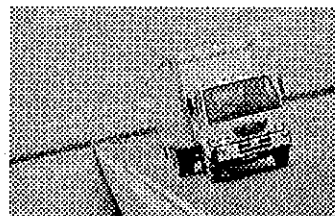


## Moving & Storage Supplemental



Named \_\_\_\_\_

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

- 1) List all Named Insureds and provide a description of operations/exposure for each one.

---

---

---

---

---

---

- 2) Is the applicant an agent for a national van line? \_\_\_\_\_ If so, which one? Does the van line pick up liability when the applicant hauls for them?

---

---

- 3) Does the applicant utilize owner operators? \_\_\_\_\_

- 4) What limits do they require owner operator to carry? \_\_\_\_\_

- 5) Is the applicant named as an additional insured on the owner applicant policy? \_\_\_\_\_

- 6) Are owner operators to be covered under the underlying policies? \_\_\_\_\_ If so, are they included with the vehicle schedule? \_\_\_\_\_

- 7) Type of goods handled or warehoused:

Household \_\_\_%      Office \_\_\_%      Industrial \_\_\_%

Commercial \_\_\_%      Business Record \_\_\_%

Military Household \_\_\_%      Other (describe) \_\_\_%

- 8) Square footage for each warehouse? \_\_\_\_\_
- 9) Receipts for storage \_\_\_\_\_ Receipts for moving \_\_\_\_\_
- 10) Does the insured check MVR's before and during employment for all drivers?
- 11) Are drug test performed before and during employment? \_\_\_\_\_
- 12) Does the insured have a formal written safety program? \_\_\_\_\_
- 13) If the insured moves machinery, do they act as a millwright taking apart and reinstalling machines? \_\_\_\_\_ If so, provide payroll for the exposure \_\_\_\_\_
- 14) Are cranes used? \_\_\_\_\_ Rented or owned? \_\_\_\_\_
- 15) Radius of operations:  
0-50 \_\_\_\_\_%      51-200 \_\_\_\_\_%      200+ \_\_\_\_\_%