CENTURY SURETY COMPANY
Warehousemen’s Legal Liability Supplemental Questionnaire
(In addition to the ACORD Application)
COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Proposer (Partners or Officers, if applicable):
______________________________________________________________________________________

2. Post Office Address: __________________________________________________________________

3. Location to be insured: __________________________________________________________________

4. How long has current management operated this business? __________

5. Description of Premises:
   a. What is ground floor area? __________
   b. Height in stories? ______
   c. Total area (or cubic capacity) of premises available for storage? __________
   d. Identify and describe area(s), if any, occupied by tenant(s) or lessees ______________________
   e. Any basement(s)? ________   If answer is Yes, is it protected by an automatic sump pump? ______
   and stored property on shelves or pallets? __________
   f. Construction of walls? _______________ Roof? _____________________
   g. Year built? __________   If recently remodeled, when? _____________________

6. Protection of Premises
   a. Is location sprinklered? ______ If Yes:
      (1) Wet or dry system? ______
      (2) Manufacturers name and when installed ______________________________
      (3) How often serviced? ______________________________
          By whom? ____________________________________________________________________
      (4) Is system equipped with a Sprinkler Alarm? _________
          Describe: ___________________________________________________________________
   b. List any other private fire protection __________________________________________________
   c. (1) Are your premises protected by an operating Premises Alarm System? ______
           Central Station? ____________ Local Alarm? __________
      (2) Extent of Protection (2-3?) __________________________
          Name of Protective Company____________________________________________________
      (3) Underwriters Laboratories Certificate No.? _________________________________
          Date of Expiration __________
   d. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises
      at all times when not regularly open to business __________
      (2) Do they signal to a Central Station? _______ and how often? _________________________
      (3) How many clock stations on premises? __________
      (4) How many pull boxes for Central Stations Signals? __________

7. Are there any cold storage facilities? ______

8. Estimated values in storage during previous year ______________
   Maximum value any one time: ______________ Average value any one time: ______________

9. What is the average turn-around time of goods? ______________
10. Give percentage (by weight) of goods or commodities stored (dry storage):
   a. Canned Foods _________________
   b. Other Foodstuffs _______________
   c. Furniture _____________________
   d. Industrial Chemicals ___________
   e. Cloth Products _________________
   f. Paper Products _________________
   g. Home appliances (other than radio or TV equipment) ___________
   h. Radio/Television/Electronic Equipment __________
   i. Liquor, wines, spirits __________
   j. Tobacco products ____________
   k. Tires _____________
   l. ____________________________________________________

11. Total number of employees? __________ If any employee(s) bonded, give details ______________
   ___________________________________________________________________________________

12. List annual gross receipts for each of last five years (excluding any cold storage operations):
   
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<th>Year</th>
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<th>Handling</th>
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13. What are estimated gross receipts (excluding cold storage operations) for the next twelve months?
   Storage $ _______________ Handling $ _______________

14. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been
   recoverable under this type of insurance: ______________________________________
   ________________________________________________________________________________

15. Name trade associations in which membership is held _______________________________________
   ________________________________________________________________________________

16. Do you subscribe to a loss control program furnished by an outside organization? _______ If Yes, give
   name of the organization and briefly describe services performed ________________________________
   ________________________________________________________________________________

17. Attach a complete copy of the warehouse receipt used.

18. List any commodities stored under special agreements and pertinent details of such agreements
   ________________________________________________________________________________
   ________________________________________________________________________________

19. What policy limit is desired? $___________________ What Deductible $ _____________

The proposer agrees that the statements contained in this proposal are true and that if insurance is effected, material
misrepresentation or concealment of any information voids this insurance

Signed: _______________________________________
Position: _______________________________________
Date: _______________________________

Agency: _________________________________________
Address: ________________________________________