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**LAST MILE DELIVERY PACKAGE
 SUPPLEMENTAL QUESTIONNAIRE**

POLICY INFORMATION

FIRST NAMED INSURED:
CORPORATE FEDERAL IDENTIFICATION NUMBER(s):

GENERAL CORPORATE INFORMATION

1. Ownership:

CORPORATE OWNERS, OFFICERS, PARTNERS or MANAGING DIRECTOR			
NAME	TITLE	YEARS OF EXP	YEARS W/ ORGANIZATION

Is the Company a Subsidiary of another Entity or do you have any Subsidiaries? If YES , please provide the officer ownership percentage and description of operations for each subsidiary on a separate attachment.	Y <input type="checkbox"/> N <input type="checkbox"/>
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2. Filing Information: (Must be Accurate for Proper Filing)

USDOT NAME (ICC FILING):			
MC NUMBER:	DMV-CA NUMBER:		
STATE FILING NAME (FORM E&H):			
STATE OPERATING AUTHORITY NUMBER (PUC):			
OTHER:			

3. General Operations:

Does your Company: Act as a Freight Forwarder under YOUR authority or permit?	Y <input type="checkbox"/> N <input type="checkbox"/>
Arrange for Shipments by air, rail or overseas under YOUR authority or permit?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your Company conduct Business other than last mile delivery? If YES , please provide description of these operations and revenue/payroll of each on a separate attachment.	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your Company issue a bill of lading and a storage receipt on all shipments or have a master agreement with all customers to establish valuation in transit and storage?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your Company perform on-site installation/assembly? If YES , provide description & payroll: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your Company do any onsite installation that requires a contractor's license? If YES , please describe these operations: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have any other trailer interchange agreements with other companies? If YES , please provide copy.	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you train employees/contractors on manufacturing installation to meet manufacturer specifications?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

4. Number of Drivers:

	# of Company Drivers	# of Contractors operating under your authority	# of Contractors operating under their authority
Current Year			
Previous Year			
Year 3			
Year 4			

TRUCKERS INFORMATION

1. Your Radius of Operation-Your Operating Authority

Miles	0-50 Local	51-100 Limited Intermediate	101-200 Intermediate	201-300 Extended Intermediate	*301-500 Limited Long Haul	*501+ Extended Long Haul
(In %)	%	%	%	%	%	%

*For any long haul 301-500 or 500+ please complete long haul supplemental application and provide IFTA reports.

2. Contractors Radius of Operations-Operating Under Contractor Authority

Miles	0-50 Local	51-100 Limited Intermediate	101-200 Intermediate	201-300 Extended Intermediate	*301-500 Limited Long Haul	*501+ Extended Long Haul
(In %)	%	%	%	%	%	%

3. General Automobile Information:

Are all vehicles registered to the named insured? If NO, advise registered owner, relationship and specify unit # on a separate attachment.	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you use contract drivers? If YES,	Y <input type="checkbox"/> N <input type="checkbox"/>
Are the contract driver vehicles operating under your authority scheduled on this policy?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do they haul exclusively for you?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you expect to offer our last mile delivery program to our contractor fleet for contractors operating under their own authority? If YES, please provide a copy of your contractor lease agreement and insurance requirements.	Y <input type="checkbox"/> N <input type="checkbox"/>
What is the average annual expense for rented/leased vehicles not scheduled on the auto policy?	\$
Is there a written vehicle maintenance program? If YES, does it include:	Y <input type="checkbox"/> N <input type="checkbox"/>
Regular Preventative maintenance?	Y <input type="checkbox"/> N <input type="checkbox"/>
Safety & Pre-Trip Inspections?	Y <input type="checkbox"/> N <input type="checkbox"/>
Certified Mechanics?	Y <input type="checkbox"/> N <input type="checkbox"/>

4. Driver Hiring Practices:

Do you obtain/review Motor Vehicle Reports (MVRs) on new drivers/contractors prior to hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you review MVRs on all drivers/contractors annually?	Y <input type="checkbox"/> N <input type="checkbox"/>
What are the criteria for acceptable driving records?	
# of violations:	
# of accidents:	
# of violations/accidents combined:	
Please indicate how drivers are compensated (hourly/per job/% of revenue/other):	
Do you order a background check on all employees/contractors and potential hires?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is there a formal applicant screening process:	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there written job descriptions with minimum qualifications?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are experience/job qualifications verified for each new hire?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you lease employees?	Y <input type="checkbox"/> N <input type="checkbox"/>
What is the estimated annual employee turnover for key positions including managers, supervisors & drivers?	%
Are company or contract drivers required to have two years of driving similar equipment for hiring or contract purposes?	Y <input type="checkbox"/> N <input type="checkbox"/>

WAREHOUSE INFORMATION

1. Types of Goods Stored:

NEW HOUSEHOLD GOODS/OFFICE FURNISHINGS:	%	APPLIANCES:	%
ELECTRONICS:	%	FINE ARTS:	%
BUSINESS RECORDS:	%	ANTIQUES:	%
OTHER COMMODITIES: (DESCRIBE)			

2. Location Information:

GENERAL INFORMATION	LOCATION #1	LOCATION #2	LOCATION #3
ADDRESS: CITY, STATE:			
YEAR BUILT:			
SQUARE FEET:			
% OF WAREHOUSE RENTED TO OTHERS:	%	%	%
SPRINKLERED:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PROPERTY SKIDDED:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
ALARM: (CENTRAL STATION/LOCAL)			
EXTERIOR YARD LIGHTED:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PREMISE FENCED:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
SECURITY CAMERA:	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

WAREHOUSE ALLOCATION (Provide Estimated Value of Each)

ELECTRONICS:	\$	\$	\$
BUSINESS RECORDS:	\$	\$	\$
NEW HOUSEHOLD GOODS/OFFICE FURNISHINGS:	\$	\$	\$
APPLIANCES:	\$	\$	\$
FINE ARTS/ANTIQUES:	\$	\$	\$
OTHER:	\$	\$	\$
FOR OTHER, PLEASE DESCRIBE:			

MISCELLANEOUS INFORMATION

WAREHOUSE LEGAL LIABILITY LIMIT REQUESTED:	\$	\$	\$
DEDUCTIBLE:	\$	\$	\$

CARGO INFORMATION

1. Types of Goods Carried:

NEW HOUSEHOLD GOODS/OFFICE FURNISHINGS:	%	APPLIANCES:	%
ELECTRONICS:	%	FINE ARTS:	%
BUSINESS RECORDS:	%	ANTIQUES:	%
OTHER COMMODITIES: (DESCRIBE)			

2. What % of Cargo Revenue is released between:

\$.60/lb. or Under	\$0.61 - \$1.25/lb.	\$1.26 - \$2.50/lb.	\$2.50/lb. and Over
%	%	%	%
PLEASE LIST TOP 10 CUSTOMERS:			

3. Limits & Deductible (Please Select):

\$25,000 ANY ONE UNIT / \$50,000 ANY ONE LOSS	<input type="checkbox"/>
\$50,000 ANY ONE UNIT / \$100,000 ANY ONE LOSS	<input type="checkbox"/>
\$100,000 ANY ONE UNIT / \$100,000 ANY ONE LOSS	<input type="checkbox"/>
\$100,000 ANY ONE UNIT / \$200,000 ANY ONE LOSS	<input type="checkbox"/>
\$200,000 ANY ONE UNIT / \$400,000 ANY ONE LOSS	<input type="checkbox"/>
\$250,000 ANY ONE UNIT / \$250,000 ANY ONE LOSS	<input type="checkbox"/>
\$250,000 ANY ONE UNIT / \$500,000 ANY ONE LOSS	<input type="checkbox"/>
\$400,000 ANY ONE UNIT / \$400,000 ANY ONE LOSS	<input type="checkbox"/>
\$500,000 ANY ONE UNIT / \$500,000 ANY ONE LOSS	<input type="checkbox"/>
OTHER: PLEASE SPECIFY \$ _____ ANY ONE UNIT / \$ _____ ANY ONE LOSS	<input type="checkbox"/>
Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> OTHER: \$ _____	

EQUIPMENT INFORMATION

1. Equipment Coverage

MISCELLANEOUS:	LIMIT	DEDUCTIBLE (Min-\$1,000)
MISC. EQUIPMENT:	\$	\$
FORK LIFTS / SELF PROPELLED VEHICLES:	\$	\$
PORTABLE ELECTRONIC EQUIPMENT:	\$	\$
MOFFETTS:	\$	\$

Officer Name: _____

Officer Title: _____

Signature: _____

Date: _____