



Essex Insurance Company
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 Glen Allen, VA 23060
 Phone: 800-963-7739
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Warehouse Questionnaire

To:	Company:
From:	Date:
Prospect:	
<input checked="" type="checkbox"/> Urgent	<input checked="" type="checkbox"/> For Review
<input checked="" type="checkbox"/> Please Reply	

Please provide the following information for quotation consideration:

1. What commodities (i.e. fireworks, flammables, explosives, etc.) are stored or distributed, percentage of each, average & maximum values at any one time, and stock turnover time in one year?

2. Check all applicable:

Any Manufacturing	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Fully Enclosed Building	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Located At Or Nearby Any Major Airport	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Type of packaging/storage material	<input type="checkbox"/> Paper	<input type="checkbox"/> Cardboard	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other _____			
Storage Arrangement	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Diagonal	<input type="checkbox"/> Pallet	<input type="checkbox"/> Rack	<input type="checkbox"/> Solid Pile	<input type="checkbox"/> Other _____

3. Commodity Transportation To/From:

Forklift	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Crane (Collapse Exposure)	<input type="checkbox"/> YES, Type? _____	<input type="checkbox"/> NO
Is it Attached?	<input type="checkbox"/> YES, Where? _____	<input type="checkbox"/> NO
Professionally Installed, serviced, and designed for maximum commodity load?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other: _____		

4. List all chemicals/flammables, if any, with Flashpoints < than 100 degrees Fahrenheit, days and quantity (gallons/drums) stored. (Please Attach List).

5. UL Approved Flammable/Chemical Storage Cabinets and/or Containers: YES NO

6. Target Rate: _____

Producer Name: _____

Applicant Signature: _____

Date: __/__/____