



LUMBERYARD PROPERTY SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

| | | | |
|--|-------------------|---------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS | | AGENCY | |
| PROPOSED EFF DATE | PROPOSED EXP DATE | CODE: | |
| | | CONTACT NAME: | |

SUPPLEMENTAL QUESTIONS

| | YES | NO |
|---|--|--|
| <p>1. IS ANY FINISHING WORK DONE ON PREMISES? IF YES, IS ALL PAINTING OR STAINING CONDUCTED IN A NFPA 33 APPROVED SPRAY BOOTH? PLEASE CHECK ALL CHARACTERISTICS THAT APPLY TO THE SPRAY BOOTH:</p> <p><input type="checkbox"/> VENTILATING DUCTS EXHAUSTING DIRECTLY TO THE OUTSIDE</p> <p><input type="checkbox"/> STEEL, CONCRETE, OR MASONRY CONSTRUCTION</p> <p><input type="checkbox"/> PROTECTED BY AN AUTOMATIC FIRE PROTECTION SYSTEM</p> <p><input type="checkbox"/> PERMANENTLY GROUNDED ELECTRICAL SYSTEMS</p> <p><input type="checkbox"/> VAPOR AND EXPLOSION PROOF LIGHTS AND FIXTURES</p> <p><input type="checkbox"/> ALL COMPONENTS OF THE SPRAY BOOTH ARE UL APPROVED</p> <p>WHERE ARE FLAMMABLE LIQUIDS AND/OR COMBUSTIBLE LIQUIDS STORED?</p> <p><input type="checkbox"/> A UL APPROVED STORAGE CABINET</p> <p><input type="checkbox"/> INSIDE ROOMS, WHICH HAVE NO EXTERIOR WALLS. INSIDE ROOMS ARE LIMITED TO 150 SQ. FT., IF OF 1 HOUR CONSTRUCTION. IF OF 2-HOUR CONSTRUCTION, THEY CAN BE AS LARGE AS 500 SQ. FT.</p> <p><input type="checkbox"/> CUT-OFF ROOMS, WHICH HAVE EITHER ONE OR TWO EXTERIOR WALLS. CUT-OFF ROOMS AND ATTACHED BUILDINGS ARE LIMITED TO 300 SQ. FT., IF OF 1-HOUR CONSTRUCTION, BUT CAN BE ANY SIZE DESIRED, IF OF 2-HOUR CONSTRUCTION.</p> <p><input type="checkbox"/> ATTACHED BUILDINGS, WHICH SHARE ONLY ONE WALL WITH ANOTHER STRUCTURE.</p> <p><input type="checkbox"/> LIQUID WAREHOUSES, WHICH ARE EITHER SEPARATE BUILDINGS ENTIRELY OR WHICH ARE SEPARATED BY 4-HOUR CONSTRUCTION FROM ADJOINING AREAS.</p> <p><input type="checkbox"/> OTHER (PLEASE DESCRIBE):</p> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. ARE ALL PREMISES COMPLETELY FENCED? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. DOES THE SCHEDULE INCLUDE ANY OPEN-SIDED BUILDINGS? DESCRIBE WHICH BUILDING(S):</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. DO YOU PERFORM ANY LUMBER TREATMENT OPERATIONS? IF YES, PLEASE DESCRIBE:</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. IS THERE AN ACTIVE AUTOMATIC FIRE ALARM? IS IT CONNECTED TO A CENTRAL STATION?</p> <p>IS THERE AN ACTIVE AUTOMATIC BURGLAR ALARM? IS IT CONNECTED TO A CENTRAL STATION?</p> <p>IS THERE AN ACTIVE AUTOMATIC SPRINKLER SYSTEM? IS IT CONNECTED TO A CENTRAL STATION?</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>6. DO YOU HAVE ANY WOODBURNING STOVES OR OTHER TYPE OF INTERNAL HEATING STOVES INSIDE ANY BUILDINGS? IF YES, PLEASE DESCRIBE:</p> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE INCLUDE PICTURES OF EACH BUILDING, A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDING, AND LOSS RUNS WITH YOUR SUBMISSION.