

**CAPACITY COVERAGE COMPANY
COMMERCIAL LONG TERM STORAGE INSURANCE APPLICATION**

APPLICANT INFORMATION

Named Insured _____

Phone _____

Fax _____

Mailing Address _____

E-Mail address _____

Federal Tax ID # _____

Street Address _____

Years in Business _____

(If less than one year attach outline of prior experience)

Contact Person/Title: _____

Proposed Effective Date: _____

DESCRIPTION OF OPERATIONS

Description of Operations

Paper Record Storage	%	Revenue	
Number of Units Stored			
Document Scanning	%	Revenue	
Non – Record Storage- <i>Describe type of Goods Stored</i>	%	Revenue	
Other –Please describe	%	Revenue	

FOR LIMIT OF INSURANCE YOU NEED FOR THIS POLICY PLEASE SEE WAREHOUSE SUPPLEMENT PAGE

GROSS ANNUAL REVENUE

Last fiscal year: _____

\$

Current fiscal year (estimate): _____

\$

Gross Receipts (from long term storage only): _____

\$

Completed by _____ (Type or Print Name and Title)

Signature

Title

Date

CURRENT INSURANCE INFORMATION

COVERAGE	CURRENT CARRIER	PREMIUM	EXPIRATION DATE
Property			
General Liability			
Automobile (Owned Veh.)			
Hired & Non-Owned Auto			
Cargo			
Crime			
Workers' Compensation			
Umbrella			
Other (list)			

The information below is very important as it will help us determine what savings you might be able to enjoy from purchasing our policy. We need to be able to help you integrate our unique coverage with your existing Business Interruption and Extra Expense coverage.

	LIMT OF COVERAGE CARRIED	CARRIER	PREMIUM
Business Interruption Coverage			
Extra Expense			

Please provide copies of the above policies. We can often obtain additional information from policies that is helpful in putting together our quotation.

In addition to the completed application, we require the following items:

- **"Loss Runs" for any property and/or warehouse coverage you have had for the last Five (5) years.**
- **A COPY OF YOUR STORAGE CONTRACT**
- **If you do not, have a standard contract do you have any form of written agreement with customers as to who is responsible, for what and how much? _____**

New Jersey law requires us to notify you of the following: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."
