

Supplemental Application PODS & MI-BOX



1. Business Name: _____
2. Owner(s) Name & Title(s): _____
3. Owner's Years of Experience: _____
4. DOT/MC Numbers: _____
5. FEIN: _____
6. Years in Business: _____
7. Radius of Operations: 0-51 mi: _____ 51-100 mi: _____ 101-200 mi: _____ 201-300 mi: _____ 300 mi+: _____
8. Number of PODS owned by the Insured: _____
9. Total Sales collected from the rental of PODS: _____
10. Value of each individual POD: _____
11. Location of PODS when not in use: _____

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. 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"/>

3. 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 \$ _____

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

4. 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:	\$ _____	\$ _____

Signature: _____

Date: _____