

MOVING & STORAGE SUPPLEMENTAL APPLICATION



Policy Information:

Please Complete All Sections Selected Auto/GL ☐ Umbrella ☐ Workers Comp. ☐ Cyber ☐
Property ☐ Cargo/IM ☐ Warehouse Liability ☐ Crime ☐

First Named Insured:

Corporate Federal Identification Number(s):

Number of Years in Business: Email Address:

General Corporate Information:

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

Name	Title	Ownership %	Years of Experience	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. Filings Information: (Must be Accurate for Proper Filing)

USDOT Number: MC Number: Do you require ICC Filings? Y ☐ N ☐

CA Number:

Certificate of Warehouse Legal Liability Name: (MTMC):

Regional Office Location (RSMO):

SCAC Code (Military Filing):

State Filing Form (Form E & H):

State Operating Authority Number (PUC/BHGS/DMV):

Other:

3. General Operations:

Does your Company:		Y <input type="checkbox"/> N <input type="checkbox"/>
Act as a Freight Forwarder under YOUR authority or permit?		Y <input type="checkbox"/> N <input type="checkbox"/>
Arrange for Shipments by air, rail or overseas under YOUR authority or permit?		Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>
Does your Company perform on-site installation/assembly? If YES , provide description & payroll:		Y <input type="checkbox"/> N <input type="checkbox"/>
National Van Line Affiliation(s): Y <input type="checkbox"/> N <input type="checkbox"/> Name of Van Line:		
Are you required to provide primary auto liability insurance while operating under van line authority? If YES , advise to who provides this coverage:		Y <input type="checkbox"/> N <input type="checkbox"/>
Are Special Certificates required?	If YES , please advise:	Y <input type="checkbox"/> N <input type="checkbox"/>
Excluding Van Line, do you have any other trailer interchange agreements with other moving companies?		Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>

General Liability Information:**1. General Information - Operations**

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

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 long-haul 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+ please complete [Long Haul Supplemental Questionnaire](#)**2. General Automobile Information**

Are all vehicles registered to the named insured? If NO , please advise registered owner, relationship and specify unit # on a separate attachment.	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you use contract drivers? If YES , Are the contract driver vehicles scheduled on this policy? Do they haul exclusively for you? Do they carry their own WC or OCAC coverage?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
What is the average annual expense for rented/leased vehicles not scheduled on the auto policy?	\$
Are vehicles leased on a long term bases (more than 30 days)	Y <input type="checkbox"/> N <input type="checkbox"/>
Is there a written vehicle maintenance program? If YES , does it include: Regular Preventative maintenance? Safety & Pre-Trip Inspections? Certified Mechanics?	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

3. 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 (MVR's) on new Drivers prior to hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you review MVR's on all drivers annually?	Y <input type="checkbox"/> N <input type="checkbox"/>
What is 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"/>
Is 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 Subcontractors	%
What is the estimated annual employee turnover for key positions including managers, supervisors & drivers?	%

Workers Compensation Information:

Does applicant participate in a DMV pull program (If available)?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant conduct random drug testing of all drivers, packers and handlers?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant conduct a team safety incentive program?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant have a safety program?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any losses over \$50,000? If YES , provide details and describe corrective action taken on a separate document Remarks:	Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant utilize owner operators?	Y <input type="checkbox"/> N <input type="checkbox"/>
If YES , do contractors procure their own workers compensation coverage and does insured have current COI?	Y <input type="checkbox"/> N <input type="checkbox"/>
If NO , are contractors to be covered under master WC policy of applicant?	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide annual gross 1099 revenue of all contractors to be insured under the master policy	\$
Material/Ownership change in the last 5 years? If YES , date occurred: ____/____/____ Additional remarks:	Y <input type="checkbox"/> N <input type="checkbox"/>
Any potential changes in the upcoming year? Additional remarks:	Y <input type="checkbox"/> N <input type="checkbox"/>
Modified/Light Duty Return to Work Program?	Y <input type="checkbox"/> N <input type="checkbox"/>

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: (Please Describe)			

2. Location Information

GENERAL INFORMATION	LOCATION #1	LOCATION #2	LOCATION #3
Address:			
City, State & Zip:			
Year Built:			
Square Feet:			
Inside Height:			
% of Warehouse Rented to Others:	%	%	%
Automatic Sprinkler System:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
All Storage on Racks or Palletized:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Ground Storage:	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"/>
Fencing Around Premises:	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 Cameras:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

GENERAL INFORMATION CONTINUED:	LOCATION #1	LOCATION #2	LOCATION #3
Warehouse Payroll:	\$	\$	\$
Warehouse Legal Liability Limit Requested:	\$	\$	\$
Deductible Requested:	\$	\$	\$
Total Number of Containers Both Military and Non-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.

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 Summary:

Type of Revenue	Local 0-100 miles	Own		Intermediate 100-300 miles	Own		Long Haul 300+ miles	Own	
		Authority	Van Line		Authority	Van Line		Authority	Van Line
Household Goods	\$	%	%	\$	%	%	\$	%	%
Military Household Goods	\$	%	%	\$	%	%	\$	%	%
Office Furn. -Supplies -Equip	\$	%	%	\$	%	%	\$	%	%
Other	\$	%	%	\$	%	%	\$	%	%

3. What Percentage 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 <input type="checkbox"/> N <input type="checkbox"/>

4. Limits & Deductibles: (Minimum Cargo Limit for military mover should be \$75,000/\$150,000)

<input type="checkbox"/> \$25,000 any one unit	<input type="checkbox"/> \$50,000 any one unit	<input type="checkbox"/> \$75,000 any one unit	<input type="checkbox"/> \$100,000 any one unit
<input type="checkbox"/> \$50,000 any one loss	<input type="checkbox"/> \$100,000 any one loss	<input type="checkbox"/> \$150,000 any one loss	<input type="checkbox"/> \$200,000 any one loss
<input type="checkbox"/> OTHER: \$ any one unit		\$ any one loss	
Non-Military Deductible <input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> OTHER \$
Military Deductible: <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,500	<input type="checkbox"/> OTHER \$

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 & 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. Types of Goods Stored:**

For limits being requested over \$150,000, please complete our [Crime Supplemental Questionnaire](#)

Are all incoming checks stamped "For Deposit Only" as soon as they are received?	Y <input type="checkbox"/> N <input type="checkbox"/>
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"/>
Do you verify transfer instructions purportedly issued by you, an employee, or other management and staff, to your vendors and your customers? Please mark one box below: All Instructions are verified <input type="checkbox"/> Instructions are verified for all transfer instructions in excess of: \$ No requirement of transfer instructions is required <input type="checkbox"/>	

Cyber Liability Information:

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).

☐ \$250,000 (automatically included in quote packet) ☐ \$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.

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 ☐

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 _____