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| REtail ShippING Insurance ApplicationSubmit a **FULLY** completed application and your current insurance policy to RSAQuotes@chubb.com |
| APPLICANT INFORMATION |
| Contact Name: | Phone: | Email: |
| Policy Effective Date: | Current Policy Premium: | Current Insurance Company: |
| Business Name (with DBA, if applicable): |
| **Legal Entity:**  | **FEIN# (or SSN, if no FEIN):**  | **Years in Business:** |
| Annual Sales (REQUIRED): | Number of Employees: | Number of locations: |
| **Select the lines of business to quote:** [ ]  Business Owner’s Policy (Property & General Liability) [ ]  Workers Comp [ ]  Auto [ ]  Umbrella [ ]  Cyber [ ]  Notary Bond [ ]  Notary Professional Liability [ ]  Retail Shippers Professional Liability |

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| **BUSINESS OWNERS’ POLICY** |
| Store Address: |
| City: | State: | Zip: |
| Business Personal Property/Contents (REQUIRED): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built:  | Building Unit Sprinkler: [ ]  Yes [ ]  No  |
| **Additional Insureds to be Listed:** (Lease agreements typically require the building owner to be listed an as Additional Insured) |
| **Additional Coverages or Information to Provide:** |

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| **WORKERS COMPENSATION** |
| **Class Code:** |
| **Total Annual Employee Payroll: $** | **# Of Employees:** | **Full Time:** | **Part Time:** |
| **Class Code:** |
| **Total Annual Employee Payroll: $** | **# Of Employees:** | **Full Time:** | **Part Time:** |
| **Is the Owner/Officer Included or Excluded:** [ ]  **Included** [ ]  **Excluded** | **Officer/Owners Name and Title:** |

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| **LOSS INFORMATION** |
| **Has there been any claims in the last 5 years?** [ ]  **Yes** [ ]  **No (If yes, answer the following questions)** |
| **Date of loss:**  | **Amount Paid:** | **Status of claim:** [ ]  **Open** [ ]  **Closed**  |
| **Description of Loss:** |
| **Date of loss:**  | **Amount Paid:** | **Status of claim:** [ ]  **Open** [ ]  **Closed**  |
| **Description of Loss:** |

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| **UNDERWRITING QUESTIONS** |
| 1. Does the applicant offer other services besides preparing and shipping packages, receiving packages, photocopying, faxing, word processing, wiring money, envelope stuffing, printing, notary, renting mailboxes, and sale of office products? [ ] Yes [ ] No
	1. If yes, what additional services are offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the applicant offer freight shipping services (i.e., large items > 150lbs. or not shipped by a common carrier, such as UPS, FedEx, DHL, USPS)

□ Yes □ No* 1. If yes, what percentage of revenue is attributed to freight shipping? \_\_\_\_\_\_\_\_\_\_%
1. Does the applicant ship any of the following: Live animals, gasoline, fuel, or other petroleum products; Hazardous waste; Combustible or other explosive materials; Biomedical products; Dangerous goods, such as weaponry; Automobiles?

□ Yes □ No* 1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does the applicant offer trucking or moving services (i.e., transporting goods utilizing your own vehicles)?

□ Yes □ No* 1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Does the applicant offer U-Haul Vehicle Rentals? □ Yes □ No
	1. If yes, what percentage of revenue is attributed to U-Haul Rentals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How many Units do you have at any one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the Applicant a subsidiary of another entity or does the applicant have any subsidiaries? □ Yes □ No
	1. If yes, provide additional details, including subsidiary company name, Relationship Description, and % Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does the applicant have other business ventures for which coverage is not requested? □ Yes □ No
	1. If yes, is coverage purchased elsewhere? □ Yes □ No
2. Does the applicant have any other insurance with CHUBB? □ Yes □ No
	1. If yes, please provide Line(s) of Business and Policy Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has the applicant had any policy or coverage declined, cancelled, or non-renewed during the prior three (3) years for any premises or operations due to Non-Payment, Non-Renewal, Agent No longer represented Carrier, or for Underwriting Reasons?

□ Yes □ No* 1. If yes, indicate which of the following, and provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. During the last five (5) years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the applicant have any uncorrected fire and/or safety code violations? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has the applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has the applicant had a judgement or lien during the last five (5) years? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Does the applicant own vehicles in the business name? [ ]  Yes [ ]  No
6. Does the applicant offer delivery services? [ ]  Yes [ ]  No If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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\*Chubb program eligibility is subject to underwriting review and follows state guidelines. Coverage is not available in LA, HI, and AK and is limited in FL.

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| **ADDITIONAL LOCATIONS**(Only applicable if you own more than one store under the same entity) |
| **ADDITIONAL LOCATION**  |
| **Store Address:**  |
| **City:** | **State:** | **Zip:** |
| Business Personal Property Limit (Contents): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built: | Sprinkler: [ ]  Yes [ ]  No  | What % of the building is occupied: |

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| **ADDITIONAL LOCATION**  |
| **Store Address:**  |
| **City:** | **State:** | **Zip:** |
| Business Personal Property Limit (Contents): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built: | Sprinkler: [ ]  Yes [ ]  No  | What % of the building is occupied: |

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| **ADDITIONAL LOCATION** |
| **Store Address:**  |
| **City:** | **State:** | **Zip:** |
| Business Personal Property Limit (Contents): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built: | Sprinkler: [ ]  Yes [ ]  No  | What % of the building is occupied: |

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| **ADDITIONAL LOCATION** |
| **Store Address:**  |
| **City:** | **State:** | **Zip:** |
| Business Personal Property Limit (Contents): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built: | Sprinkler: [ ]  Yes [ ]  No  | What % of the building is occupied: |

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| **ADDITIONAL LOCATION** |
| **Store Address:**  |
| **City:** | **State:** | **Zip:** |
| Business Personal Property Limit (Contents): $ | Building Limit (If applicant owns building): $ |
| Building Sq footage occupied by applicant: | Sq Footage of Building (If applicant owns building): |
| Year Built: | Sprinkler: [ ]  Yes [ ]  No  | What % of the building is occupied: |

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| AUTO APPLICATION (Only applicable for Autos in the Business Name) |
| Vehicle/Trailer Information |
| Year:  | **Make & Model:**  |
| **VIN:**  | **Vehicle Type:** Choose an item. |
| GVW: Choose an item. | **Is the vehicle only used for personal use?** [ ] Yes [ ] No  | **If No, Vehicle Usage Detail:** Choose an item.  |
| **Garaging Location:** | **Is the Registration State the same as the Garaging State?** [ ] Yes [ ] No |
| Cost New:  | **Ownership:** Choose an item. |
| Annual Mileage:  | **Driving Radius:** Choose an item. |
| Has the vehicle been customized or modified in any way?[ ]  Yes [ ]  No | **If Yes, Value of Modifications:**  |
| **Description of Modifications:**  |
| **What’s the primary use of this vehicle?** Choose an item. | **What’s the average number of trips per day?** Choose an item. |
| **Vehicle Coverage Type:** Choose an item. | **Comp Deductible:** Choose an item. | **Collision Deductible:** Choose an item. |
| **Include Rental Reimbursement?** [ ] Yes [ ] No  | **Included Towing & Labor Expenses?** [ ] Yes [ ] No  |

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| Year:  | **Make & Model:**  |
| **VIN:**  | **Vehicle Type:** Choose an item. |
| GVW: Choose an item. | **Is the vehicle only used for personal use?** [ ] Yes [ ] No  | **If No, Vehicle Usage Detail:** Choose an item.  |
| **Garaging Location:** | **Is the Registration State the same as the Garaging State?** [ ] Yes [ ] No |
| Cost New:  | **Ownership:** Choose an item. |
| Annual Mileage:  | **Driving Radius:** Choose an item. |
| Has the vehicle been customized or modified in any way?[ ]  Yes [ ]  No | **If Yes, Value of Modifications:**  |
| **Description of Modifications:**  |
| **What’s the primary use of this vehicle?** Choose an item. | **What’s the average number of trips per day?** Choose an item. |
| **Vehicle Coverage Type:** Choose an item. | **Comp Deductible:** Choose an item. | **Collision Deductible:** Choose an item. |
| **Include Rental Reimbursement?** [ ] Yes [ ] No  | **Included Towing & Labor Expenses?** [ ] Yes [ ] No  |
|  |
| Driver Information |
| First, Middle Initial, Last Name:  | **Date of Birth:**  |
| **Driver License#:** | **State:**  |
| **Driver’s Marital Status:** Choose an item. | **Driver’s Relationship to Company:** Choose an item. |
| **Gender:** Choose an item. | **Driver’s Primary Vehicle:** |
| **Has the driver been licensed for at least 5 years?** [ ] Yes [ ] No  | **Does this driver have a commercial driver’s license?** [ ] Yes [ ] No |
| **Has the driver incurred one or more accidents or violations in the past 3 years?** [ ] Yes [ ] No  |
| **If Yes, Date of Occurrence:** Click here to enter a date. | **Incident Type:** Choose an item.  |

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| --- | --- |
| **First, Middle Initial, Last Name:**  | **Date of Birth:**  |
| **Driver License#:** | **State:**  |
| **Driver’s Marital Status: Choose an item.** | **Driver’s Relationship to Company: Choose an item.** |
| **Gender: Choose an item.** | **Driver’s Primary Vehicle:** |
| **Has the driver been licensed for at least 5 years?** [ ] Yes [ ] No | **Does this driver have a commercial driver’s license?** [ ] Yes [ ] No |
| **Has the driver incurred one or more accidents or violations in the past 3 years?** [ ] Yes [ ] No  |
| **If Yes, Date of Occurrence:** Click here to enter a date. | **Incident Type:** Choose an item.  |