doors barred?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Name of monitoring Firm:	_____			
Fire Protection:	Is there a monitored alarm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Building sprinklered?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Are sprinklers monitored?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Name of monitoring Firm?	_____			

Surrounding Type of Businesses: Left: _____ Right: _____
Front: _____ Rear: _____

Give date, cause and amount of application's losses for at least the past three years:

Signature: _____ Print Name: _____

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