

MOVING & STORAGE PACKAGE SUPPLEMENTAL QUESTIONNAIRE



*Division of Specialty
Program Group, LLC*

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 FILLING FORM (FORM E&H): _____
 STATE OPERATING AUTHORITY NUMBER (PUC/DMV): _____
 OTHER: _____

3. General Operations:

Does your Company: 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): 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 <input type="checkbox"/> N <input type="checkbox"/>
Are Special Certificates required? If YES, 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?		Y <input type="checkbox"/> N <input type="checkbox"/>
If so, please provide estimated annual sales.	\$ _____	
Are you utilizing any sub-contractors for the outlined in questions 1, 2 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 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 <input type="checkbox"/> N <input type="checkbox"/>
Do you use contract drivers? If YES,	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"/>

3. Driver Hiring Practices:

Do you obtain/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 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):	_____
Is there a formal applicant screening process:	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there written job descriptions with minimum qualifications?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are experience/job qualifications verified for each new hire?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you lease 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?	_____ %

WAREHOUSE INFORMATION

1. Types of Goods Stored:

USED HOUSEHOLD GOODS:	%	NEW HOUSEHOLD GOODS:	%
MILITARY HOUSEHOLD GOODS:	%	OFFICE FURISHINGS:	%
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:	_____	_____	_____
% OF WAREHOUSE RENTED TO OTHERS:	_____ %	_____ %	_____ %
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)	_____	_____	_____
EXTERIOR YARD LIGHTED:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PREMISE 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"/>
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 DELIVERY PRIOR TO 3/1/08:	_____ lbs.	_____ lbs.	_____ lbs.
NUMBER OF LBS. OF NON-TEMP STORAGE DELIVERY AFTER 3/1/08:	_____ lbs.	_____ lbs.	_____ lbs.
MISCELLANOUS 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 <input type="checkbox"/> N <input type="checkbox"/>

4. Limits & Deductible:

<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
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 <small>Min-\$1,000</small>
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 <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, your vendors and your customers?	Y <input type="checkbox"/> N <input type="checkbox"/>
All Instructions are verified; or	<input type="checkbox"/>
Instructions are verified for all transfer instructions in excess of: \$ _____; or	<input type="checkbox"/>
No requirement of transfer instructions is required.	<input type="checkbox"/>

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

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 Paul Hanson Partners, a division of Specialty Program Group, LLC

Address PO Box 5990, Napa, CA 94581

License Number 0L09546

ALL STATE LICENSE NUMBERS AVAILABLE AND ON FILE WITH COMPANY.