

PORTABLE STORAGE SUPPLEMENTAL QUESTIONNAIRE



Policy Information:

First Named Insured:	
Main Contact Name:	Email:
Mailing Address:	
Physical Location (if different than above):	
Phone:	
Corporate Federal Identification Number(s):	
Total Annual Revenue (Estimated): \$	

General Corporate Information:

1. Ownership: Corporate Owners, Officers, Partners or Managing Directors

Name	Title	Ownership %	Years of Experience	Years with Organization

2. Filings Information: (must be accurate for proper filing)

Year Established:
US DOT Name and DOT #:
MC #
Automobile/Truckers Information:

3. Schedule of Vehicles: (attach a schedule or complete below)

Year	Make	Model	VIN#	Garage Location (City, State, Zip)	Cost New

4. List of Drivers: (attach a schedule if needed)

Name	Birth Date	License #	License Expiration Date

5. Radius of Operation:

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

General Automobile Information:

What Franchise are you associated with, if any?	
Are all vehicles registered to the named insured? (If NO, advise registered owner, relationship and specify unit # on separate attachment.)	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you use contract drivers? If NO, skip to next question.	Y <input type="checkbox"/> N <input type="checkbox"/>
Are the contract driver vehicles scheduled on this policy?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do they haul exclusively for you?	Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>
Regular Preventative maintenance?	Y <input type="checkbox"/> N <input type="checkbox"/>
Safety & Pre-Trip Inspections?	Y <input type="checkbox"/> N <input type="checkbox"/>
Certified Mechanics?	Y <input type="checkbox"/> N <input type="checkbox"/>

Driver Hiring Practices:

Do you receive an application on all new employees?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require a pre-employment physical for all employee drivers?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you perform pre-employment drug testing?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you perform random employee drug testing?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require employee background checks?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you obtain and review Motor Vehicle Reports (MVRs) on new Drivers prior to hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you review MVRs on all drivers annually?	Y <input type="checkbox"/> N <input type="checkbox"/>
What are the company's 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 <input type="checkbox"/> N <input type="checkbox"/>
Are experience and job qualifications verified for each new hire?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you lease employees? If YES, what is the percentage of leased employees? _____%	Y <input type="checkbox"/> N <input type="checkbox"/>
What percentage of your off-premises packing/crating is done by your employees (not independent contractors)?	_____%
What is the estimated annual employee turnover for key positions including managers, supervisors & drivers?	_____%

Operations:

Do you have other business operations? (If YES, please indicate % of total revenue)	
Mini Warehouses?	Y <input type="checkbox"/> N <input type="checkbox"/> _____%
Moving & Storage (Other than Portable Storage)?	Y <input type="checkbox"/> N <input type="checkbox"/> _____%
Other _____	Y <input type="checkbox"/> N <input type="checkbox"/> _____%
Do you require customers to evidence either Homeowners or Renters?	Y <input type="checkbox"/> N <input type="checkbox"/>

Do you offer separate coverage customers can purchase for the contents? Limits available: _____ Load Valuation is ACV or RC: _____ Deductibles offered: _____ What insurance product is used for this coverage? Please include insurance company name and policy number: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
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Warehouse Information (please attach a copy [front & back] of Warehouse Receipt):

	Location #1	Location #2	Location #3
Address (city, state & zip)			
Year Built			
Square Feet			
Inside Height			
How High are Containers Stacked?			
# Containers Released			
# Containers Declared (\$.6-\$1.25/lb.)			
# Containers Declared (more than \$1.25/lb.)			
# Containers Declared/New Military (\$6.00/lb.)			
% of Warehouse Rented to Others			
Warehouse Payroll			
# Warehouse Employees			
Driver Payroll			
# of Drivers			
Warehouse Legal Liability Limit Requested			
Deductible			
Sprinklered	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Property Skidded	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Alarm (central station/local)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Exterior Yard Lighting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Premises Fenced	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Security Camera	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Container Information

	Location #1	Location #2	Location #3
Total # of Containers (Residential & Commercial) in Warehouse			
Total # of Empty Containers Stored on Property			
Average Value per Container	\$	\$	\$
Average Total Value of ALL Containers on Premises			

Average Total Value of ALL Containers on Open Lot			
Average Total Value of Containers OFF Premises			
What Container Sizes are Available?	<input type="checkbox"/> 8 ft. <input type="checkbox"/> 12ft. <input type="checkbox"/> 16 ft. <input type="checkbox"/> Other _____	<input type="checkbox"/> 8 ft. <input type="checkbox"/> 12ft. <input type="checkbox"/> 16 ft. <input type="checkbox"/> Other _____	<input type="checkbox"/> 8 ft. <input type="checkbox"/> 12ft. <input type="checkbox"/> 16 ft. <input type="checkbox"/> Other _____
Are Loaded Containers Stored on the Property?	Y <input type="checkbox"/> N <input type="checkbox"/> Total # _____	Y <input type="checkbox"/> N <input type="checkbox"/> Total # _____	Y <input type="checkbox"/> N <input type="checkbox"/> Total # _____
Do you Have a Disaster (hurricanes, wildfires) Preparedness Plan? (If YES, please provide copy.)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Cargo Information (please attach a copy [front & back] of the Bill of Lading):

Types of Goods Carried	%		%
Used Household Goods	%		%
General Commodities	%		

Describe General Commodities or any other Commodity Not Shown Above: _____

Motor Truck Cargo Limits and Deductible:

1. Limits & Deductibles:

☐ \$25,000 any one unit
 ☐ \$100,000 any one unit
 ☐ \$50,000 any one loss
 ☐ \$200,000 any one loss
☐ OTHER: \$ _____ any one unit
 \$ _____ any one loss
 Deductible ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

2. Valuation:

What Valuation do you offer customers for Motor Truck Cargo?

☐ Released Value at \$.60/lb.
☐ Full Value Protection
☐ OTHER _____

What is the Average Total of Customer Goods in any One Container? \$ _____

Equipment Coverage:

Type	Year	Make	Serial #	Limit
Forklifts				\$
Robo Units				\$

General Operations - Crime (Complete if you want above \$25K for employee dishonesty):

Are all incoming checks stamped "For Deposit Only" as soon as they are received?	Y <input type="checkbox"/> N <input type="checkbox"/>
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Are all company accounts reconciled against a job or customer each month?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are drivers required to present receipts for fuel or others services daily with their bill of lading?	Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>
Are fuel cards limited to a single vendor and provided to drivers with caution?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Do fuel cards require a PIN number for use?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>

Cyber Liability Coverage:

For applicants having less than \$10 million in annual revenue, a \$250,000 limit of cyber liability insurance is automatically included in your quotation packet and no separate cyber liability application is required. For accounts having more than \$10M in annual revenue OR to request a different limit of coverage, a supplemental cyber liability application will be provided to you. (Please allow 30 days for processing the supplemental application.)

Please indicate your desired limit of Cyber Liability:

☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 or above

Coverage limits requested over \$250,000 will require an additional underwriting review and a separate application. Please complete our [High Limit Supplemental Application](#)

of Full-Time Employees: _____

In the past 12 months, has any of the following occurred: Y ☐ N ☐

- The name of the Applicant changed;
- A merger or consolidation of the Applicant with another entity; or
- Acquisition by the Applicant of any subsidiary, affiliated company or entity?

I confirm that we have not had a cyber incident in the past, nor are we aware of any incident or circumstance that could give rise to a cyber claim under the proposed coverage.

☐ Agree ☐ Disagree ☐ Decline Cyber Liability coverage

Additional Information for Cyber Crime Coverage:

Cyber Crime coverage may be provided as part of a broader policy offering (additional premium applies).

Is the applicant requesting Cyber Crime coverage? Y ☐ N ☐

As a part of this application please submit the following documents:

- **ACORD applications for all lines of coverage (auto, general liability, cargo, property, warehouse legal liability, workers' compensation)**
- **Annual Financial Statement (Income & Balance Sheet)**
- **Driver list with Motor Vehicle Reports (MVRs)**
- **Vehicle schedule**
- **5 years of currently valued loss runs**
- **Copy of franchise agreement, if applicable**
- **Copy of rental agreement with customers**

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.

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