



## PREMIER PROGRAM APPLICATION INSTRUCTIONS AND NOTES

TRANSGUARD can provide specific coverage for the following relocation industry operations conducted on a local, intermediate or long-haul basis:

Household Goods Moving & Storage; Office & Industrial Moving & Storage; Special Products/Logistics Moving & Storage; Information Management/Records Storage; Self Storage or Mobile Self Storage; Freight Forwarding

The following lines of coverage can be written:

Property and Business Income; Inland Marine including Cargo, Warehouse, Equipment & EDP; General Liability; Commercial Automobile Liability & Physical Damage; Crime and Fidelity; Umbrella; First-party Transit Insurance. *(Other coverage types are written in our Independent Contract programs – contact our Kansas City Office.)*

In addition to the Basic Policy Application, please include the ACORD 137 for Commercial Auto Coverage. There are also Supplemental Applications for Long-Haul exposures, the Transit Insurance Program, and one summarizing the specific kinds of operations conducted by the applicant. Please use ACORD 131 for Umbrella coverage.

Once completed, the information should be e-mailed to [Premier@TransGuard.com](mailto:Premier@TransGuard.com).

Please also include the following additional information for new accounts:

- MVRs for all drivers indicated on the driver's list
- Most current Financial Statement
- Four years of currently-valued company loss runs for all lines of business being quoted, along with premiums charged
- Samples of Bills of Lading, Warehouse Receipts, Storage Contracts, and other major contracts used in the insured's operation

Additional information required for renewal accounts:

- MVRs for any new drivers or those with a "borderline" or "poor" rating last year
- Most current Financial Statement; current Revenue Breakdown
- Updated loss runs from any prior carrier (other than TRANSGUARD) in the four year experience period

### SPECIAL NOTE:

Fully-completed ACORD Application Forms may be substituted for many of the pages in the Basic Policy Application. The acceptable ACORD form is noted on each page where a substitution is allowed. There may be questions or specific coverage options on the TRANSGUARD page that are not on the ACORD page, so please review the Basic Policy Application pages carefully. The TRANSGUARD Inland Marine Section, Revenue Breakdown, and Operations Supplement are always required.

Your underwriter may, of course, ask for additional information once the submission has been received and reviewed.



# PACKAGE POLICY APPLICATION

**PRODUCER:**

**INSTRUCTIONS:**

Complete all pages for coverage requested. Submit completed application to the TRANSGUARD Premier Programs Office together with prior carrier loss runs, financial statement, MVR's and other pertinent information.

301 N. Lake Avenue, Suite 400, Pasadena, CA 91101  
800-252-6725 [Premier@TransGuard.com](mailto:Premier@TransGuard.com)

**POLICY INFORMATION**

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> RE-WRITE	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE			

**APPLICANT INFORMATION**

**NAME:**

*(Please provide a complete list of Named Insureds on additional sheet if necessary.)*

**MAILING ADDRESS:**

PHONE NUMBER:	FAX NO:	E-MAIL ADDRESS:	TAX ID NUMBER:
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INSPECTION CONTACT PERSON & PHONE NO.	CLAIMS HANDLING CONTACT PERSON & PHONE NO.
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**DESCRIPTION OF OPERATIONS**

**Form of Company:**

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST

**Relocation & Storage Industry Operation:** *(Please show the approximate percentage of each type of operation)*

_____% HOUSEHOLD GOODS	_____% SPECIAL PRODUCTS	_____% FREIGHT FORWARDER
_____% OFFICE & INDUSTRIAL	_____% INFORMATION or RECORDS STORAGE	_____% SELF-STORAGE or MOBILE SELF-STORAGE
_____% OTHER		

**PREMISES INFORMATION** *(Attach additional schedule of locations if necessary)*

LOC. #	STREET, CITY, COUNTY, STATE, ZIP CODE	INTEREST	YEAR BUILT	PART OCCUPIED
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%
		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		_____%

<b>GENERAL INFORMATION SECTION</b>			
<b>APPLICANT NAME:</b>		<b>REQUESTED EFFECTIVE DATE:</b>	
<b>GENERAL INFORMATION</b>			<i>(Explain all "Yes" responses in remarks.)</i>
1.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? DOES THE APPLICANT HAVE ANY SUBSIDIARIES? (List all Subsidiary names)	<input type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> YES
2.	HOW LONG HAS THE APPLICANT BEEN IN BUSINESS?	YEARS	
3.	WHAT ARE THE NORMAL HOURS OF OPERATION?	TO	
4.	WAS THERE ANY MAJOR CHANGE IN OWNERSHIP OR ANY BANKRUPTCIES IN THE PAST FIVE YEARS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5.	WERE THERE ANY PAST LOSSES OR CLAIMS RELATING TO DISCRIMINATION OF ANY KIND OR FOR NEGLIGENT HIRING?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
6.	IS THE APPLICANT A VAN LINE AGENT?      Name of Van Line:	<input type="checkbox"/> No Affiliation	
7.	WERE ANY POLICIES DECLINED, CANCELED OR NON-RENEWED WITHIN THE PAST 3 YEARS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
8.	IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
9.	DOES APPLICANT DO ANY MOVING AND/OR STORAGE OF HIGH-VALUED OR "TARGET" ITEMS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
10.	DOES APPLICANT EVER ISSUE "FIRST PARTY" CERTIFICATES FOR TRANSIT OR STORAGE? IF YES, IS THERE A SEPARATE POLICY FOR THIS?	<input type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> YES
11.	PLEASE DESCRIBE PRE-EMPLOYMENT SCREENING PROCESS	<input type="checkbox"/> CRIMINAL BACKGROUND CHECK <input type="checkbox"/> EMPLOYMENT HISTORY	<input type="checkbox"/> FINANCIAL BACKGROUND CHECK <input type="checkbox"/> MVRs
12.	ATTACH COPIES OF ANY BILLS OF LADING, MOVING CONTRACTS, MASTER MOVING AGREEMENTS, WAREHOUSE RECEIPTS, & STORAGE CONTRACTS ISSUED IN THE NAME OF THE APPLICANT.		
<b>AUTOMOBILE/TRUCKERS INFORMATION</b>			<i>Explain any (*) answers in separate remarks.</i>
1.	ARE ANY VEHICLES TO BE COVERED OWNED BY OTHERS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
2.	ARE ANY OWNED VEHICLES NOT LISTED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
3.	ARE ANY VEHICLES LOANED OR RENTED TO OTHERS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
4.	ARE THERE ANY OWNER OPERATORS, CONTRACTORS, OR SUBHAULERS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
5.	IS THERE A FORMAL, DOCUMENTED VEHICLE MAINTENANCE PROGRAM?	<input type="checkbox"/> NO(*)	<input type="checkbox"/> YES
6.	IS THERE A PRE-EMPLOYMENT SCREENING PROGRAM? DOES A SCREENING PROCESS INCLUDE ANY OF THE FOLLOWING? <input type="checkbox"/> Written Test <input type="checkbox"/> Road Test <input type="checkbox"/> Drug Testing <input type="checkbox"/> MVR Screening <input type="checkbox"/> Verification of Prior Employment History <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Other	<input type="checkbox"/> NO(*)	<input type="checkbox"/> YES
7.	ARE ALL EMPLOYEES COVERED FOR WORKERS COMPENSATION?	<input type="checkbox"/> NO(*)	<input type="checkbox"/> YES
8.	ARE TRAILERS REGULARLY RENTED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
9.	ARE POWER UNITS REGULARLY RENTED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
10.	DOES APPLICANT PARTICIPATE IN U.I.I.A.?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
11.	ARE PRIVATE PASSENGER VEHICLES DRIVEN BY NON-EMPLOYEES OR FAMILY MEMBERS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
12.	IS THERE A FORMAL PRE-TRIP VEHICLE INSPECTION ROUTINE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES(*)
13.	IF THE APPLICANT IS A VAN LINE AGENT, DOES THE VAN LINE PROVIDE AUTO LIABILITY COVERAGE TO THE APPLICANT WHEN OPERATING UNDER VAN LINE AUTHORITY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
14.	DO THE APPLICANT'S VEHICLES OPERATE ACROSS STATE LINES?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
15.	DO THE APPLICANT'S VEHICLES EVER OPERATE OUTSIDE OF THE UNITED STATES?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<b>PLEASE ATTACH AN EXTRA PAGE FOR ANY QUESTIONS REQUIRING ADDITIONAL "REMARKS".</b>			
<i>Please use ACORD 45 to show all Additional Interests on the policy.</i>			

**PROPERTY SECTION**

Please complete one page for each building - Blanket Coverage is not available.  
If there are multiple buildings at one location, attach a diagram.

APPLICANT NAME:

REQUESTED EFFECTIVE DATE:

COMPLETE ADDRESS OF LOCATION NO. \_\_\_\_\_, BUILDING NO. \_\_\_\_\_:

**ACORD 140 may be substituted for the basic property information. Please also complete ACORD 62 OK for any Oklahoma locations.**

**PHYSICAL DESCRIPTION OF LOCATION:**

CONSTRUCTION TYPE:	<input type="checkbox"/> Concrete Tilt-Up	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> All Metal	<input type="checkbox"/> Frame & Metal			
	<input type="checkbox"/> Brick	<input type="checkbox"/> Frame or Stucco	<input type="checkbox"/> Other				
ROOF TYPE & SHAPE:	<input type="checkbox"/> Wood	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Metal	<input type="checkbox"/> Concrete	<input type="checkbox"/> Flat	<input type="checkbox"/> Dome/Peak	<input type="checkbox"/> Other
PHYSICAL PROTECTION: <i>(Check all that apply)</i>	<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Smoke or Fire Alarms	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Motion Detectors			
	<input type="checkbox"/> Central Alarm	<input type="checkbox"/> Local Alarm	<input type="checkbox"/> Guard Service	<input type="checkbox"/> Bars or Dead Bolts			
	<input type="checkbox"/> Fire Walls/Parapets	<input type="checkbox"/> Other					
OCCUPANCY & SIZE:	<input type="checkbox"/> Office Only	<input type="checkbox"/> Warehouse Only	<input type="checkbox"/> Basement	Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1+ <input type="checkbox"/> 2 <input type="checkbox"/> Other			
	<input type="checkbox"/> Office & Warehouse	<input type="checkbox"/> Utility or Storage	<input type="checkbox"/> Elevator(s)				
	<input type="checkbox"/> Other (Describe)						

Year Built: _____ (*)	(*) If built before 1990 – show year of updates to:	Total Area of Building: _____	SQ.FT.
	_____ Wiring _____ Roofing	Total Occupied by Insured: _____	SQ.FT.
	_____ Plumbing _____ Heating	Insured's Office Size: _____	SQ.FT.
	_____ Other: _____	Insured's Warehouse Size: _____	SQ.FT.
		Occupied by Others (**): _____	SQ.FT.
		<i>(**) List other occupants in remarks</i>	

Is there physical separation between Applicant and other occupants of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant lease any space to unrelated businesses? If "yes" please describe in remarks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you required to provide building coverage for leased locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" who provides building maintenance?	<input type="checkbox"/> You <input type="checkbox"/> Landlord
If "Yes" does the lease waive right of recovery against landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COVERAGE LIMITS REQUESTED**

PROPERTY SECTION DEDUCTIBLE: \$ \_\_\_\_\_ (*\$500. Minimum Deductible*)

TYPE OF COVERAGE	LIMIT OF LIABILITY	FORMS CONDITIONS VALUATION (*)	CO-INSURANCE	OPTIONS
BUILDING	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RCV <input type="checkbox"/> AV <input type="checkbox"/> FV	%	
BUSINESS PERSONAL PROPERTY – Office	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RCV <input type="checkbox"/> AV <input type="checkbox"/> FV	%	
BUSINESS PERSONAL PROPERTY – Other than Office Property	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RCV <input type="checkbox"/> AV <input type="checkbox"/> FV	%	
TENANTS IMPROVEMENTS & BETTERMENTS	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RCV <input type="checkbox"/> AV <input type="checkbox"/> FV	%	
OTHER:	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RCV <input type="checkbox"/> AV <input type="checkbox"/> FV	%	
BUSINESS INCOME & EXTRA EXPENSE – Storage Revenue Only	\$	<input type="checkbox"/> Including <input type="checkbox"/> Excluding Payroll	%	
BUSINESS INCOME & EXTRA EXPENSE – Other than Storage Revenue	\$	<input type="checkbox"/> Including <input type="checkbox"/> Excluding Payroll	%	

(\*) ACV = Actual Cash Value; RCV = Replacement Cost Value; AV = Agreed Value; FV = Functional Valuation

**INLAND MARINE SECTION**

*(Use ACORD 145 for Valuable Papers or Accounts Receivable "stand alone" coverages.)*

APPLICANT NAME:

REQUESTED EFFECTIVE DATE:

INLAND MARINE SECTION DEDUCTIBLE: \$ \_\_\_\_\_ (\$500. Minimum Deductible)

**WAREHOUSE LIABILITY COVERAGE** *(If more than 5 warehouses, attach schedule for additional locations)*

LOC. NO.	LIMIT REQUESTED (Minimum Limit may be required)	AREA OF WAREHOUSE (Square Feet)	USE OF WAREHOUSE SPACE (Show % of each usage and vault stacking arrangement – 1 high, 2 high, etc.)				
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose
	\$ _____		____ % Unused	____ % Vaults	____ High	____ % Racks	____ % Loose

Check Types of Property Warehoused:  Household Goods  New Furniture  Office Property  Electronics  High-Value Property  
*Check all that apply*  Business Records  Military Property  Store Furnishings or Equipment  Freight of All Kinds

Average Value of Property Warehoused: <i>(See specific questions on Operation Supplement)</i>	____ % At a per box, package or file limited liability	____ % On an Actual Cash Value Basis
	____ % At \$3.00 per pound valuation or lower	____ % On a Replacement Cost Basis
	____ % More than \$3.00 per pound or Declared valuation	____ % Other (describe)
	<i>Entries above should total 100%</i>	<i>Entries above should total 100%</i>

**CARGO LIABILITY COVERAGE**

**Any One Loss Limit:**  \$50,000.  \$100,000.  \$150,000.  \$200,000.  \$250,000.  \$300,000.  
 \$400,000.  \$500,000.  \$1,000,000.

**Aggregate In Transit Limit:**  \$100,000.  \$150,000.  \$200,000.  \$250,000.  \$300,000.  \$400,000.  
 \$500,000.  \$600,000.  \$1,000,000.

Check Types of Property Transported:  Household Goods  New Furniture  Office Property  Electronics  High-Value Property  
*Check all that apply*  Business Records  Military Property  Store Furnishings or Equipment  Freight of All Kinds

Valuation of Property Transported:	____ % At a per box, package or limited liability	____ % On an Actual Cash Value Basis
	____ % At \$3.00 per pound valuation or lower	____ % On a Replacement Cost Basis
	____ % More than \$3.00 per lb or Declared valuation	____ % Other (describe)
	<i>Entries above should total 100%</i>	<i>Entries above should total 100%</i>

Breakdown of Method of Transport: \_\_\_\_\_ % Owned Vehicles \_\_\_\_\_ % By Rail \_\_\_\_\_ % By Air  
 \_\_\_\_\_ % Contractor Vehicles \_\_\_\_\_ % By Water \_\_\_\_\_ % Non-Truck or On-Premises Moves  
*Entries above should total 100%*

Total Transportation Revenues: \$ \_\_\_\_\_ % Applicant's Authority or Direct Contracts  
*(Revenue Breakdown must also be completed)*

**MOBILE EQUIPMENT & COMPUTER COVERAGE**

**COVERAGE LIMITS:** EQUIPMENT & TOOLS: \$ \_\_\_\_\_  Actual Cash Value Basis or  
 COMPUTERS & ELECTRONIC EQUIPMENT: \$ \_\_\_\_\_  Replacement Cost Basis

Is there any mobile equipment with values greater than \$25,000?  Yes  No

Is any of the mobile equipment licensed for road use?  Yes  No

Are there any vehicles that are used only within the policyholder's premises? (Yard Dogs, etc.)  Yes  No

*Explain any "Yes" answers in remarks.*

# GENERAL LIABILITY SECTION

APPLICANT NAME: \_\_\_\_\_ REQUESTED EFFECTIVE DATE: \_\_\_\_\_

<b>COVERAGES</b>	<b>LIMITS</b>
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**COMMERCIAL GENERAL LIABILITY** *ACORD 126 may be substituted for the following information:*

<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	GENERAL AGGREGATE	\$
<b>DEDUCTIBLE OPTIONS (\$500 Minimum)</b>		PRODUCTS & COMPLETED OPS. AGGREGATE	\$
<input type="checkbox"/> PROPERTY DAMAGE	\$	<input type="checkbox"/> Per Claim	PERSON & ADVERTISING INJURY
<input type="checkbox"/> BODILY INJURY	\$	<input type="checkbox"/> Per Occurrence	EACH OCCURRENCE
<input type="checkbox"/> BI PD COMBINED	\$		DAMAGE TO RENTED PREMISES
			MEDICAL PAYMENTS (Any One Person)

<b>EMPLOYEE BENEFITS LIABILITY</b>		EACH EMPLOYEE LIMIT	\$
DEDUCTIBLE – EACH EMPLOYEE	\$	AGGREGATE LIMIT	\$
Number of Employees:		Number of Employees Covered by Benefit Plans:	
		Retroactive Date:	

<b>STOP GAP EMPLOYERS LIABILITY</b>	BODILY INJURY BY ACCIDENT:	\$	EACH ACCIDENT
	BODILY INJURY BY DISEASE:	\$	EACH EMPLOYEE
	BODILY INJURY BY DISEASE:	\$	POLICY LIMIT
	TOTAL PAYROLL IN MONOPOLISTIC STATES:	\$	

**SCHEDULE OF HAZARDS** *(Attach additional schedule if required)*

LOCATION NO	CLASSIFICATION	CLASS CODE	BASIS (*)	EXPOSURE	TERRITORY

(\*) S = GROSS SALES – PER \$1,000 SALES    A = AREA – PER 1,000 SQ FT    M = ADMISSIONS – PER \$1,000 ADMISSIONS    U = UNIT – PER UNIT  
 P = PAYROLL – PER \$1,000 PAYROLL    C = TOTAL COST – PER \$1,000 COST    T = OTHER

**GENERAL INFORMATION** *(Explain any "Yes" responses in attached remarks for current or past operation.)*

	YES	NO
1. Does the Applicant have any operations that are not included for coverage?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Applicant maintain any parking facilities that are NOT adjacent to specified locations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant provide any medical facilities or have any medical employees?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Applicant operating as a vehicle rental agent? (Ryder, U-Haul, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Are forklifts or other lifts transported to jobsites?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Applicant have more than an incidental rigging or crane liability exposure?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Applicant have any vehicle repair operations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is any of the Applicant's machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Applicant have any owned or leased aircraft or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the Applicant sponsor any teams or sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the Applicant lease employees to other companies? Or lease employees from an employee leasing company?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a formal and written safety and security policy in place?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does any advertising make representations about the safety or security of the Applicant's premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do any of the Applicant's premises have on-site residents? Or any residential units?	<input type="checkbox"/>	<input type="checkbox"/>

# AUTO LIABILITY & PHYSICAL DAMAGE SECTION

*A State-Specific ACORD 137 must also be supplied for the auto exposures*

APPLICANT NAME:

REQUESTED EFFECTIVE DATE:

## DEDUCTIBLE OPTIONS

<input type="checkbox"/> LIABILITY DEDUCTIBLE	\$	Per Accident	<input type="checkbox"/> PHYSICAL DAMAGE – Service Use or Private Passenger Type Vehicles	\$	Comprehensive	\$	Collision
<input type="checkbox"/> BODILY INJURY	\$	Per Person	<input type="checkbox"/> PHYSICAL DAMAGE – Commercial Vehicles	\$	Comprehensive		
	\$	Per Accident		\$	Specified Causes of Loss		
<input type="checkbox"/> PROPERTY DAMAGE	\$	Per Accident		\$	Collision		

## COVERAGES AND LIMITS

COMBINED SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE	\$	<input type="checkbox"/> Any Auto <input type="checkbox"/> Specifically Described Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Hired Autos
PERSONAL INJURY PROTECTION ADDED PERSONAL INJURY PROTECTION or BASIC FIRST PARTY BENEFIT	<i>Please describe coverage requirements on attached ACORD 137</i>	
MEDICAL PAYMENTS	\$	<input type="checkbox"/> All Power Units <input type="checkbox"/> Eligible Private Passenger Vehicles (*) <input type="checkbox"/> Specifically Described Vehicles
UNINSURED MOTORIST <i>Please describe any state-specific coverage requirements on attached ACORD 137</i>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> STATUTORY LIMIT	<input type="checkbox"/> All Power Units <input type="checkbox"/> Eligible Private Passenger Vehicles (*) <input type="checkbox"/> Specifically Described Vehicles
UNINSURED MOTORIST PROPERTY DAMAGE	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do not include
UNDERINSURED MOTORIST <i>Please describe any state-specific coverage requirements on attached ACORD 137</i>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> STATUTORY LIMIT	<input type="checkbox"/> All Power Units <input type="checkbox"/> Eligible Private Passenger Vehicles (*) <input type="checkbox"/> Specifically Described Vehicles

## PHYSICAL DAMAGE

OWNED COMMERCIAL VEHICLES	<input type="checkbox"/> Actual Cash Value Basis <input type="checkbox"/> Stated Value Basis	<input type="checkbox"/> PHYSICAL DAMAGE DEDUCTIBLES SHOWN ABOVE or <input type="checkbox"/> SPECIFY DIFFERENT DEDUCTIBLES
OWNED PRIVATE PASSENGER VEHICLES(*)	<input type="checkbox"/> Actual Cash Value Basis	<input type="checkbox"/> PHYSICAL DAMAGE DEDUCTIBLES SHOWN ABOVE or <input type="checkbox"/> SPECIFY DIFFERENT DEDUCTIBLES
TRAILER INTERCHANGE	<input type="checkbox"/> Limit in Enhancements <input type="checkbox"/> \$	<input type="checkbox"/> PHYSICAL DAMAGE DEDUCTIBLES SHOWN ABOVE or <input type="checkbox"/> SPECIFY DIFFERENT DEDUCTIBLES
HIRED COMMERCIAL VEHICLES	<input type="checkbox"/> Limit in Enhancements <input type="checkbox"/> \$	<input type="checkbox"/> PHYSICAL DAMAGE DEDUCTIBLES SHOWN ABOVE or <input type="checkbox"/> SPECIFY DIFFERENT DEDUCTIBLES

## OTHER COVERAGE

Drive Other Car (specify names and relationships)  
 Garagekeepers

(\*) Eligible Private Passenger Vehicles are those Owned by the Named Insured and used principally in the applicant's business. Private Passenger vehicles with personal use are not generally eligible.

***PLEASE ATTACH AN EXCEL SPREADSHEET OF VEHICLES TO BE INSURED – This should include year, description, VIN, radius of operation, and coverage required. Please also indicate any vehicle that is covered for auto liability by the van line while operating under van line dispatch.***

# CRIME SECTION

ACORD 141C may be substituted for this page.

APPLICANT NAME:	REQUESTED EFFECTIVE DATE:
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COVERAGE FORM AND TITLE	LIMIT	DEDUCTIBLE			
EMPLOYEE THEFT	\$	\$	<input type="checkbox"/> Blanket	<input type="checkbox"/> Schedule	<input type="checkbox"/> ERISA
FORGERY OR ALTERATION	\$	\$			
INSIDE THE PREMISES-THEFT OF MONEY & SECURITIES	\$	\$	<input type="checkbox"/> All Locations	<input type="checkbox"/> Designated Locations	
INSIDE THE PREMISES – ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY	\$	\$	<input type="checkbox"/> All Locations	<input type="checkbox"/> Designated Locations	
OUTSIDE THE PREMISES	Money & Securities	\$	<input type="checkbox"/> All Locations	<input type="checkbox"/> Designated Locations	
	Other Property	\$			
COMPUTER FRAUD	\$	\$			
FUNDS TRANSFER FRAUD	\$	\$			
MONEY ORDERS & COUNTERFEIT PAPER MONEY	\$	\$			

OTHER COVERAGE FORMS OR ENDORSEMENTS:

ERISA EMPLOYEE THEFT PLAN VALUE: \$ _____	Name of Plan:			
	Number of Plan Participants:	Number of Trustees of Employees handling Plan Assets:		
	Is there a Licensed Securities Firm responsible for investing plan funds?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**NUMBER OF EMPLOYEES**

INDICATE THE NUMBER OF ALL EMPLOYEES AND COVERED CONTRACT DRIVERS AT ALL LOCATIONS WHO HANDLE OR HAVE CUSTODY OF MONEY, CREDIT CARDS, CHECKS OR SECURITIES, OR OTHER PROPERTY TO BE COVERED UNDER THIS SECTION.

INDICATE THE NUMBER OF OWNERS OR OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	
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**CONTROLS AND PROCEDURES**

Audits conducted by <input type="checkbox"/> Staff <input type="checkbox"/> CPA <input type="checkbox"/> Public Accountant <input type="checkbox"/> Other	Audits Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Are all locations audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit Conducted within G.A.A.P.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bank accounts are reconciled by a person not authorized to deposit or withdraw funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is countersignature of checks required? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who signs controls?
Bank deposits made <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Weekly	Bank deposits made by <input type="checkbox"/> Employees <input type="checkbox"/> Owners <input type="checkbox"/> Bank Courier
New employees who will have access to cash or checks are screened for: <input type="checkbox"/> Credit <input type="checkbox"/> Employment <input type="checkbox"/> Criminal <input type="checkbox"/> Other	Are securities subject to joint control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MONEY & SECURITIES**—Enter the exposure for each category. Amounts shown should be maximum exposure

TYPE	MONEY	CHECKS FOR DEPOSIT	ACCOUNTS PAYABLE CHECKS	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER	\$	\$	\$	\$	\$	

**MISCELLANEOUS AND SECURITY INFORMATION**

HOURS OF OPERATION	CHECKS STAMPED FOR DEPOSIT ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	NIGHT DEPOSITORY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL PREMISES HAVE DEAD BOLT LOCKS? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE & DESCRIPTION OF SAFES OR VAULTS <input type="checkbox"/> UL <input type="checkbox"/> SMNA <input type="checkbox"/> Round Door <input type="checkbox"/> Square Door Class:	TYPE & DESCRIPTION—PREMISES ALARM <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Police Connect Grade & Certificate No.: _____ (Attach Copy)		MESSENGER PROTECTION Number of Messengers: _____ Guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No



# REVENUE SUMMARY BREAKDOWN

These figures are  ACTUAL or  ESTIMATED for the period: \_\_\_\_\_ to \_\_\_\_\_

TYPE OF REVENUE	AMOUNT OF REVENUE	% of Revenue from Direct Contract or Authority	% of Revenue under Van Line or Other Authority
<b>LOCAL MOVING OR HAULING (Within 100 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>REGIONAL MOVING (Within 101 - 300 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>LONG-HAUL MOVING (More than 300 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>ON-PREMISES MOVING OR INSTALLATION</b>	\$		
<b>AIR FREIGHT</b>	\$		
<b>INTERNATIONAL MOVING</b>	\$		
<b>PACKING AND/OR CRATING</b>	\$		
<b>STORAGE OR WAREHOUSING</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS	\$		
SELF STORAGE OR CONTAINERIZED SELF STORAGE	\$		
WAREHOUSE HANDLING OR S.I.T. CHARGES	\$		
<b>OTHER SALES OPERATIONS</b>	\$		
<b>BOOKING COMMISSIONS OR FEES</b>	\$		
<b>VALUATION OR INSURANCE CHARGES</b>	\$		
<b>CONSULTING SERVICES</b>	\$		
<b>OTHER INCOME (Describe)</b>	\$		
	\$		
<b>TOTAL REVENUE FROM ALL SOURCES:</b>	\$		

**PRIOR CARRIER PREMIUM & LOSS INFORMATION**

*Page 2 of ACORD 125 may be substituted for this information*

<b>APPLICANT NAME:</b>	<b>REQUESTED EFFECTIVE DATE:</b>
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		1 <sup>ST</sup> PRIOR	2 <sup>ND</sup> PRIOR	3 <sup>RD</sup> PRIOR	4 <sup>TH</sup> PRIOR
	<b>POLICY PERIOD</b>				
	<b>INSURANCE CO.</b>				
<b>TYPE OF COVERAGE</b>					
<b>PROPERTY</b>	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				
<b>INLAND MARINE</b>	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				
<b>GENERAL LIABILITY</b>	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				
<b>AUTO LIABILITY, UM/UIM, MEDICAL PAYMENTS, PIP</b>	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				
<b>PHYSICAL DAMAGE</b>	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				
<b>OTHER:</b> <input type="checkbox"/> UMBRELLA <input type="checkbox"/> CRIME <input type="checkbox"/> _____	<b>PREMIUMS:</b>				
	<b>LOSSES:</b>				
	<b>EXPENSES:</b>				
	<b># OF CLAIMS:</b>				

**SPECIFIC LOSS INFORMATION** *(Legible loss runs MUST be attached)*

ENTER ALL CLAIMS OR OCCURRENCES THAT ARE PAID OR RESERVED AT GREATER THAN \$7,500. (ATTACHED LOSS RUNS ARE ACCEPTABLE)

DATE OF LOSS	COVERAGE TYPE	DESCRIPTION OF INCIDENT	AMOUNT PAID	AMOUNT RESERVED



## ADDITIONAL FRAUD STATEMENTS

**IN CALIFORNIA** – FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**IN COLORADO**—IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**IN DISTRICT OF COLUMBIA— WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**IN HAWAII**—FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**IN KENTUCKY**— ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**IN LOUISIANA** – ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR 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 FINES AND CONFINEMENT IN PRISON.

**IN NEW JERSEY** – ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**IN OHIO**—ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**IN OKLAHOMA—WARNING** – ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**IN PENNSYLVANIA FOR COMMERCIAL AUTOMOBILE APPLICANTS** – ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

**IN PENNSYLVANIA FOR COMMERCIAL INSURANCE 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**IN VIRGINIA AND WASHINGTON** – IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.