



Mover's Choice Program
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DAY MOVING OPERATIONS W/O WAREHOUSE SUPPLEMENTAL QUESTIONNAIRE

POLICY INFORMATION

Name Effective Date: _____			
Address _____			
Web Address: _____		Email Address: _____	
		Fed ID: _____	

The following items should accompany this supplemental questionnaire:

- ACORD Applications {Commercial Acord, Property, General Liability, Truckers, Umbrella Application}
- Sample Bill of Lading 4 years loss history
- Drivers List with **MVRS** Current Credit Score, Financial Statement, or Year Tax Return

1. Ownership

Date company or predecessor was established: _____ (Must have 5 years in business to qualify)			
Please provide the following information for company owners, officers, partners, or managing directors:			
Name	Title	Yrs. of Experience	Yrs. with Organization

2. Filings: (Please provide accurate information for proper filing)

USDOT Name:		USDOT#:	
MTMC:		MC/MX #:	
Other filing requirements:			

3. General Operations

Area of Operation: While operating under <i>your own primary automobile insurance</i> :			
What cities (metropolitan areas) do you service?			
_Normal radius of operation:	0 – 50 miles	%	
	51 – 100 miles	%	
	100 – 250 miles	%	
	Over 250 miles	%	(If operation goes over 250 miles – Attach last four quarterly fuel tax schedule reports)

Are you a subsidiary of another entity or do you have any subsidiaries? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct any other business other than moving and storage (i.e., sale or manufacture of boxes, self-storage, furniture or fixture installation, rigging, equipment rental, and auto repair)? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use contract drivers or owner/operators? If yes, are contract drivers or owner/operator vehicles scheduled on this policy? Do they haul exclusively for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do others own any scheduled vehicles? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the average annual cost of renting or leasing vehicles not shown on the auto policy?	\$
What percentage of your off-premises packing and crating is done by your employees (not independent or sub-contractors)?	%
Do you issue a bill of lading or other contract on <u>all</u> moves? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated annual employee turnover ratio for key positions including managers, supervisors, drivers, etc.)?	%
Hiring practices: a. Do you lease employees form an employee leasing firm? b. Do union hiring practices preclude employee selection based upon skill? (If yes, attach a copy of the leasing agreement.) c. Is there a formal applicant screening process? d. Are there written job descriptions with minimum qualifications? e. Are experience and qualifications verified for each new hire? f. Are demonstrations of "critical skills" required prior to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
How are drivers compensated?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Trip <input type="checkbox"/> Other
Do you obtain and review MVR's on new drivers prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your criteria for acceptable driving records?	# of violations # of accidents # of violations/accidents combined
Do you review MVR's for all drivers at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Drivers?	
Do you have a formal written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees participate in the analysis of exposures and review of losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does you have established procedures in place to minimize losses and exposures to loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a written vehicle maintenance program? Does it include: a. Regular, preventive maintenance? b. Certified mechanics? c. Safety & Pre-trip inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

