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| REtail ShippING Insurance Application Submit a **FULLY** completed application and your current insurance policy to [RSAQuotes@chubb.com](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*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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| **Store Address:** | | | |
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| 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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| **Store Address:** | | | |
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| 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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| **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 | | |
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| 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. |