

## Household Goods Mover's/Carrier's Legal Liability and Warehouseman's Legal Liability Application and Supplemental Questionnaire

### APPLICANT'S INFORMATION

First Named Insured: \_\_\_\_\_

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

Other Named Insureds: \_\_\_\_\_

(including nature of operations and named insured interest for each):

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

Affiliation with a National Van Line?:  Yes  No

If Yes, with whom: \_\_\_\_\_

When hauling under National Van Line's Authority, is the National Van Line responsible for the following:

Automobile Liability  Yes  No

Workers' Compensation  Yes  No

Cargo  Yes  No

General Liability  Yes  No

Does National Van Line require additional insured status?  Yes  No

### UNDERWRITING INFORMATION

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

If Yes, under what name: \_\_\_\_\_

Under what address: \_\_\_\_\_

FMSCA Docket Number: \_\_\_\_\_

What states do you hold authority? \_\_\_\_\_

Furthest distance travelled under own authority? \_\_\_\_\_

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

State	Number
_____	_____
_____	_____
_____	_____

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

If Yes, please list: \_\_\_\_\_

Are you ISO 9000 or 9001 certified?  Yes  No Enrolled?  Yes  No

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

4. 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? \_\_\_\_\_

5. Revenue Sources Period: \_\_\_\_\_ to \_\_\_\_\_

CATEGORY	AMOUNT OF REVENUE	% UNDER YOUR AUTHORITY OR CONTRACT	% UNDER VAN LINE OR OTHER'S OPERATING AUTHORITY	ANNUAL MILEAGE
Line Haul				
Local Hauling				
Intra-State Hauling				
Inter-State Hauling				
Military Shipments				
General Freight Haul				
Office and Industrial				
Packing				
Permanent Storage				
Valuation Charges				
Packing Materials				
Mini/Self Storage				
Container Rental				
Booking Commissions				
Other (describe) _____				
Total Revenue				

6. Operations History

	1st Prior Year	2nd Prior Year	3rd Prior Year
Total # Power Units	_____	_____	_____
Total Annual Revenue	_____	_____	_____
Total Annual Mileage	_____	_____	_____
Furthest distance travelled: City/State	_____		

7. Do you perform any rigging, use hoists or cranes?  Yes  No
- Do you install furniture, appliances, or equipment?  Yes  No
- Do you operate an auto/truck repair facility?  Yes  No
- Are repairs performed for other than owned vehicles?  Yes  No
- Do you perform furniture repair?  Yes  No
- Is public access to your warehouse premises permitted?  Yes  No
- Do you utilize subcontractors for any operation?  Yes  No
- Do you secure Certificates of Insurance from subcontractors?  Yes  No
- Who reviews the Certificates of Insurance? \_\_\_\_\_
- Are hold harmless in favor of applicant used?  Yes  No
- Is Additional Insured status required?  Yes  No
- Do Others Name you as an additional insured?  Yes  No
- Are you required to name others as additional insured?  Yes  No
- Do you perform background checks on employees?  Yes  No
- Do you require your subcontractors to perform background checks?  Yes  No
- Does top management review all contracts entered?  Yes  No
- Do you ever use Lumpers when performing a move?  Yes  No

8. Describe the process used for qualifying your drivers: \_\_\_\_\_
- Do you require annual driver recertification and training?  Yes  No
- Describe the program you use: \_\_\_\_\_
- How frequently do you check your driver's motor vehicle records? \_\_\_\_\_
- Describe your driver acceptability criteria: \_\_\_\_\_
- Do you utilize the FMCSA safety database for screening driver applicants?  Yes  No
- Do you utilize Independent Owner Operators?  Yes  No
- Are all Owner Operators contracted and exclusively hauling for you?  Yes  No
- Are Owner Operators whom you use contracted with your National Van Line?  Yes  No
- Length of time and number of owner operators working for you. < 1 year \_\_\_\_ 1 to 3 years \_\_\_\_ > 3 years \_\_\_\_
- Do you require O/O to carry auto coverage?  Yes  No
- Do you require O/O to carry workers' comp coverage?  Yes  No
- Do you require O/O to carry cargo coverage?  Yes  No
- Do you engage in trip leasing?  Yes  No
- Do you utilize common or contract carriers to support your operations in any way?  Yes  No
- 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

9. Technology used in your vehicle operations:
- |                                |                              |                             |                              |        |
|--------------------------------|------------------------------|-----------------------------|------------------------------|--------|
| Automated Logs                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> All | _____% |
| GPS Locator/Tracking           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> All | _____% |
| Dash Cameras                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> All | _____% |
| Lane Change Warning Indicators | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> All | _____% |
| Collision Avoidance            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> All | _____% |
- Fleet Safety program in place?  Yes  No
- If Yes, attach a copy of the program.
- What steps are taken after an accident has occurred?
- Details:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10. Do you do Government Non-Temp Storage?  Yes  No
- Percentage of non-household goods stored on premises \_\_\_\_\_%
- Nature of non-household goods stored: \_\_\_\_\_
- Number of Eviction Moves performed annually? \_\_\_\_\_

11. The following information is to be attached to completed ACORD applications:
- List of all drivers including date of birth, license number, state of license, date of hire, and indicate if driver has a Commercial Driver's License. Include current MVRs if available. Minimum 3 plus the current year hard copy currently valued company loss runs. Copies of owner-operator agreements, National Van Lines agreement, Bill of Lading, Warehouse Receipt, Record Storage Contractor Receipt, Financial Statements (most recent accountant prepared), and quarterly road tax filings.

**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 \_\_\_\_\_

Location No. 7 \_\_\_\_\_

Location No. 8 \_\_\_\_\_

Location No. 9 \_\_\_\_\_

**OTHER**

Please explain further or clarify answers to any questions you feel are necessary.

**Applicant**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Agent**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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