

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: \_\_\_\_\_

Has applicant filed bankruptcy, tax lien or gone into receivership in the past 5 years?    Yes    No

**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 One80 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: \_\_\_\_\_