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HOUSEHOLD GOODS MOVERS CARRIERS' LEGAL LIABILITY AND WAREHOUSEMAN'S LEGAL LIABILITY APPLICATION

Hanover Insurance Company

APPLICANT'S INFORMATION

First Named Insured: _____

Mailing Address: _____

If you have operations under more than one name, please list each entity with a brief description of purpose:

List All Other Named Insureds:

Affiliation with a National Van Line? Yes No If yes, with whom: _____

When hauling under van line authority, are they responsible for the following:

Automobile Liability: Yes No

Workers Compensation: Yes No

Cargo: Yes No

General Liability: Yes No

UNDERWRITING INFORMATION

1. Do you retain your own Interstate Authority? Yes No

If yes, under what name: _____

Under what address: _____

FMSCA Docket Number: _____

2. What states do you hold Intrastate Authority? _____

Provide DPU or PUC number for each state (for filing purposes)

State	Number
_____	_____
_____	_____
_____	_____

3. Are you affiliated with or have membership in any Trade Association? Yes No

If yes, please list: _____

4. Do you issue a Bill of Lading on all moves? Yes No

Please attach a copy of your Bill of Lading.

5. Do you currently offer direct damage or "Certificates" of Insurance to your customers? Yes No

Transit _____ Storage _____

What is your total outstanding limit on storage certificates? _____

What is the total number of existing certificates from your current carrier? _____

6. Revenue Sources

Transportation	Revenue	Mileage Driven
Van Line Authority	\$ _____	
Interstate – Own Authority	\$ _____	
Intrastate	\$ _____	

	Receipts %	Revenue
<input type="checkbox"/> Warehouse (exclude SIT)	_____	\$ _____
<input type="checkbox"/> Internal Moves (in house moves)	_____	\$ _____
<input type="checkbox"/> Packing and Unpacking	_____	\$ _____
<input type="checkbox"/> Record storage	_____	\$ _____
<input type="checkbox"/> General Commodities (other than 3rd proviso)	_____	\$ _____
<input type="checkbox"/> Total of all non-linehaul revenue	_____	\$ _____

7. Operations History

	Current year	1st Prior Year	2nd Prior Year	3rd Prior Year
Total Annual Revenue	\$ _____	\$ _____	\$ _____	\$ _____
Total Annual Mileage	_____	_____	_____	_____

8. Do you do rigging? Yes No

Do you contract out rigging operations? Yes No

9. Do you do Government Non-Temp Storage? Yes No

10. Do you operate a repair shop? Yes No

Are repairs performed for other than owned vehicles? Yes No

Furniture repair performed? Yes No

Any public access? Yes No

11. Do you utilize Independent Owner Operators? Yes No

If yes, attach a copy of the contract you use.

Haul exclusively for you? Yes No

Length of time and number of owner operators working for you. < 1 year 1 to 3 years >3 years

12. Do you have a written trailer interchange agreement? Yes No

Do you ever pull a non-owned trailer outside a written trailer interchange agreement? Yes No

Please attach the following information:

- List of drivers including date of birth, license number, state of license, date of hire and if driver's have a Commercial Driver's License.
- List of vehicles/equipment including GVW and cost new
- Minimum 3 Year hard copy loss runs
- Copy of contract used with owner-operators
- Copy of agency agreement with National Van Lines
- Copy of Bill of Lading
- Warehouse Receipt
- Record Storage Contract or Receipt
- Financial Statement

13. Additional Comments:

SUPPLEMENTAL DECLARATIONS

1. CARRIER'S LEGAL LIABILITY

Limit per Vehicle		\$ _____
Limit per Terminal described in the Declarations		\$ _____
Two or More Vehicles Away From Premises		\$ _____
Storage in Transit at Unnamed Locations		\$ _____
Freight Forwarding-Limit per Vehicle-Common/Contract Carrier		\$ _____
	Air Carrier	\$ _____
	Railroad	\$ _____
	Unnamed Terminal	\$ _____
Deductible		\$ _____

2. WAREHOUSEMAN'S LEGAL LIABILITY/BAILEES LIABILITY

Limit per Location described in the Declarations		\$ _____
Internal Moves at Unnamed Locations		\$ _____
Rigging		\$ _____
Deductible		\$ _____

3. MOVING EQUIPMENT & MISCELLANEOUS PROPERTY

Limit of Insurance		\$ _____
Deductible		\$ _____

4. CUSTOMERS COVERAGES - TRANSIT AND STORAGE

In Transportation - Any One Customer		\$ _____
In Storage - Any One Customer		\$ _____
In storage - Aggregate		\$ _____
Deductible		\$ _____

5. CARRIER'S INCOME PROTECTION

Linehaul and Related Charges		\$ _____
Linehaul and Related Charges Deductible		\$ _____
Uncollectible Storage and Related Charges		\$ _____
Loss of Business Income		\$ _____

SCHEDULE OF LOCATIONS/TERMINALS

Location No. 1 _____

Location No. 2 _____

Location No. 3 _____

Location No. 4 _____

Location No. 5 _____

Location No. 6 _____

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: _____