

Aegis Insurance Services

Client Application

REQUIRED DOCUMENTATION

Please provide the following for review:

Current Policy Declaration Pages and Endorsements—to show current limits and exposures

Financials – most recent year-end Balance Sheet and Profit & Loss Income Statement

Loss Runs - copies of current valued loss runs for each line of business (current year plus 4 prior years)

Explanation of any losses over \$25,000

Current Vehicle List – to include Year, Make, Model, VIN, Garaging State, State Registered, Cost New (if full coverage), Lienholder/Loss Payee (if any) *Copies of registrations may be required for vehicles registered in NY & GA *

Current Driver List – to include Driver Name, DOB, DL#, State Licensed

PPT Forms (if applicable)

Bill of Lading and/or Warehouse Receipt – front and back

NCCI E-Mod Worksheet (if quoting worker's compensation)

Filings (Federal, State, Military, Other) – provide MC#, USDOT#, and/or SCAC Code, NTS Limit, etc. for each entity that requires a filing

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CLIENT INFORMATION

First Named Insured			
Address			
Website Address		FEIN	
Effective Date		Years in Business	
First Named Insured Owner's Names & Titles		% of Ownership	
Contact Name & Title			
Email Address		Phone #	
Van Line Affiliation			

Additional Named Insureds	FEIN	Description of Operations	Owner's Names & Titles	% of Ownership

RADIUS OF OPERATION	TOTAL = 100%	% YOUR AUTHORITY	% VAN LINE AUTHORITY	% OTHER AUTHORITY
Neighborhood - under 50 miles				
Local - 50 to 100 miles				
Intermediate - 101 to 300 miles				
Regional Long Haul - 301 to 500 miles				
Country-wide Long Haul - over 500 miles				

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GENERAL OPERATIONS

	Yes	No	N/A
Does your company act as a Freight Forwarder under your authority?			
Does your company conduct business other than Moving & Storage? (i.e. sell packing material, crating, manufacture boxes, self-storage, rigging, equipment rental, auto repair, PODS, shredding). If YES , please provide description of these operations and revenue of each on <u>last page of this application</u> .			
If you are a Van Line Agent, are you required to provide primary auto liability insurance while operating under van line authority?			
Are any special certificates required? If YES , to whom?			
Excluding Van Line, do you have any trailer interchange agreements with other moving companies?			
Do you have any 409 agreements (military contracts)? If YES , please provide names on the <u>last page of this application</u> .			
Do you have a formal written safety program?			
Any material changes in your operations in the past 5 year? If YES , please provide details on the <u>last page of this application</u> .			
Any expected or potential changes in the upcoming policy year? If YES , please provide details on the <u>last page of this application</u> .			

Percentage of operations: % Residential % Commercial

Types of Goods	%
Used Household Goods	
New Household Goods	
Military Household Goods	
Office Furnishings	
Electronics	
Information & Records	
Special Products	
TOTAL	100%

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AUTO

	Yes	No	N/A
Do you own any vehicles not scheduled on this policy? If YES , please explain:			
Does anyone other than your company own any scheduled vehicles? If YES , please explain:			
Do you use contract drivers or Owner/Operators?			
If YES , are contract drivers or Owner/Operators included on your Driver List?			
Do contract drivers or Owner/Operators haul exclusively for you?			
Do you rent/lease vehicles not scheduled on the auto policy? If YES , what is the average annual expense?			
Is there a written vehicle maintenance program? Does it include regular, preventive maintenance? Does it include certified mechanics? Does it include safety & pre-trip inspections?			
Hiring Practices: Is there a formal applicant screening process? Do you receive an application on all new employees? Do you obtain and review MVRs prior to hiring? Do you review MVRs annually? Do you complete a criminal background check prior to hiring? Are there written job descriptions with minimum qualifications? Are experience, qualifications and references verified for each new hire? Do you require a pre-employment physical for all employee drivers? Do you require pre-employment drug testing of all drivers, packers and handlers? Do you conduct random drug testing of all drivers, packers and handlers? Do you lease employees from an employee leasing firm?			

- Please provide a copy of your current Auto Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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GENERAL LIABILITY

	Yes	No	N/A
Does your company perform on-site office installation/assembly? If YES , please provide description of these operations and payroll on <u>last page of this application</u> .			
Does your company perform on-site appliance installation/assembly, connect washers or icemakers? If YES , please provide description of these operations and payroll on <u>last page of this application</u> .			
Do you utilize sub-contractors for either of the above 2 questions?			
Do you provide self-storage services? If YES , estimated annual sales			
Do you have any rigging equipment?			
Do you rent rigging equipment or cranes?			
Do you allow customers access to the warehouse?			
Are there any premises that are leased to others? If YES , please provide names, description of their operations, square footage occupied on <u>last page of this application</u> .			
Do you secure and maintain GL certificates from all tenants/lessors showing limits equal to or greater than your policy limits and listing your company as Additional Insured?			
Is there a written agreement for all locations that are leased or rented?			

- Please provide a copy of your current General Liability Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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PROPERTY

	Address 1	Address 2	Address 3
Building Limit			
Contents Limit			
BI/EE or Loss of Rents Limit			
Are you Owner or Tenant?			
Owned or Leased in what entity name?			
Total building Sq. Ft.			
Sq. Ft. <u>occupied by you</u> (warehouse)			
Sq. Ft. <u>occupied by you</u> (office)			
Do you lease space to others?			
If Yes, provide names and Sq. Ft. for each.			
Outdoor scales and/or signs? If so, provide value			
Year Built			
Construction Type			
Updates to roof, wiring, plumbing, heating? If so, provide details and dates			
Building Sprinklered?			
Fire Alarm? Central Station? Installed/Monitored by?			
Burglar Alarm? Central Station? Installed/Monitored by?			

- Please provide a copy of your current Property Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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WAREHOUSE/CARGO

	Yes	No	N/A
Does your company issue a bill of lading and a warehouse receipt on all moves?			
Are you subject to state regulation or to a Tariff?			
Do you provide labor for on-premises moves?			
Do you ever have off-site or temporary storage?			
Are there any climate controlled storage facilities?			
Do you own self-storage or mini-storage facilities?			
Do you store any goods of others in a self-storage or mini-storage facility <u>not owned by you</u> ?			
Do you have containerized self-storage or PODS?			
Do you do any specialized crating?			
Do you hold storage auctions?			
Do you store boats or vehicles?			
Any Exhibition/Trade Shows?			

Requested Cargo Liability Limit	Bill of Lading	
	Per Truck	
	Per Disaster	

Moving Equipment Limit		ACV	RCV
Is any mobile equipment valued greater than \$25,000		YES	NO

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WAREHOUSE/CARGO (continued)

Valuation of Property	Transported (Cargo)	Stored (Warehouse)
At Limited Liability (\$0.60/lb.)	%	%
At \$3.00/lb. or lower	%	%
At more than \$3.00/lb. or declared value	%	%
TOTAL	100%	100%
On an Actual Cash Value (ACV) Basis	%	%
On a Replacement Cost (RCV) Basis	%	%
Other:	%	%
TOTAL	100%	100%
Transported by Owned Vehicles	%	N/A
Transported by Contractor Vehicles	%	N/A
Other:	%	N/A
TOTAL	100%	N/A

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WAREHOUSE/CARGO (continued)

No Storage (skip this section)

Address	WLL Limit Requested	Area of Warehouse	Non-Temp Military Limit (lbs. x \$6.00)	Use of Space
				% Unused % Racks % Loose % Vaults 2-high 3-high Other
				% Unused % Racks % Loose % Vaults 2-high 3-high Other
				% Unused % Racks % Loose % Vaults 2-high 3-high Other

- Please provide a copy of your current Inland Marine Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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CRIME

No Crime (skip this section)

	Yes	No	N/A
Are regular audits performed? Audit frequency: Annual Semi-Annual Quarterly Audits performed by: Staff Public Accountant CPA Audit format: Audit Review Compilation Tax Return Only			
Is audit made in accordance with generally accepted auditing standards and so certified?			
Does audit include inventory?			
Are all incoming checks stamped "For Deposit Only" as soon as they are received?			
Are all company accounts reconciled against a job/customer each month?			
Are drivers required to present receipts for fuel or other services daily with their bill of lading?			
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 general manager or controller signature?			
Is countersignature of checks required? If not, who signs controls?			
Will securities be subject to joint control of two or more responsible employees?			
Do you verify transfer instructions purportedly issued by you, an employee, or other management and staff, your vendors and customers? All instructions are verified; or Instructions are verified for all transfer instructions > \$; or No requirement of transfer instructions is required			
Do you accept credit card payments for moving or storage?			
Do you keep credit card numbers on file?			
Is there a written policy regarding EFTs?			
Should contractors or Owner/Operators be included for crime coverage? if YES , how many?			

- Please provide a copy of your current Crime Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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WORKER'S COMPENSATION

No Worker's Compensation (skip this section)

	Yes	No	N/A
Do you have a team safety incentive program?			
Do you have currently have a Drug Free Credit?			
Do Owner/Operators have their own worker's compensation coverage? With whom?			
Do you have current certificates of insurance showing Owner/Operators own worker's compensation coverage?			
Is group medical coverage offered to eligible employees?			
Percentage of employee participation %			
Percentage paid for by the employer %			
Paid sick leave?			
Paid vacation?			
Is there any retirement programs or life insurance offered for drivers?			
Do you have a modified/light duty Return to Work Program?			
Is casual labor used?			

Max number of employees in a vehicle at once:

Please check each of the following safety devices/procedures utilized:

Lift Belts Steel-Toe Boots Dollies Lift Gates
 Formal Lift Training Team Lifting – mandatory at lbs.

Officer Name	Title	Included/Excluded	Class Code	Payroll

- Please provide a copy of your current Worker's Compensation Policy so we can review your current limits and exposures to ensure you are quoted the same or similar coverages

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COMMENTS/EXPLANATIONS

Please provide any comments or additional details for any questions here: