

To be used with standardized industry Commercial Insurance Applications
 Applicant Information Section, Commercial General Liability Section (as needed)

Please Print or Type

1. Name of Applicant

Policy Period From:	To:	Limit Requested \$	Deductible Requested \$
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2. Terminal Location:

Exact Location/Address of Terminal:

Is this location owned or leased? _____ If leased, who is the owner? _____

3. Physical Layout of the Terminal:

Provide thorough description of the layout of the facility (attach diagram or sketch, if available):

4. Warehouse(s) Description:

	Construction	Is Building Sprinklered	Square Feet of Storage Space	Est. Average Value Stored at Any One Time	Est. Maximum Value Stored at Any One Time	100% Fire and E.C. Content Rate
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	SQ. FT.	\$	\$	%
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	SQ. FT.	\$	\$	%
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	SQ. FT.	\$	\$	%

5. Outside Storage:

	Est. Tons at Any One Time	Est. No. at Any One Time
a. Containers:		
Refrigerated		
Tank		
Other		
b. Automobiles/Vehicles:		
c. Scrap Metal:		
d. Steel:		
e. Bulk Cargo (Identify):		
f. Other (Identify):		

6. Cargo Handled:

Principal Cargoes Handled	Percentage of Total Tonnage
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
10.	%
11.	%
12.	%

7. Adjacent Properties:

Fully Describe Adjacent Properties:

8. Description of Operations:

Provide Complete Description of all Operations:

9. Specialty Operations - Does the Applicant:

- a. Stuff and/or unstuff containers? Yes No
- b. Provide consolidation or deconsolidation services? Yes No
- c. Provide warehouse distribution services and/or facilities? Yes No
- d. Repair, clean and/or store containers and/or tanks? Yes No
- e. Issue warehouse receipts and/or provide long term storage? Yes No
- f. Provide temperature controlled warehouse facilities? Yes No
- g. Provide for local collection or delivery services? Yes No
- h. Provide long distance haulage? Yes No
- i. Other (Identify): Yes No

Explain all "Yes" responses:

10. Method of Transportation (Percent of Total Tonnage Handled):

	By Vessel	By Rail	By Truck	By Other
Incoming:	%	%	%	%
Outgoing:	%	%	%	%

11. Storage Time:

Average: _____ Maximum: _____

12. Fire Protection:

Public Fire Department: Paid or Volunteer? _____ How Far Distant? _____ Miles

Public Fire Hydrants? How many: _____

Remarks and/or other Fire Protection measures taken:

13. Security:

Watchmen: No. Employed? _____ No. Each Shift _____? On Duty 24 Hours? Yes No

Is Facility fenced with guard at gate at all times when operating? Yes No

Is Facility lighted at night? Yes No

Remarks and/or other Security measures taken:

14. Miscellaneous:

Does the Applicant have a standard storage contract? If Yes, please provide a copy. If No, explain under what terms the product is stored?

Yes No

Are you aware of any circumstance which may reasonably be expected to give rise to a claim under this policy? If Yes, please explain.

Yes No

15. Wharfinger's/Stevedore's Liability:

Is Wharfinger's or Stevedore's Liability coverage required? (If Yes, attach appropriate application supplements)

Yes No

Loss Experience

Please attach loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses). Loss runs from prior carriers are preferred.

Comments:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, 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.

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not oblige me to accept the insurance, nor the company to accept the risk.

Date: _____

Applicants Signature: _____

Title: _____

Chubb refers to member insurers of the Chubb Group of Insurance Companies underwriting coverage. The primary employer within the Chubb organization is Chubb & Son, a division of Federal Insurance Company.