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| REtail ShippING Insurance ApplicationSubmit application and current policy, if available to RSAQuotes@chubb.com |
|  |
| APplicant Information |
| Policy Effective Date: Click here to enter a date. | Expiration Date: Click here to enter a date. | Expiring Premium:  |
| **Business Name:**  | **DBA, if applicable:**  |
| **Primary Location Address:**  |
| City:  | State:  | Zip Code:  |
| **Mailing Address:**\*If different than primary store location |
| City:  | State:  | Zip Code:  |
| **Legal Entity:**  | **SS#/FEIN:**  |
| Years in Business:  | Years of Experience:  | **Prior Carrier:**  |

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| **Annual Sales:** | **Number of locations:** |
| **Notary on Staff:** [ ] Yes [ ] No | **Number of Employees:** |  |
| What is your membership level in the Retail Shippers Association? [ ] Premier Member [ ] Basic Member [ ] Prospective Member |

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| **Contact Name:** | **Phone:** | **Email:** |

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| **Please select the lines of business to quote:** [ ]  Business Owner’s Policy (Property & General Liability) [ ]  Workers Comp [ ]  Auto [ ]  Cyber [ ]  Umbrella [ ]  Notary Bond |

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| Loss Information  |
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| Have there been any losses in the previous 5 years? (If yes, answer the questions below)[ ] Yes [ ] No |
| Date of Loss: Click here to enter a date. | **Type of Loss:** Choose an item. |
| Amount Paid:  | **Amount Reserved:**  |
| Status: Choose an item. | **Subrogation:** [ ] Yes [ ] No |
| **Description of Loss:** |

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| Property Information(Repeat section for each additional location requested) |

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| Property Deductible: Choose an item. | Property Coverage: Choose an item. |
| # Of Buildings:  | **Business Personal Property Limit:** | Building Limit:\*If building is owned by applicant |
| Construction: Choose an item.  | Sq. Ft. Occupied by Applicant:  | Sq Ft. of Building:\*If building is owned by applicant |
| Year Built:  | **Sprinkler:** [ ] Yes [ ] No  | **What % of the building is occupied:**  |
| Other:  |

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| Business OWNER’S Optional Coverages Information |
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| Retail Shippers Professional Liability: [ ] Yes [ ] No  |
| Notary Public Professional Liability: [ ] Yes [ ] No  |
| Hired Auto and Non-Owned Auto Liability: [ ] Yes [ ] No  |
| If yes, does the applicant offer delivery service? [ ] Yes [ ] No  | If yes, does the applicant own any vehicles? [ ] Yes [ ] No  |
| Any Additional Coverages:  |
| Any Required Additional Insureds to be Listed:  |

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| Workers Compensation  |

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| Employer’s Liability Limits: Choose an item. | **Include/Exclude Executive Officer:** [ ] Include [ ] Exclude |
| Officers Name:  | **Title:**  |
| Class Code: 8742 - Salespersons |
| Employee Payroll:  | #Of Employees:  | **Full Time:**  | Part Time:  |
| Class Codes:  |
| Employee Payroll:  | #Of Employees:  | **Full Time:**  | Part Time:  |

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| Cyber Information  |

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| Company’s Website:  |
| Prior Fiscal Year Global Revenue:  | % Domestic Revenue:  | Projected Next Fiscal Year Global Revenues (Optional):  |
| Do you know the number of protected Records? Choose an item. |
| Number of Protected Records OR Range: Choose an item. |
| Policy Limits: Choose an item. | Sublimit Desired: Choose an item. | Deductible: |

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| Umbrella |

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| Commercial Umbrella Limit: Choose an item. |
| Workers’ Compensation: ☐Chubb Coverage ☐3rd Party Coverage **Underlying Limit**:  | Auto: ☐Chubb Coverage ☐3rd Party Coverage **Underlying Limit**:  | Foreign Package: ☐Chubb Coverage **Underlying Limit:****Total Premium:**  |

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| Notary Bond |

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| Will you be requesting a Notary Bond Quote at this time: [ ] Yes [ ] No  |
| If no, would you like us to contact you when your notary bond expires? [ ] Yes [ ] No  | If yes, please provide the effective date: Click here to enter a date. |

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Yes □ No* 1. If yes, what percentage of revenue is attributed to freight shipping? \_\_\_\_\_\_\_\_\_\_%
1. Do you 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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	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 applicant have other business ventures for which coverage is not requested? □ Yes □ No
	1. If yes, is coverage purchased elsewhere? □ Yes □ No
2. Do you have any other insurance with CHUBB? □ Yes □ No
	1. If yes, please provide Line(s) of Business and Policy Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you 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? *(Question not applicable in MO)*

□ 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 Applicant have any uncorrected fire and/or safety code violations? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has 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 applicant had a judgement or lien during the last five (5) years? □ Yes □ No
	1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Auto |

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| If you own vehicles in the business name and would like an Auto quote, please complete the Retail Shipping Auto Application below |
| Retail Shipping Auto Application |
| All questions contained in this form are required to provide an INTIAL quote with several subjectivities |
| APplicant Information |
| Policy Effective Date: Click here to enter a date. |
| Named Insured:  |
|  |
| Business Auto information |

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| 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.  |