

# RISKPRO Insurance Agency, LLC

P.O. Box 515512

Dallas, Texas 75251

Fax 972/235-3556

Phone (Toll-Free) 1-866-900-RISK

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

1. Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship  Partnership  Corporation  Other Business phone number \_\_\_\_\_
2. Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Premises address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

6. Describe business \_\_\_\_\_  
Describe vehicle usage \_\_\_\_\_  
Years experience \_\_\_\_\_ New Venture?  Yes  No If you are a tow truck operation, do you do repossessions?  Yes  No
7. Gross receipts last year \_\_\_\_\_
8. Do you operate in more than one state?  Yes  No If yes, list states \_\_\_\_\_
9. Do you haul for hire?  Yes  No Show largest cities entered \_\_\_\_\_
10. Do you operate over a regular route?  Yes  No If yes, show towns operated between \_\_\_\_\_
11. Are you a common carrier?  Yes  No Are you a contract hauler?  Yes  No If yes, for whom \_\_\_\_\_
12. List all types of cargo hauled \_\_\_\_\_
13. Do you haul your own cargo exclusively?  Yes  No If not, who owns it? \_\_\_\_\_
14. Do you pull double trailers?  Yes  No Triple trailers?  Yes  No
15. Do you rent or lease your vehicles to others?  Yes  No If yes, attach copy of rental or lease agreement form used.
16. Do you hire any vehicles?  Yes  No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.
17. Do you appoint agents or hire independent contractors to operate on your behalf?  Yes  No

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses			
		DL State	License Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)
1.					
2.					
3.					
4.					
5.					

## SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

Veh. No.	Year	Vehicle Make & Model	Body Type (truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

18. Number of Vehicles Owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_  
 19. Number of Vehicles Leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_  
 20. Any loss payees?  Yes  No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_  
 \_\_\_\_\_

**FILING INFORMATION**

21. Are oversize/overweight commodities hauled?  Yes  No If filing required, show states \_\_\_\_\_  
 Are escort vehicles towed on return trips?  Yes  No
22. Do you have agreements with other carriers for the interchange of equipment or transportation of loads?  Yes  No  
 If yes, attach a copy of current agreements and complete the following:
23. Are any intrastate filings needed?  Yes  No  
 If yes, please provide state and permit number: \_\_\_\_\_  
 Are any interstate filings needed? Yes No  
 If yes, please provide USDOT number: \_\_\_\_\_
24. Is MCS 90 endorsement needed?  Yes  No
25. Are escort vehicles towed on return trips?  Yes  No
26. Does your authority allow for towing of hazardous materials?  Yes  No
27. Do you enter: Canada:  Yes  No Mexico:  Yes  No
28. Do you operate under any other name?  Yes  No  
 If yes, please explain \_\_\_\_\_

Additional Comments/Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Please return by mail or fax to:**

**RISKPRO INSURANCE AGENCY, LLC  
 P.O. BOX 515512  
 DALLAS, TEXAS 75251  
 Fax: 972/235-3556  
 Phone (Toll-Free): 1-866-900-RISK**

## MOVING & STORAGE PROGRAM – SUPPLEMENTAL INFO – Page 1

**APPLICANT NAME:**

**DESCRIPTION OF GENERAL OPERATIONS (Please show the approximate percentage of each type of operation)**

\_\_\_\_\_% Household Goods                      \_\_\_\_\_% Special Products                      \_\_\_\_\_% HHG Freight Forwarder  
 \_\_\_\_\_% Office & Industrial                      \_\_\_\_\_% Information or Records Storage                      \_\_\_\_\_% Self-Storage or Mobile Self-Storage  
 \_\_\_\_\_% Other (describe)

**SPECIFIC OPERATIONS CONDUCTED BY APPLICANT (Check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Used Household Goods Moving/Storage      | <input type="checkbox"/> Used Electronics Moving/Storage | <input type="checkbox"/> Military Household Goods Moving/Storage            |
| <input type="checkbox"/> New Household Goods Moving/Storage       | <input type="checkbox"/> New Electronics Moving/Storage  | <input type="checkbox"/> Used Office/Store Furniture Moving/Storage         |
| <input type="checkbox"/> High-Value Product Moving/Storage        | <input type="checkbox"/> Packing & Crating               | <input type="checkbox"/> New Office/Store Furniture Moving/Storage          |
| <input type="checkbox"/> Antiques/Fine Arts Moving or Storage     | <input type="checkbox"/> Packing Material Sales          | <input type="checkbox"/> Installation of Office Systems or Partitions       |
| <input type="checkbox"/> Overflow or temporary storage for others | <input type="checkbox"/> Drayage or Hauling              | <input type="checkbox"/> Design of Office Systems or Partition Layouts      |
| <input type="checkbox"/> Agent of National Van Line Company*      | <input type="checkbox"/> Cross-Dock Operation            | <input type="checkbox"/> Logistics & Distribution Transportation/Storage    |
| <input type="checkbox"/> Agent of Freight Forwarding Company      | <input type="checkbox"/> Air Freight                     | <input type="checkbox"/> Moving or Storage of Museum Fixtures or Exhibits   |
| <input type="checkbox"/> Household Goods Freight Forwarding       | <input type="checkbox"/> Pickup and Storage of Records   | <input type="checkbox"/> Customer Packed Storage Vaults Pickup & Delivery   |
| <input type="checkbox"/> On-Site or Off-Site Data Destruction     | <input type="checkbox"/> Commodities Freight Forwarding  | <input type="checkbox"/> Containerized (vault boxes or "pods") Self-Storage |
| <input type="checkbox"/> Backup of Customer's Computer Files      | <input type="checkbox"/> Licensed Customs House Broker   | <input type="checkbox"/> Standard (Packed By Owner) Self-Storage            |
| <input type="checkbox"/> Exhibits and Display Moving or Storage   | <input type="checkbox"/> Freight Consolidation/NVOCC     | <input type="checkbox"/> Piano or Musical Instrument Moving or Storage      |
| <input type="checkbox"/> Other (Describe):                        |  | <input type="checkbox"/> Theatrical or Cinema Moving or Storage             |

**\*Name of Van Line Company**

**CARGO LIABILITY COVERAGE**

<b>Any One Loss Limit:</b>	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	
<b>Aggregate In Transit Limit:</b>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$600,000	
<b>Valuation of Property Transported:</b>	_____ % At limited liability			_____ % On an Actual Cash Value Basis	
	_____ % At \$3.00 per pound valuation or lower			_____ % On a Replacement Cost Basis	
	_____ % > \$3.00 per lb or Declared valuation			_____ % Other (describe)	
	<i>Entries above should total 100%</i>			<i>Entries above should total 100%</i>	
<b>Breakdown of Method of Transport:</b>	_____ % Owned Vehicles		_____ % By Rail		_____ % By Air
	_____ % Contractor Vehicles		_____ % By Water		_____ % Non-Truck or On-Premises Moves

**SPECIFIC INFORMATION – CARGO COVERAGE**

Does Applicant issue a Bill of Lading on every shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many days in the Applicant's standard S.I.T. Period? <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> Other (describe)
Is Applicant subject to state regulation or to a Tariff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant regularly use sub-haulers? <input type="checkbox"/> Yes <input type="checkbox"/> No	What types of cargo paperwork does the Applicant issue? <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Contract for Move <input type="checkbox"/> Purchase Order <input type="checkbox"/> Master Moving Agreements <input type="checkbox"/> Freight Bill/ Short Form B/L <input type="checkbox"/> Other (describe)
Are contracts or hold-harmless agreements in place for any sub-haul arrangements? If "yes", provide a sample of the contract used <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant supply labor only for on-premises moves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant ever operate as a sub-hauler for any company other than the affiliated Van Line Company? If "yes", list companies and type of goods hauled. <input type="checkbox"/> Yes <input type="checkbox"/> No	When Applicant acts as a sub-hauler, please indicate the contractual charge-back amount: Per Pound: <input type="checkbox"/> \$0.60 <input type="checkbox"/> \$1.25 <input type="checkbox"/> \$4.00 Other: <input type="checkbox"/> Full Value <input type="checkbox"/> Replacement Value <input type="checkbox"/> Other (describe)

## MOVING & STORAGE PROGRAM – SUPPLEMENTAL INFO – Page 2

APPLICANT NAME:

### REVENUE SUMMARY BREAKDOWN

These figures are  ACTUAL or  ESTIMATED for the period: \_\_\_\_\_ to \_\_\_\_\_

TYPE OF REVENUE	AMOUNT OF REVENUE	% of Revenue from Direct Contract or Authority	% of Revenue under Van Line or Other Authority
<b>LOCAL MOVING OR HAULING (Within 100 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>ON-PREMISES MOVING OR INSTALLATION</b>	\$		
<b>REGIONAL MOVING (Within 101 - 300 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>LONG-HAUL MOVING (More than 300 Miles)</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS PICK UP & DELIVERY	\$		
"STORAGE TO GO" PICKUP & DELIVERY	\$		
FREIGHT FORWARDING DRAYAGE	\$		
<b>AIR FREIGHT</b>	\$		
<b>INTERNATIONAL MOVING</b>	\$		
<b>PACKING AND/OR CRATING</b>	\$		
<b>STORAGE OR WAREHOUSING</b>			
HOUSEHOLD GOODS	\$		
MILITARY PERSONAL PROPERTY	\$		
OFFICE FURNITURE, FIXTURES OR EQUIPMENT	\$		
SPECIAL PRODUCTS	\$		
BUSINESS RECORDS	\$		
SELF STORAGE OR CONTAINERIZED SELF STORAGE	\$		
WAREHOUSE HANDLING OR S.I.T. CHARGES	\$		
<b>OTHER SALES OPERATIONS</b>	\$		
<b>BOOKING COMMISSIONS OR FEES</b>	\$		
<b>VALUATION OR INSURANCE CHARGES</b>	\$		
<b>CONSULTING SERVICES</b>	\$		
<b>OTHER INCOME (Describe)</b>	\$		
	\$		
<b>TOTAL REVENUE FROM ALL SOURCES:</b>	\$		