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| REtail ShippING Insurance Application Submit application and current policy, if available to [RSAQuotes@chubb.com](mailto:RSAQuotes@chubb.com) | | | | | | |
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| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you 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. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you offer trucking or moving services (i.e., transporting goods utilizing your own vehicles)?   □ Yes □ No   * 1. If yes, provide additional details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you 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 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: |
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| 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. |