



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
5620 Smetana Drive, Suite 225
Minnetonka, MN 55343-9611
Phone: (952) 938-0655
Toll Free: 1-800-862-6038
Fax: (952) 938-0701

Warehouseman's Legal Liability Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION

- 1. Location # Describe locale Area Type Status
2. Number of Stories: Ground floor area:
3. Describe the alarm system
4. What is total area of premises available for storage?
5. Who has access to storage area?
6. Any cold storage facilities?
7. Give percentages of goods or commodities stored
8. Values in storage
9. What limit of indemnity is required?
10. What deductible is required?
11. Are adequate records kept of values being stored?

**UNDERWRITING INFORMATION (Continued)**

12. Attach a copy of the warehouse receipt used.

Comments:

---

---

---

---

---

---

---

---

---

---

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

_____	_____	_____	_____
Producer's Signature	Date	Applicant's Signature	Date

**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.

**FRAUD STATEMENT**

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.