



MOVING AND STORAGE SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business and Operations Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
2. List all named insureds and provide a description of operations/exposure for each:

3. Is the Insured an agent for a national van line? ☐ Yes ☐ No
If yes, state which national van line. Does the van line pick up liability when the applicant hauls for them?

4. State below, in percentages, the type of goods handled or warehoused:
Household: _____% Office: _____% Military Household: _____%
Industrial: _____% Commercial: _____% Business record: _____%
Other (specify): _____% → _____
5. What is the square footage of each warehouse? _____
6. State storage receipts: _____ Moving receipts: _____
7. Does the Insured check MVRs before and during employment for all drivers? ☐ Yes ☐ No
8. Are drug tests performed before and during employment? ☐ Yes ☐ No
9. Does the Insured have a formal written safety program? ☐ Yes ☐ No
10. If the Insured moves machinery, do they act as a millwright taking apart and reinstalling machines? ☐ Yes ☐ No
If yes, provide payroll for the exposure: _____
11. Are cranes used? ☐ Yes ☐ No
If yes, are they rented or owned? _____
12. State your radius of operations as percentages below:
0-50: _____%
51-200: _____%
200+: _____%

Owner/Operator ☐ N/A

1. Does the Insured utilize owner/operators? ☐ Yes ☐ No
2. What limits are owner/operator required to carry: _____
3. Is the Insured named as an additional insured on the owner applicant policy? ☐ Yes ☐ No
4. Are owner/operators to be covered under the underlying policies? ☐ Yes ☐ No
If yes, are they included with the vehicle schedule? ☐ Yes ☐ No

SECTION C: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____