



FREEDOM SPECIALTY
 INSURANCE COMPANY®
 a Nationwide Insurance® company
 Freedom Specialty Insurance Company
 7 World Trade Center, 37th Floor
 250 Greenwich Street
 New York, NY 10007-0033

**FREEDOM 360°
 PRIVATE COMPANY PACKAGE POLICY
 CRIME COVERAGE PART SUPPLEMENTAL APPLICATION
 WAREHOUSE**

Fully answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Insurer** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term “**Applicant**” shall mean the **Parent Organization** and any of its **Subsidiaries**. Please complete this Supplemental Application if the **Applicant** receives, stores or ships goods or material from a warehouse facility. If needed, the **Applicant** may attach any additional information to this **Application** for the **Insurer’s** use and consideration.

1. Applicant’s Information

Parent Organization Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Website Address: _____ **Phone:** _____

2. Applicant’s Contact Information

Name: _____ **Title:** _____
E-mail: _____ **Phone:** _____

3. Warehouse Information

- a. Please provide the number of warehouses operated by the **Applicant:** _____
- b. Please provide the addresses for each warehouse operated by the **Applicant:**
 - (1) _____
 - (2) _____
 - (3) _____
 - (4) _____
- c. During the last year, what was the total maximum value of inventory contained in all warehouses at one time? \$ _____
- d. Over the next year, what is the anticipated total maximum value of inventory to be contained in all warehouses at one time? \$ _____
- e. How often is a complete physical count of inventory conducted in each warehouse? _____
 - (1) Who conducts the inventory count (check all that apply):
 - Employees of the warehouse
 - Employees that do not work in the warehouse
 - Professional outside vendor
 - (2) If an outside vendor conducts inventory counts, when was the last time the **Applicant** changed vendors?

(3) Does the **Applicant** conduct surprise, unannounced inventory counts? Yes No
If "Yes," when was the last time such a count was conducted? _____

g. Does the **Applicant** have a comprehensive warehouse handbook with complete warehouse policies and procedures that is provided to all warehouse employees? Yes No

h. Does the **Applicant** provide new hires with a formal orientation that reviews warehouse policies and procedures that are contained in the warehouse handbook? Yes No N/A

i. Does the Applicant issue warehouse receipts? Yes No
If "Yes":

(1) Are the warehouse receipts negotiable? Yes No

(2) Are the warehouse receipts serially numbered? Yes No

(3) In the past year, what was the total value of warehouse receipts issued? Yes No

(4) In the past year, what was the largest single dollar value warehouse receipt issued? Yes No

(5) How many employees have access to unissued warehouse receipts? _____

(6) Are unissued warehouse receipts controlled by an employee other than those that issue warehouse receipts? Yes No

(7) Are the responsibilities of signing, issuing and canceling warehouse receipts separated amongst different employees? Yes No

(8) Does the **Applicant** perform a daily count of all warehouse receipts? Yes No

(9) Is the employee responsible for counting warehouse receipts different than those employees that sign, issue and cancel warehouse receipts? Yes No N/A

(10) Are warehouse receipts reconciled with inventory on a daily basis? Yes No N/A

j. If warehouse receipts are not used, please describe the accounting provided to the **Applicant's** customers concerning the items received and shipped on their behalf: _____

k. Does the **Applicant** separate receiving, storage and shipping duties amongst three different employees? Yes No N/A

l. Describe the **Applicant's** procedures for ensuring that the items and quantities received in the warehouse are correct: _____

m. Describe the **Applicant's** procedures for ensuring that the items and quantities shipped from the warehouse are correct: _____

n. Does the **Applicant** restrict receipt, storage and shipping of goods and materials to only those vendors or customers on the **Applicant's** vendor and customer lists? Yes No N/A

o. Describe how the **Applicant** ensures that all items were received from, stored for and shipped to only its authorized customers: _____

p. Are all the **Applicant's** warehouses protected or monitored by: (Please check ALL that apply)
(1) Cameras? Yes No
(2) Central station alarms? Yes No
(3) Guards? Yes No
(4) Watchdogs? Yes No
(5) Barred Windows? Yes No

The persons signing this **Application** declare that to the best of their knowledge, the statements set forth herein and the information in the materials submitted herewith, are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Insurer** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would compete, update or correct such information. In such event, the **Insurer** in its sole discretion may modify or withdraw any outstanding quotation. The **Insurer** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.