

Aegis New Business Application

Primary Named Insured:		Effective Date:	
Address:			
Phone #:	Email Address:	Contact Person:	
Website Address:			
Federal Employer ID #:	# of yrs in Business:	Van Line Affiliation:	
Number of total Employees:	Full Time:	Part Time:	

Additional Named Insureds:

Name/Address	Description of Function (Holding Company, Moving Company, Property Owner, etc)	Owner's Name(s)	% of Ownership

Copies of Current Loss Runs for all lines of coverage for 5 years – current year plus 4 previous years (Explain losses over \$25,000)
Copies of the following policy declaration pages indicating limits for the coverage you are requesting and any subsequent endorsements/changes after policy inception date.
<input type="checkbox"/> Automobile <input type="checkbox"/> Property <input type="checkbox"/> General Liability <input type="checkbox"/> Crime <input type="checkbox"/> Warehouse & Cargo <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Umbrella <input type="checkbox"/> Other
Financials - Year End Balance Sheets and Profit & Loss Statements, 2 years
Copy of all current filings (Federal, State, Military (SCAC) and DD2787)
A copy of your Bill of Lading and/or Warehouse Receipt
Copy of Written Procedures for Safety Program
Copies of Van Line Contracts

Do you conduct any of the following:		
SERVICES		If Yes, provide details
Crating	Yes No	
Retail Stores	Yes No	
Equipment Rental	Yes No	
Rigging	Yes No	
Furniture/Fixture Installation	Yes No	
Appliance Installation	Yes No	
Auto/Vehicle Repair	Yes No	

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General Information:

Are you a subsidiary of another entity or do you have any subsidiaries? If yes, explain	Yes	No
Do you use contract drivers or owner/operators?	Yes	No
If yes, are contract drivers/owner operators scheduled on the policy?	Yes	No
Do they haul exclusively for you?	Yes	No
Does anyone other than your company own any scheduled vehicles? If yes, explain	Yes	No
Do you issue a Bill of Lading or other Contract on All Moves? If no, explain	Yes	No
Hiring Practices:		
Do you lease employees from an employee leasing firm? (If yes, attach a copy of the leasing agreement)	Yes	No
Is there a formal applicant screening process?	Yes	No
Are there written job descriptions with minimum qualifications?	Yes	No
Are experience and qualifications verified for each new hire?	Yes	No
Are demonstrations of "critical skills" require prior to hiring?	Yes	No
Do you obtain & review MVR's prior to hiring?	Yes	No
Do you lease any employees?	Yes	No
Do you have a formal written safety program?	Yes	No
Is there a written vehicle maintenance program?	Yes	No
Does it include: Regular, preventive maintenance?	Yes	No
Certified mechanics?	Yes	No
Safety & Pre-trip inspections?	Yes	No
Do you have any 409 agreements (military contracts)?	Yes	No
Do you provide binding quotes over the Internet?	Yes	No
Do you need an UIIA endorsement?	Yes	No

Revenue:

	0-100 miles	101-300 miles	300 + miles
Linehaul Projected for Next Year			
Own Authority			
Van Line Authority			
Linehaul Current Year			
Own Authority			
Van Line Authority			
Storage Projected Total			

Auto:

Current Driver's List of drivers with name, DL#, State, Date/Birth, Date of Hire
Current vehicle schedule: Make, Model, VIN #, cost new (if full coverage), garaging state, deductible, copy of registration for NY & GA
List of lienholders for each vehicle

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Cargo/Warehouse:

How are items stored: ___% Vaults (1 / 2 / 3 high) ___% Racks ___% Loose ___% Unused			
# of pounds currently in storage for Government Non-Temp:			
# of government pounds in storage:		Government Storage Limit \$	
# of civilian pounds in storage:		Civilian Storage Limit \$	
Any PODS? YES NO		Any Exhibition/Trade Shows YES NO if yes, provide details	
Do you own any mini-storage facilities? YES NO if yes, provide details			
Do you store any Goods of Others in a mini-storage facility not owned by you? YES NO details			
Please attach a list of forklifts, special contracts			

General Liability:

Annual Warehouseman's/Packers Payroll \$	# of FT	# of PT
Other Exposures (case by case basis)		

Property:

	Address:	Address:
Building/BPP/BIEE		
Sq. ft (warehouse vs office)		
Construction Type		
Year Built		
Updates (roof,wiring,plumbing,heating)		
Sprinklered		
Fire/Central Station		
Burglar/Central Station		
Leased/Owned? If leased, sq. ft.		
Do you have Outdoor Signs/Scales?		

Workers Compensation:

What is you latest Experience Modification: _____ Please provide a copy of the latest worksheet			
	8293 Drivers/Helpers	8810 Clerical	8742 Sales
Annual Payroll for:			
List any other applicable class codes you use:			

Officer Name	Title	Include/Exclude for Work Compensation Coverage If included, provide payroll

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Crime:

Are all incoming checks stamped "For Deposit Only" as soon as they are received?	Yes	No
Are all company accounts reconciled against a job or customer each month?	Yes	No
Are drivers required to present receipts for fuel or others services daily with their bill of lading?	Yes	No
Is the purchase of company supplies, packing materials, equipment etc. handled through a purchase order process that requires not only an employee signature but also a signature of the general manager or controller?	Yes	No
Are fuel cards limited to a single vendor and provided to drivers with caution?	Yes	No
Do fuel cards require a PIN number for use?	Yes	No
Do you verify transfer instructions purportedly issued by you, an employee, or other management and staff, your vendors and your customers?	Yes	No
All Instructions are verified; or	Yes	No
Instructions are verified for all transfer instructions in excess of: \$ _____; or	Yes	No
No requirement of transfer instructions is required.	Yes	No

Cyber Liability:

Please indicate your desired limit of cyber insurance: \$100,000 / \$250,000 / \$500,000 / \$1,000,000
Please indicate the type(s) of personally identifiable information ("PII") that the organization may collect, use and/or disclose on employees, members, volunteers or others: Social Security # Credit/Payment Card Data Tax Data Personal Health Info Bank/Financial Account Data Drivers/State Identification
Does the organization maintain computer security that includes a) firewall, b) anti-virus, c) spy-ware /malware protection, and d) access controls that include passwords? Yes No
Has the organization experienced any loss, theft or breach of personal information in the past three years?

Interested in any other coverages not listed here?