

MOVING & STORAGE PACKAGE SUPPLEMENTAL QUESTIONNAIRE

POLICY INFORMATION

FIRST NAMED INSURED:	
EMAIL ADDRESS:	
CORPORATE FEDERAL IDENTIFICATION NUMBER(s):	

GENERAL CORPORATE INFORMATION

1. Ownership:

CORPORATE OWNERS, OFFICERS, PARTNERS or MANAGING DIRECTOR				
NAME	TITLE	OWNERSHIP	YEARS OF EXP	YEARS W/ ORGANIZATION

Is the Company a Subsidiary of another Entity or do you have any Subsidiaries? Y ☐ N ☐
If **YES**, please provide the officer ownership percentage and description of operations for each subsidiary on a separate attachment.

2. Filing Information: (Must be Accurate for Proper Filing)

USDOT NAME (ICC FILING):			
MC NUMBER:		CA NUMBER:	
CERTIFICATE OF WAREHOUSE LEGAL LIABILITY NAME (MTMC):			
REGIONAL OFFICE LOCATION (RSMO):			
SCAC CODE:		REGIONAL OFFICE LOCATION:	
STATE FILING FORM (FORM E&H):			
STATE OPERATING AUTHORITY NUMBER (PUC/BHGS/DMV):			
OTHER:			

3. General Operations:

Does your Company: Act as a Freight Forwarder under YOUR authority or permit? Arrange for Shipments by air, rail or overseas under YOUR authority or permit?	Y ☐ N ☐ Y ☐ N ☐
Does your Company conduct Business other than moving & storage? (i.e. sell packing materials, manufacture boxes, on-site installation/assembly, self-storage, rigging, equipment rental, auto repair on other vehicles, PODS or shredding) If YES , please provide description of these operations and revenue of each on a separate attachment.	Y ☐ N ☐
Does your Company issue a bill of lading and a warehouse receipt on all moves? If YES, please provide a copy of the front and back of each.	Y ☐ N ☐
Does your Company perform on-site installation/assembly? If YES, provide description & payroll:	Y ☐ N ☐
National Van Line Affiliation(s): Name of Van Line	
Are you required to provide primary auto liability insurance while operating under van line authority? If YES, advise to who this coverage is afforded:	Y ☐ N ☐
Are Special Certificates required? If YES, advise:	Y ☐ N ☐
Excluding Van Line, do you have any other trailer interchange agreements with other moving companies?	Y ☐ N ☐
Do you need an UIIA endorsement? If YES, please provide the number of trailers you have on average on a monthly basis under this agreement:	Y ☐ N ☐

GENERAL LIABILITY INFORMATION
1. General Information - Operations

Are you completing any appliance installation jobs? If so, annual estimated payroll? \$		Y ☐ N ☐
Are you completing any office installation jobs? If so, annual estimated payroll? \$		Y ☐ N ☐
Are you completing any PODS-type operations, mini-storage or exhibition/trade shows jobs? If so, please provide estimated annual sales. \$		Y ☐ N ☐
Are you utilizing any sub-contractors for the outlined in questions 1, 2 or 3?		Y ☐ N ☐
If you own the warehouse you operate from, are you renting any space out as a landlord?		Y ☐ N ☐
Is there any access to the warehouse by the general public?		Y ☐ N ☐

AUTOMOBILE/TRUCKERS INFORMATION
1. Radius of Operation - This should be for your operating authority and van line authority where you are required to cover their authority by contract (i.e. Atlas, Mayflower & United agents)

Please do NOT include van line radius when the van line assumes auto liability coverage.

Miles	0-50 Local	51-100 Limited Intermediate	101-200 Intermediate	201-300 Extended Intermediate	*301-500 Limited Long Haul	*501+ Extended Long Haul
(In %)	%	%	%	%	%	%

*For any long haul 301-500 or 500+ please complete long haul supplemental application.

2. General Automobile Information:

Are all vehicles registered to the named insured? If NO, advise registered owner, relationship and specify unit # on a separate attachment.	Y ☐ N ☐
Do you use contract drivers? If YES,	Y ☐ N ☐
Are the contract driver vehicles scheduled on this policy?	Y ☐ N ☐
Do they haul exclusively for you?	Y ☐ N ☐
What is the average annual expense for rented/leased vehicles not scheduled on the auto policy?	\$
Is there a written vehicle maintenance program? If YES, does it include:	Y ☐ N ☐
Regular Preventative maintenance?	Y ☐ N ☐
Safety & Pre-Trip Inspections?	Y ☐ N ☐
Certified Mechanics?	Y ☐ N ☐

3. Driver Hiring Practices:

Do you receive an application on all new employees?	Y ☐ N ☐
Do you require a pre employment physical for all employee drivers?	Y ☐ N ☐
Do you do pre-employment drug testing?	Y ☐ N ☐
Do you do random employee drug testing?	Y ☐ N ☐
Do you require employee background checks?	Y ☐ N ☐
Do you obtain/review Motor Vehicle Reports (MVR's) on new Drivers prior to hiring?	Y ☐ N ☐
Do you review MVR's on all drivers annually?	Y ☐ N ☐
What are the criteria for acceptable driving records? # of violations: # of accidents: # of violations/accidents combined:	
Please indicate how drivers are compensated (hourly/per job/other):	
Are there written job descriptions with minimum qualifications?	Y ☐ N ☐
Are experience/job qualifications verified for each new hire?	Y ☐ N ☐
Do you lease employees?	Y ☐ N ☐
What percentage of your off-premises packing/crating is done by your employees? (not Independent Subcontractors)	%
What is the estimated annual employee turnover for key positions including managers, supervisors & drivers?	%

WAREHOUSE INFORMATION
1. Types of Goods Stored:

USED HOUSEHOLD GOODS:	%	NEW HOUSEHOLD GOODS:	%
MILITARY HOUSEHOLD GOODS:	%	OFFICE FURNISHINGS:	%
ELECTRONICS:	%	FINE ARTS:	%
BUSINESS RECORDS:	%	ANTIQUES:	%
GENERAL COMMODITIES: (DESCRIBE)			

2. Location Information:

GENERAL INFORMATION	LOCATION #1	LOCATION #2	LOCATION #3
ADDRESS: CITY, STATE:			
YEAR BUILT:			
SQUARE FEET:			
INSIDE HEIGHT:			
% OF WAREHOUSE RENTED TO OTHERS:	%	%	%
SPRINKLERED:	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
PROPERTY SKIDDED:	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
ALARM: (CENTRAL STATION/LOCAL)			
EXTERIOR YARD LIGHTED:	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
PREMISE FENCED:	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
SECURITY CAMERA:	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
WAREHOUSE ALLOCATION			
TOTAL NUMBER OF CONTAINERS BOTH NON-MILITARY AND MILITARY:	#	#	#
NON-MILITARY STORAGE:			
NUMBER OF CONTAINERS UNDER RELEASED VALUE (\$0.60/LB or less):	#	#	#
NUMBER OF CONTAINERS UNDER DECLARED VALUE (\$0.61-\$1.25):	#	#	#
NUMBER OF CONTAINERS OR TOTAL VALUE GREATER THAN \$1.25	#	#	#
VALUE OF RACKED/UN-CONTAINERIZED STORAGE:	\$	\$	\$
MILITARY STORAGE:			
NUMBER OF LBS OF NON-TEMP STORAGE DELIVERED (\$6.00/LB)	lbs.	lbs.	lbs.
NUMBER OF LBS. OF NON-TEMP STORAGE DELIVERED AT VALUATION OTHER THAN ABOVE:	\$ lbs.	\$ lbs.	\$ lbs.
MISCELLANEOUS INFORMATION			
WAREHOUSE PAYROLL:	\$	\$	\$
WAREHOUSE LEGAL LIABILITY LIMIT REQUESTED:	\$	\$	\$
DEDUCTIBLE:	\$	\$	\$

CARGO INFORMATION
1. Types of Goods Carried:

USED HOUSEHOLD GOODS:		%	NEW HOUSEHOLD GOODS:		%
MILITARY HOUSEHOLD GOODS:		%	OFFICE FURNISHINGS:		%
ELECTRONICS:		%	FINE ARTS:		%
BUSINESS RECORDS:		%	ANTIQUES:		%
GENERAL COMMODITIES: (DESCRIBE)					

2. Annual Transportation Revenue Summary:

	TOTAL REVENUE	% OWN AUTHORITY	% VANLINE AUTHORITY
HAULS UNDER 250 MILES	\$	%	%
HAULS OVER 250 MILES	\$	%	%

3. What % of Cargo Revenue is released between:

\$.60/lb. or Under	\$0.61 - \$1.25/lb.	\$1.26 - \$2.50/lb.	\$2.50/lb. and Over
%	%	%	%

Are you required to provide cargo coverage while under van line authority?

Y ☐ N ☐
4. Limits* & Deductible:

- ☐ \$25,000 any one unit
 ☐ \$50,000 any one unit
 ☐ \$75,000 any one unit
 ☐ \$100,000 any one unit
☐ \$50,000 any one loss
 ☐ \$100,000 any one loss
 ☐ \$150,000 any one loss
 ☐ \$200,000 any one loss
☐ OTHER: \$ any one unit
 \$ any one loss

Non Military Deductible

- ☐ \$1,000
 ☐ \$2,500
 ☐ \$5,000
 ☐ OTHER \$

Military Deductible:

- ☐ \$2,000
 ☐ \$2,500
 ☐ \$3,500
 ☐ OTHER \$

*Minimum Cargo Limit for military mover should be \$75,000/\$150,000.

5. Equipment Coverage

MISCELLANEOUS:	LIMIT	DEDUCTIBLE Min-\$1,000
MISC. MOVING EQUIPMENT & PACKING MATERIAL:	\$	\$
FORK LIFTS / SELF PROPELLED VEHICLES:	\$	\$
PORTABLE ELECTRONIC EQUIPMENT:	\$	\$
PORTABLE STORAGE CONTAINERS:	\$	\$

6. All Risk Certificates:

ALL RISK CERTIFICATES: Please complete this section required ONLY for those who individually issue 'ALL RISK CERTIFICATES' to each customer to increase coverage for shipper's move beyond carrier liability and warehouse legal liability. This certificate is used instead of increasing valuation on your bill of lading or warehouse receipt.

1. What is the average monthly value for all Storage Certificates insured during the last 12 months?	\$
2. What is the highest total insured value any one month for storage certificates?	\$
3. What is the total value of storage certificates issued in the last 12 months?	\$
4. What is the total accumulated insured value for the last 12 months for all transit certificates you have issued?	\$

EXTENDED INLAND MARINE COVERAGE AND REQUEST TO INCREASE LIMITS

Additional Coverage	Limit Included in Coverage Form	Limit Increase Request
Uncollectible Charges	\$2,000 Any One Customer	
	\$20,000 Any One Occurrence	
Inventory Costs	\$5,000 Any One Occurrence	

Temporary Locations	\$100,000 Any One Occurrence	
Employee Dishonesty for Property of Others	\$25,000 Any One Occurrence	
Contingent Cargo Legal Liability Protection	\$25,000 Any One Occurrence	
Errors Or Omissions In Storage Operations	\$100,000 Any One Occurrence	

CRIME INFORMATION
1. General Operations - Crime:

Are all incoming checks stamped "For Deposit Only" as soon as they are received?	Y ☐ N ☐
Are all company accounts reconciled against a job or customer each month?	Y ☐ N ☐
Are drivers required to present receipts for fuel or others services daily with their bill of lading?	Y ☐ N ☐
Is the purchase of company supplies, packing materials, equipment etc. handled through a purchase order process that requires not only an employee signature but also a signature of the general manager or controller?	Y ☐ N ☐
Are fuel cards limited to a single vendor and provided to drivers with caution?	Y ☐ N ☐ N/A ☐
Do fuel cards require a PIN number for use?	Y ☐ N ☐ N/A ☐
Do you verify transfer instructions purportedly issued by you, an employee, or other management and staff, your vendors and your customers?	Y ☐ N ☐
☐ All Instructions are verified; or	
☐ Instructions are verified for all transfer instructions in excess of: \$ or	
☐ No requirement of transfer instructions is required.	

****If Requesting over \$150,000 in Crime coverage, please submit high limits crime supplemental application. ****

CYBER LIABILITY COVERAGE*

Please indicate your desired limit of cyber insurance: ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000	
Does the organization maintain computer security that includes a) firewall, b) anti-virus, c) spy-ware / mal-ware protection, and d) access controls that includes, at a minimum, passwords?	Y ☐ N ☐
Has the applicant experienced any cyber related incident, fine or penalty in the past five (5) years that could have resulted in a claim under this policy?	Y ☐ N ☐
Does applicant have any knowledge of an incident, event or circumstances that may result in a claim or loss under this policy?	Y ☐ N ☐
# Full Time Employees	

ACKNOWLEDGEMENT AND SIGNATURE

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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. THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR NEW HAMPSHIRE APPLICANTS ONLY: I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Named Insured Signature

Date

Agent/Producer

Address

License Number