



Mover's Choice Program
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**DAY MOVING OPERATIONS W/O
 WAREHOUSE SUPPLEMENTAL
 QUESTIONNAIRE**

POLICY INFORMATION

Name Effective Date: _____		
Address _____		
Web Address: _____	Email Address: _____	Fed ID: _____

The following items should accompany this supplemental questionnaire:

- ACORD Applications {Commercial Acord, Property, General Liability, Truckers, Umbrella Application}
- Sample Bill of Lading 4 years loss history
- Drivers List with **MVRS** Current Credit Score, Financial Statement, or Year Tax Return

1. Ownership

Date company or predecessor was established: _____ (Must have 5 years in business to qualify)				
Please provide the following information for company owners, officers, partners, or managing directors:				
Name	Title	Ownership	Yrs. of Experience	Yrs. with Organization

2. Filings: (Please provide accurate information for proper filing)

USDOT Name:		USDOT#:	
MTMC:		MC/MX #:	
Other filing requirements:			

3. General Operations

Area of Operation: <i>While operating under your own primary automobile insurance:</i>		
What cities (metropolitan areas) do you service?		
Normal radius of operation:	0 – 50 miles	%
	51 – 100 miles	%
	100 – 250 miles	%
	Over 250 miles	% (If operation goes over 250 miles – Attach last four quarterly fuel tax schedule reports)

Are you a subsidiary of another entity or do you have any subsidiaries? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct any other business other than moving and storage (i.e., sale or manufacture of boxes, self- storage, furniture or fixture installation, rigging, equipment rental, and auto repair)? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use contract drivers or owner/operators? If yes, are contract drivers or owner/operator vehicles scheduled on this policy? Do they haul exclusively for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do others own any scheduled vehicles? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the average annual cost of renting or leasing vehicles not shown on the auto policy?	\$
What percentage of your off-premises packing and crating is done by your employees (not independent or sub-contractors)?	%
Do you issue a bill of lading or other contract on <u>all</u> moves? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated annual employee turnover ratio for key positions including managers, supervisors, drivers, etc.)?	%
Hiring practices: a. Do you lease employees form an employee leasing firm? b. Do union hiring practices preclude employee selection based upon skill? (If yes, attach a copy of the leasing agreement.) c. Is there a formal applicant screening process? d. Are there written job descriptions with minimum qualifications? e. Are experience and qualifications verified for each new hire? f. Are demonstrations of "critical skills" required prior to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
How are drivers compensated?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Trip <input type="checkbox"/> Other
Do you obtain and review MVR's on new drivers prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your criteria for acceptable driving records?	# of violations # of accidents # of violations/accidents combined
Do you review MVR's for all drivers at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Drivers?	
Do you have a formal written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees participate in the analysis of exposures and review of losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have established procedures in place to minimize losses and exposures to loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a written vehicle maintenance program? Does it include: a. Regular, preventive maintenance? b. Certified mechanics? c. Safety & Pre-trip inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

LIABILITY AS A CARRIER FOR HIRE

What is your expected gross transportation revenue for the next 12 months?	\$		
Transportation Revenue Breakdown Local Hauls UNDER 250 MILES :	\$		
Transportation Revenue Breakdown Hauls OVER 250 MILES :	\$		
Types of Goods Carried:			
% Used HHG % New HHG % Military HHG % Office Furnishings % Electronics % Fine Arts % Antiques % Business Records % General Commodities – Describe:			
Do you do on-site furniture installation or assembly? If yes, payroll? \$ Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you do hoisting or rigging? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you hauled any shipments valued over \$200,000 in the past 12 months? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have interchange agreements with other moving companies (excl. van line affiliation)? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your current coverage for Cargo Legal Liability (Check the one that applies)?			
<input type="checkbox"/> A. Limited to \$.60 or less per pound <input type="checkbox"/> B. Legal Liability for Actual Cash Value Only <input type="checkbox"/> C. Legal Liability with no valuation restrictions			
If Checked B or C Above 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
_____%	_____%	_____%	_____%

LIMITS OF INSURANCE

<input type="checkbox"/> \$ 50,000 any one unit \$100,000 any one loss	<input type="checkbox"/> \$ 75,000 any one unit \$150,000 any one loss	<input type="checkbox"/> \$100,000 any one unit \$150,000 any one loss
Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
IMPORTANT NOTE: IF Moving Company has no historical cargo insurance loss data or current cargo policy has a \$.60 per pound valuation restrictions – Mover's Choice quotation will only offer \$.60 PER POUND RELEASED VALUATION unless special approval is given by underwriting.		

OTHER COVERAGES

Miscellaneous Moving Equipment & Packing Material:	\$
Forklifts & Other Self-propelled vehicles including spare parts	\$
Portable Electronic Equipment	\$
Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	

4. 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 _____