

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fed. Employee ID No.: \_\_\_\_\_

State Employ. ID No.: \_\_\_\_\_

### CHECKLIST OF INFORMATION REQUIRED FOR QUOTE

1. Required for All coverages:

- A. Current Loss Runs for all coverages for the Current Policy year and 3 previous years. Explain losses over \$25,000.
- B. Copies of the following policy dec pages indicating limits for the coverage you are requesting. (for apples to apples quote): Automobile, Property, General Liability, Umbrella, Workers Compensation, Warehouse & Cargo and copies of any monthly reports for Warehouse/Cargo (if applicable).
- C. Financial Statements: Year End Balance Sheet and Income Statement for the current year and previous year.
- D. ICC Docket # and Copy of Certificate of Authority (Interstate and State). Copies of any other Special Permits.
- E. A copy of your warehouse receipt and bill of lading. Copy of any contracts in which your company is involved.
- F. A copy of your Military Certificate if applicable.
- G. # of years in business
- H. No. of employees: Full time \_\_\_\_\_ Part Time: \_\_\_\_\_
- I. Agent for \_\_\_\_\_ Van Lines?  
Note: Atlas agents must have Umbrella coverage also.
- J. Copy of Written Procedures for Safety Program.
- K. Linehaul Revenue:

	Own Authority	Van Line Authority
Current: (projected)	_____	_____
Next policy period: (projected)	_____	_____

L. Are you a subsidiary of another entity or do you have any subsidiaries?

Yes: \_\_\_ No: \_\_\_ If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

M. Do you conduct any other business other than moving & storage (ie., sale or manufacture of boxes, self-storage, furniture or fixture installation, rigging, equipment rental, and auto repair)?

N. 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: \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

O. Does anyone other than your company own any of the scheduled vehicles? Yes: \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

P. Do you issue a bill of lading or other contract on all moves?

Yes: \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Q. Hiring Practices:

1. Do you lease employees from an employee leasing firm? Yes: \_\_\_ No: \_\_\_ (If yes, attach a copy of the leasing agreement)

2. Is there a formal applicant screening process? Yes: \_\_\_ No: \_\_\_

3. Are experience and qualifications verified for each new hire? Yes: \_\_\_ No: \_\_\_

4. Are demonstrations of "critical skills" required prior to hiring? Yes: \_\_\_ No: \_\_\_

5. Do you obtain and review MVR's prior to hiring? Yes: \_\_\_ No: \_\_\_

R. Do you have a formal written safety program? Yes: \_\_\_ No: \_\_\_

S. Is there a written vehicle maintenance program? Yes: \_\_\_\_ No: \_\_\_\_

Does it include:

Regular Preventative Maintenance? Yes: \_\_\_\_ No: \_\_\_\_

Certified mechanics? Yes: \_\_\_\_ No: \_\_\_\_

Safety & Pre-trip inspections? Yes: \_\_\_\_ No: \_\_\_\_

2. Automobile:

- A. Current Driver's List of drivers with name, DL#, State, Date/Birth.
- B. Current vehicle schedule indicating which vehicles have physical damage coverage, cost new, and the deductible that applies. Must include complete VIN for each vehicle. At least 5 Power Units Required.
- C. List of lienholders for each vehicle.
- D. Documented maintenance program for all vehicles.

3. Cargo/Warehouse Coverage

Note on this section: If you are an agent for a van line who assumes liability while operating on its authority, please differentiate between information relating directly to the van line and information regarding your company only.

**Transit:**

- # of local moves
- # of intrastate moves
- # of interstate moves (if applicable)
- Are you currently selling replacement cost coverage? If so, approximately how often. (1 out of \_\_\_\_\_ moves)
- Current year and next policy period local, intrastate, & interstate transit revenue

**Storage:**

- # of storage containers
- # of pounds currently in storage for Government Non-Temp
- Average number of government pounds in storage
- Government storage value (Limit): \$
- Average number of civilian pounds in storage
- Civilian storage value (Limit): \$
- Current Year storage revenue and estimated next policy period storage revenue
- A list of forklifts, special contracts



5. Property/Contents – each location –

<b>Information:</b>	<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
Building Value - if Building coverage req'd			
Sq. footage			
Construction			
Year Built			
Sprinklered			
Fire/Central Stn			
Burglar/Central Stn			
Other tenants			
Leased/Owned			
Value of Computer			
Equip/Office Furn.			

6. Workers Compensation Coverage

- Annual Payrolls for:
  - 8293 (Drivers, Helpers): \_\_\_\_\_
  - 8810 (Clerical): \_\_\_\_\_
  - 8742 (Salespersons): \_\_\_\_\_
  - Any other applicable class codes
- List of Officers/Titles to be Included/Excluded and Payrolls
- Copy of Annual Payrolls Reported to I.R.S. associated with Federal Deposits.
- Copy of Current limits page in Work Comp policy indicating Class Codes and associated payrolls.