



Date: _____

Applicant: _____

Website Address: _____

Name of Safety Manager: _____ Phone#: _____

FEIN & description of operation for each named insured: _____

Effective date: _____ Need by date: _____

General Information

Submission requirements:

- Complete ACORD application for each applicable section (including 132 Truckers section)
- 4 year current valued company loss runs (5 years if umbrella requested)
- Financial Statement (including current balance sheet and income statement)
- If applicant has been in business less than three full years attach resume of principals

Is applicant an agent of a national van line? Yes No

If Yes, name of van line _____

In which states are auto liability or cargo filings necessary? _____

What is applicant's DOT or MC number? _____

Is an MTMC/Military certificate of insurance required? Yes No

Does this applicant operate as a freight forwarder? Yes No

What goods are stored or transported other than 1st proviso goods?

What percentage of the total storage or transportation revenue does this represent? _____ %

Has the applicant acquired any other moving and storage operations in the past four years? Yes No

If Yes:

Enter the name of operation _____

Did the Purchase contract include an Indemnity Agreement? Yes No

Did the applicant conduct an inventory and inspection upon completion of the purchase? Yes No

Section I Property

Note: Contents coverage on ACORD application is redefined as office contents only, plus specifically described other business personal property not to include Movers Equipment.

Please specify other business personal property:

Value _____ Description _____
 Value _____ Description _____

Movers Income protection Coverage (NO MONTHLY LIMITATION APPLIES)

Non-Collectable Freight Charges \$5,000 Aggregate in Transit: Include Do not include

Non-Collectable Storage Receivables

This coverage applies to:

\$ 500 Any One Customer - \$20,000 Any One Loss Loc. 1 Loc. 2 Loc. 3 Loc. 4
 \$1,000 Any One Customer - \$40,000 Any One Loss Loc. 1 Loc. 2 Loc. 3 Loc. 4
 \$1,000 Any One Customer - \$80,000 Any One Loss Loc. 1 Loc. 3 Loc. 3 Loc. 4

Loss Prevention and Property Protection Expenses:

\$10,000 Any One Loss \$20,000 Any One Loss \$40,000 Any One Loss \$80,000 Any One Loss

	<u>Location 1</u>	<u>Location 2</u>	<u>Location 3</u>	<u>Location 4</u>
Enter limits by location				
Choose either Storage Revenue				
OR Total Revenue NOT BOTH				
Storage Revenue	\$ _____	\$ _____	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____	\$ _____	\$ _____
Rental Value	\$ _____	\$ _____	\$ _____	\$ _____

Section II Inland Marine

Movers Equipment:

Movers Equipment & Supplies \$ _____
 Portable Electronic Equipment not **EDP** \$ _____
 Employee Tools \$ _____

Individual Items with values over \$10,000 must be scheduled:

Indicate mover's equipment valuation method: Actual Cash Value (ACV) Replacement Cost (RCP)

Section III Cargo & Warehouse

Be certain to attach voided/sample Bill of Lading (front and back) used for moves under your authority & voided/sample warehouse receipt for household goods, business records and commercial goods.

For either Cargo or Warehouse, does applicant issue **First Party Certificates**? Yes No

How are the packers compensated? Per piece hourly other _____

What percent of SIT is non-containerized more than 24 hours after receipt? _____ %

Is/are the warehouse(s) approved for non-temp government storage?

Loc. 1 Yes No **Loc. 2** Yes No **Loc. 3** Yes No **Loc. 4** Yes No

Is there regular and frequent handling of:

Electronics or Computers High value products Antiques or Fine Arts

Employee Actions Against Customers Goods Extension. Do not include Include

\$10,000 limit \$25,000 limit

Cargo Limit:

- \$20,000 per shipment -- \$50,000 aggregate limit
- \$50,000 per shipment -- \$100,000 aggregate limit
- \$100,000 per shipment -- \$200,000 aggregate limit
- \$150,000 per shipment -- \$300,000 aggregate limit
- \$200,000 per shipment -- \$500,000 aggregate limit
- \$250,000 per shipment -- \$500,000 aggregate limit
- \$300,000 per shipment -- \$500,000 aggregate limit
- \$500,000 per shipment -- \$1,000,000 aggregate limit

Cargo Deductible: \$ _____ (\$1,000 minimum deductible)

Valuation: (show percentage of each)

Cargo		Amount		Warehouse
_____ %	<	\$.60 per pound	>	_____ %
_____ %	<	\$1.25 per pound	>	_____ %
_____ %	<	Replacement Cost	>	_____ %
_____ %	<	Declared ACV	>	_____ %
_____ %	<	Other	>	_____ %
_____ %	<	_____	>	_____ %
100 %	<	Must Equal	>	100 %

Types of goods Handled or Warehoused: (show each location)

Used Household Goods	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Office & Industrial Property	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Commercial Goods	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Business Records	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Military Household goods	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Classed as Hazardous by DOT	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Other describe: _____	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %

Warehouse Storage Arrangement: (show at each location)

Noncontainered	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
1 High Storage Vaults	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
2 High Storage Vaults	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
3 High Storage Vaults	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Sofa Racks/OS Furniture	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %
Other describe: _____	Loc. 1	_____ %	Loc. 2	_____ %	Loc. 3	_____ %	Loc. 4	_____ %

Warehouse Limit Requested:

Loc. 1 \$ _____ Loc. 2 \$ _____ Loc. 3 \$ _____ Loc. 4 \$ _____

Warehouse Deductible: \$ _____ (\$1,000 minimum deductible)

Section IV General Liability

Does the applicant have a mini storage operation? Yes No
If Yes, show revenue on Annual Revenue Summary Report (Page 7)

Does the applicant provide document Storage? Yes No
If Yes, Is document shredding provided Yes No On premises Mobile

Total area of warehouse (including office space) occupied by applicant.

Loc. 1 _____ Loc. 2 _____ Loc. 3 _____ Loc. 4 _____

Does the applicant have any tanks or fueling facilities on premises? Yes No

Tanks above or below ground? Above Below

How are tanks protected from collision? _____

How many tanks are there? _____

When were the tanks installed? (Year) _____

Date of most recent tank inspection _____

Tank Contents _____ (Gallons) _____

Tank Contents _____ (Gallons) _____

Tank Contents _____ (Gallons) _____

Section V Automobile

Note: MVR information must be provided for all potential drivers including family members.
If family members of authorized employees are allowed use of company vehicles, add full name and license number to drivers list and note relationship to employee.

When filling out the ACORD application be certain to include the following:

Indicate the % of van line authority usage for each commercial power unit on Auto schedule
Show stated values (not Cost New) for auto physical damage coverages

Does the applicant want Rental Reimbursement coverage? Yes No

Is vehicle storage area fenced, locked and lighted at night? Yes No

Are drivers or helpers union members? Yes No

Vehicle Maintenance and Repair

Does the applicant service their own vehicles? Yes No

If Yes, Describe types and frequency of vehicle maintenance and repair work performed.

How is maintenance and repair documented? _____

Does the applicant provide vehicle maintenance and repair for others? Yes No

If Yes, Describe types and frequency of vehicle maintenance and repair work performed.

For whom? _____

How is maintenance and repair documented? _____

What is the annual revenue derived from work performed for others? \$ _____

Does driver training include?

Review of company rules & policies? Yes No

Equipment familiarization? Yes No

Road Test? Yes No

Ride along with experienced driver? Yes No If Yes, how long? _____

Daily inspection procedures? Yes No

Cargo handling training? Yes No

Accident reporting procedures? Yes No

Is there a requirement for prior experience on the same type of vehicle? Yes No

Other: Yes No If Yes, Describe: _____

Does applicant order MVR's for all potential drivers? Yes No If Yes, How often? _____

Does applicant order MVR's for all NEW HIRES? Yes No If Yes, How often? _____

What are the applicant's standards for an acceptable MVR?

Does the applicant have a policy regarding non-business/personal use of company vehicles? Yes No

If Yes, is the policy written? Yes No

If Yes, How is the policy communicated to employees?

Are employees allowed to take vehicles home in the evening? Yes No

If Yes, indicate employee on drivers list.

Driver Turnover

How many drivers have been with the applicant more that 2 years? _____

How many drivers have been hired in the last 12 months? _____

What is the average length of employment of drivers? _____

Safety

Does the applicant hold regular safety meetings? Yes No How often? _____

Is attendance mandatory? Yes No If No, explain: _____

What is the applicant's policy on the use of cellular phones while driving? _____

Explain the applicant's accident review process:

Are accidents recorded so that repeaters can be easily identified? Yes No

Describe disciplinary policy for drivers involved in accidents or with excessive violation:

Leased or Rented Vehicles

Are any scheduled vehicles owned by others? Yes No If Yes, indicate on the vehicle schedule.

Are any of the vehicles listed leased to a van line? Yes No If Yes, indicate on the vehicle schedule

Are trailers rented? Yes No If Yes, How many times a year? _____

Are power units rented? Yes No If Yes, How many times a year? _____

Does applicant back haul for others? Yes No

If Yes, What does the applicant back haul? _____

What % of trips are back hauls? _____ %

What is the applicant's annual revenue from back hauling? \$ _____

Owner Operators

Does the applicant utilize owner operators? Yes No

If Yes, are the owner operators under long term, exclusive contract to the applicant? Yes No

Are the vehicles listed on the schedule? Yes No

If Yes, indicate on the vehicle schedule

Where is Bobtail coverage placed? _____



Applicant: _____ Report of Period From: _____ To: _____

Breakdown of Annual Revenue Sources:

Table with 4 columns: Revenue Source, Amount of Revenue, % Under Movers Authority or Contract, % Under Van Line or Other Operating Authority. Rows include Local Hauling, Intra-State Hauling, Inter-State Hauling, Military, Office and Industrial, On-Premises or Furniture Installation, Packing, Sub Total, Permanent Storage, Valuation Charges, Packing Materials, Mini-/Self Storage, Other, and Total Revenue.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties.

Florida: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and penalties.

Kentucky Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or another 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

Fraud Statement State of Louisiana: Any person who knowingly presents a false or fraudulent or 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 civil fines and confinement in prison.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent or 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 civil fines and criminal penalties.

Fraud Statement State of New York – Pursuant to New York Department Regulation 95: any person who knowingly and with intent to defraud any insurance company or another 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 be subject to civil penalty not to exceed five thousand dollars a the stated value of the claim for each such violation.

I (We) have read and understand the preceding statement(s) regarding fraud and certify that the information contained in this application is true and complete to be best of my (our) knowledge. The undersigned further certif. That he/she is an representative of the applicant.

Applicant's Signature/Title _____ Date _____

Producer's Signature _____ Date _____