

FURNITURE MOVERS WAREHOUSEMANS COVERAGE APPLICATION

Name of Insured (as to be written on policy): _____

Business Address of Insured: _____

Effective Date of Coverage: _____

ADDRESSES OF WAREHOUSES TO BE COVERED BY POLICY:

1. _____

2. _____

STORAGE: State nature of construction of all warehouses - give complete description:

Location 1 _____ Fire Contents Rate: _____

Location 2 _____ Fire Contents Rate: _____

OCCUPANCY: State nature by floors of building. If Insured's storage, give percentage (%) per floor:

LOCATION 1

LOCATION 2

Basement: _____

Ground: _____

Second: _____

WITH REFERENCE TO HOUSEHOLD GOODS ONLY:

LOCATION 1

LOCATION 2

Maximum capacity for stored property (in pounds): _____

Average number of pounds of property in storage: _____

Average value per pound of stored property: _____

Average number of individual "lots": _____

Do you lease any rooms or storage space to others? _____ For what use? _____

If so, state particulars: _____

Do you store any goods other than household goods? _____ Or give a receipt for same? _____

Describe the nature of such goods: _____

Do you have a Watchman? _____ Does he report to a Central Station or have a portable clock? _____

What other protection do you have against burglary? _____

Are all accessible openings protected by strong wire screens or bars? _____

Are trucks loaded inside building? _____ Is there rubbish in vicinity of loading area or under platform? _____

Is smoking prohibited in building? _____ Is rule strictly enforced? _____ Do you have "No Smoking" signs in each Warehouse? _____

What is source of heat? Boiler Furnace Stove

Describe fuel used in building: _____ Are all electrical wires in conduct? _____

How many fire extinguishers per floor? _____ Type: _____

Date of last re-charge: _____ Are extinguishers protected against freezing? _____

Is there an automatic sprinkler system in any Warehouse? _____ State which Warehouse: _____

Date Installed: _____

TRANSIT: Does applicant operate solely as a Common Carrier? _____ For whom? _____
Does applicant operate under tariffs filed under ICC Released Rates? _____ Does applicant ever operate as a Contract Carrier? _____
If so, for whom? _____

If applicable, please attach copy of current contract(s) to this application.

Does the applicant ever operate as a private carrier hauling his own goods? _____ If so, give detailed description: _____

If applicant hauls other than customers' household goods, under any circumstances, please state:

For whom: _____

Character of goods: _____

Origin and destination: _____

Does the applicant ever haul interstate? _____ Ever haul solely intrastate? _____

What territory does the applicant regularly serve as a hauler? _____

What is the applicant's normal maximum radius of operations from his warehouse (in miles)? _____

Are any special long-distance hauls made? _____ Origin and destination: _____

For what purpose? _____ What maximum distance? _____

Are interstate filings required of applicant in respect to either warehousing or motor transit of cargo? _____

Are any State Public Utility Commission filings required of applicant? _____

Which State(s): _____

How many individual hauling units (trucks and trailers) are owned by the applicant: _____

How many of these hauling units are in regular use? _____

Does applicant operate his own vehicle maintenance facilities? _____ What is the present general condition of applicant's transporting vehicles? _____

What is the applicant's best estimate of the following:

Value of goods hauled on any one truck: \$ _____ Maximum: \$ _____ Average: \$ _____

Value of goods hauled on any one trailer: \$ _____ Maximum: \$ _____ Average: \$ _____

What is the maximum number of hours any of the Insured's trucks are in continuous operation in respect to any one trip? _____

TRUCK CREWS: How many men are used on each truck as drivers? _____ As helpers? _____

Are all such men regular employees of the applicant? _____

Is any coverage required in respect to property in transit while in terminals, trans-shipping points or stop-over points? _____

If so, please state in respect to each:

A: Street Address: _____

B: City, State and Zip Code: _____

C: Maximum value of property to be at the location: _____

D: What, if any, burglary preventative devices exist at the location(s): _____

What is the total amount of the gross charges (both collected and uncollected) derived from the applicant's trucking operations during the past twelve months: \$ _____

If applicant's business has not been in operation for twelve months, what were the gross charges derived for the period from _____ to _____? \$ _____

If applicant's business is a new business, what is applicant's estimate of future gross charges: \$ _____

With regard thereto, what percentage is with respect to the transportation of customer's household goods? _____

Other than household goods: \$ _____ Percentage: _____

LIMITS OF LIABILITY OR AMOUNT OF COVERAGE REQUIRED (if none required, please enter "nil"):

COVERAGE "A" - CARRIER LIABILITY:

A. In or on any one motor vehicle or trailer: \$ _____ B. Any one loss, disaster or casualty: \$ _____

COVERAGE "B" - CUSTOMERS HOUSEHOLD GOODS:

Location 1: \$ _____ Location 2: \$ _____

COVERAGE "C" - WAREHOUSEMAN'S LIABILITY:

Location 1: \$ _____ Location 2: \$ _____

COVERAGE "D" - UNCOLLECTIBLE ACCRUED CHARGES:

A. In respect of accrued charges due from any one customer: \$ _____

B. In respect of any one loss, disaster or casualty: \$ _____

COVERAGE "E" - MOVING EQUIPMENT - EXCLUDING VEHICLES:

Total amount insurance required - Limit of Liability: \$ _____

COVERAGE ENDORSEMENT GOVERNMENT AGENCY CONTRACTS LIMIT OF LIABILITY REQUIRED AT:

Location 1: \$ _____ Location 2: \$ _____ Additional: \$ _____

COVERAGE ENDORSEMENT GOVERNMENT AGENCY CONTRACTS UNDER PUBLIC LAW 87-649:

Limits:

Location 1: \$ _____ Location 2: \$ _____ Additional: \$ _____

NOTE: Amount insured is required to be not less than 80% of the actual value of all the property to be at risk under this endorsement.

PERSONAL HISTORY:

Length of time applicant has owned or operated w warehouse business: _____

Are you a member of any warehousemen's association (name)? _____

Have you previously insured household goods in storage, warehouse legal liability or motor carrier's liability? _____

Name insurance company: _____

List all warehouse losses over \$500. you have had for the past five years:

Has any insurance company cancelled, declined renewal or otherwise refused you insurance? _____

If so, give name of insurance company: _____

SCHEDULE OF VEHICLES

(Complete if Section "A" of policy is to be written on "flat annual" basis.)

	MAKE AND TYPE VEHICLE	YEAR	SERIAL NUMBER	LIMIT
1.				
2.				
3.				
4.				
5.				

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____