



**GSIS Inc.**  
 2613 Manhattan Beach Blvd., Suite 200  
 Redondo Beach, CA. 90278  
 Phone: 310.379.9660 Toll Free: 888.910.GSIS Fax: 310.374.2431  
 Email: salesinformation@gsis.com Web: www.gsis.com License: 0101602

## WAREHOUSE LEGAL LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION									
Full Legal Name:					DBA (if any):				
Contact Name/Title:					Email:				
Physical Address:				City:		State:		Zip:	
Mailing Address:				City:		State:		Zip:	
Phone Number:			Fax Number:			Website:			
Years in Business:		<input type="checkbox"/> Corporation, State of:		<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual Other:	
Federal Tax ID or SS#:		Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No		Accounting Contact:					
Number of additional locations:		List other Named Insured's below (include separate page if needed)							
Name Insured:					Relationship:				
Name Insured:					Relationship:				
Describe your operation by premises:									
List Physical Address for Additional Locations									
Address:									
Inspection Contact:				Contact Phone Number:					
Address:									
Inspection Contact:				Contact Phone Number:					
Address:									
Inspection Contact:				Contact Phone Number:					
Do you employ designated safety officer(s)?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Who?			
Do you have a loss prevention program in effect?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Describe training and education you require for employees:			
Does your Company currently hold or in the process of certification by a recognized quality management organization (i.e. ISO 2000/9000)?									
<input type="checkbox"/> Yes <input type="checkbox"/> No		Please specify							
Do you operate a warehouse, with your own personnel?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Warehouse receipt			
Do operate a warehouse you do not own?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Warehouse receipt			
CURRENT COVERAGE	Current Carrier	Premium	Limit	Deductible	Expiration Date				
		\$	\$	\$					
		\$	\$	\$					
Warehouse Legal									
Location 1: Please note if you have additional locations that are not vacant land, you will need to complete this section for each additional location.									
Physical Address:				City:		State:		Zip:	
Is this vacant land? <input type="checkbox"/> Yes <input type="checkbox"/> No		County the location is in:				Owner/Lessor/Lessee:			
Total Bldg. Sq. Feet (exclude basement):		Percentage you occupy?		%		Percentage of Building with Sprinklers:		%	
Year Built:		Number of Stories:		Number of Elevators:		Does Building have Air Conditioning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the right of the building? (i.e. similar building, parking lot, open lot)									
What is the left of the building? (i.e. similar building, parking lot, open lot)									
What is behind the building? (i.e. similar building, parking lot, open lot)									
Construction Type:		<input type="checkbox"/> Frame <input type="checkbox"/> Joint Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive		<input type="checkbox"/> Modified Fire Resistive		<input type="checkbox"/> Other			
Fire Protection available:		<input type="checkbox"/> Sprinklers <input type="checkbox"/> Standpipes <input type="checkbox"/> CO2/Chemical Systems <input type="checkbox"/> None		<input type="checkbox"/> Other					
Distance in feet to the nearest fire hydrant:				Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:			
Is there a central station burglar alarm at the location? <input type="checkbox"/> Yes <input type="checkbox"/> No				Type:					



<b>PAYROLL</b> confirm company payroll as follows:				
Warehouse staff payroll:		Office Clerical:		
Sales Staff:		Executives:		
<b>Rating Basis</b>				
<b>Location #</b>	<b>Office Sq. Footage</b>	<b>Warehouse Sq. Footage</b>	<b>Warehouse Payroll</b>	<b>Warehouse Gross Receipts</b>
Is no smoking enforced in appropriate work and storage areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are yard and warehouse areas fenced, lighted and secure?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any commodities stored under a storage receipt longer than 90 days? <i>If so, describe commodities and approximate values, attach a copy of the storage receipt.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any packing and/or crating in the warehouse? <i>If so, provide details by location; describe products, how packaged, percentage of operations this constitutes and gross receipt from operations.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe inventory-stacking methods ( <i>clearance, pallet versus shelf, etc.</i> )				
<b>Limits of Liability</b>				
What limit is required per Warehouse Location for cargo of others?			\$	
What is the maximum number of pounds to be stored at any one time?			\$	
Is the extent of liability for goods in your warehouse in your care, custody or control based on the actual value of the goods?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the extent of liability for goods in your warehouse in your care, custody or control based on a certain amount per pound?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Interest</b>				
Name:		Issue a Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
Name:		Issue a Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
<b>CLAIMS HISTORY</b> Please provide hard copy "loss runs" for Warehouse Legal claims for the last five years (current year, plus four previous). If no coverage has been in effect, please indicate any known losses in the claim section below.				
<b>There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:</b>				
Shippers Interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surety Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?		
Please provide any additional comments:				

**APPLICANT ACKNOWLEDGEMENT & SIGNATURE**

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

**Name:** \_\_\_\_\_

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

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

**Signature of Applicant:** \_\_\_\_\_