

**CAPACITY COVERAGE COMPANY
COMMERCIAL INSURANCE APPLICATION**

APPLICANT INFORMATION

Named Insured _____	Phone _____
_____	Fax _____
Mailing Address _____	E-Mail address _____
_____	Federal Tax ID # _____
Street Address _____	Years in Business _____

Proposed Effective Date: _____	(If less than one year attach outline of prior experience) Contact Person/Title _____

DESCRIPTION OF OPERATIONS

TYPE OF WORK		MILEAGE RADIUS	
Rush: 2 Hours or Less	_____ %	0 – 50 miles	_____ %
Route	_____ %	51 – 100 miles	_____ %
Other	_____ %	101 – 300 miles	_____ %
On Demand*	_____ %	Over 300 miles	_____ %
Residential: _____ %	Commercial _____ %	Largest City Entered _____	
*One shot deliveries with no specific time constraints		Are you a licensed Freight Broker: _____	

TYPE OF MESSENGERS

	Drivers		Bikers		Walkers	
	Number P-T* F-T	Payroll/Cost W-2/1099	Number	Payroll/Cost W-2/1099	Number	Payroll/Cost W-2/1099
Ind. Contractors						
Employees						

DO YOU HAVE CONTRACTS WITH YOUR INDEPENDENT CONTRACTORS? YES _____ NO _____

* P-T - Part time is 20 hours or less per week on average or drivers earning 50% or less of average full-time driver.

GROSS ANNUAL REVENUE

Last fiscal year: _____	\$ _____
Current fiscal year (estimate): _____	\$ _____

OPERATING AUTHORITY

FHA Authority (formerly ICC) Yes _____ No _____ Docket Number _____ (Please provide copies of current filings)

PUC Authority States: _____

Completed by _____ (Type or Print Name and Title)

Signature _____	Title _____	Date _____
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CURRENT INSURANCE INFORMATION

COVERAGE	CURRENT CARRIER	PREMIUM	EXPIRATION DATE
Property			
General Liability			
Automobile (Owned Veh.)			
Hired & Non-Owned Auto			
Cargo			
Crime			
Workers' Compensation			
Umbrella			
Other (list)			

Please provide copies of the above policies. We can often obtain additional information from policies that is helpful in putting together our quotation.

In addition to the completed application, we require the following items:

- "Loss Runs" for all lines of coverage being quoted for the last Five (5) years.
- **FOR OWNED or HIRED & NON-OWNED AUTO: Motor Vehicle Reports (MVR's) for all drivers (not more than 30 days old). If you cannot provide MVR's, we will obtain them for you at our cost of \$10.00 each. Please enclose a check for the total made payable to Capacity Coverage Company. We cannot provide a quotation without the MVR's or payment.**
- Your Bill of Lading or other shipping receipt AND A COPY OF ALL CONTRACTS
- Sample of Independent Contractor Agreement (if applicable).
- Copies of current filings (if applicable).

In the following specific coverage sections of the application, many limits will already be filled in. These are automatically included within the standard coverage(s). If you require different limits, please indicate those in the 'requested' column.

New Jersey law requires us to notify you of the following: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

CARGO APPLICATION

	LIMITS	
	Standard	Requested
Any One Loss, Disaster or Casualty-Any One Occurrence	\$ 25,000	\$
Sub-limits:		
1. In or on any one cargo conveyance	\$ 25,000	\$
2. Loss of market; loss of use or delay, per occurrence	\$ 5,000	\$
3. In or at any one unscheduled terminal, per occurrence	\$ 25,000	\$
Deductible Requested	\$2,000 (minimum)	\$

SPECIFIC WAREHOUSE: (complete Warehouse Section)

BANK WORK: (Reconstruction & Face Value-Complete Attached Supplemental in full with limits needed)

EMPLOYEE DISHONESTY: (Complete attached Crime Section Supplemental)

Any special coverages needed? (Explain) _____

Do you do any work on behalf of Banks or other Financial Institutions? _____ (if yes "Reconstruction/Face Value" supplement must be completed in full).

Cargo Claim history past 5 years (attach loss runs, if none, write none) _____

Do you use a B.O.L. (or any shipping receipt) specifying a "Limit of Liability"? _____ Yes _____ No

If Yes, what is the limitation? \$ _____ If No-Why Not? _____

COMMODITIES CARRIED	PERCENT OF REVENUE	MAX VALUE PER VEHICLE
Cash and/or Negotiable Documents		
Non-Negotiable Financial Documents – please attach a separate sheet with details of type and customers		
Jewelry/Precious Metals		
Pharmaceuticals: (COMPLETE SUPPLEMENTAL ATTACHED)		
Perishables		
Electronics including Mobile Phones & Related Accessories		
Fine Arts		
Other (Miscellaneous Small Packages and Envelopes not otherwise classified)		

WAREHOUSING SUPPLEMENT

(This must be completed if you have any kind of warehousing operation)

Address of Warehouse:

Total Area (in cubic capacity or # of storage lots) of premises available for storage listed above:

Total Area of Building:

Area you occupy:

If multi tenant, describe other occupancies:

Building Description: # Stories

Basement?

Exterior Wall Construction:

Roof Type

Floor Type

Premises Protection: Sprinklered?

Yes

No

Central Station Alarm?

Yes

No

Burglary Included?

Yes

No

Estimated total values in storage during the previous year (20____):

Maximum at any one time:

Average at any one time:

Do you issue a 'warehouse receipt'?

Yes

No

(if so, attach a copy)

If not, do you have any form of written agreement with customers as to who is responsible, for what and

how much? Yes No (If so, attach a copy or describe in detail how you limit your liability)

How often do stored commodities turnover? (List by commodity)

Gross Receipts (from warehousing only):

Last complete fiscal year (20____) \$

Estimated for current year (20____) \$

	AVERAGE \$ VALUE	MAXIMUM \$ VALUE
Food/Perishables – Describe!	\$	\$
Furniture	\$	\$
Electronics	\$	\$
a. TV, Radio/Stereo, etc.	\$	\$
b. Computer Equipment/Parts	\$	\$
c. Mobile Phones and/or SIM Cards	\$	\$
Office Products (other than computer)	\$	\$
Appliances (other than TV/Radio, etc.)	\$	\$
Chemicals or Liquids of any kind – DESCRIBE IN DETAIL	\$	\$
Pharmaceuticals – Describe and also Narcotics %	\$	\$
Liquor, Wine, Spirits	\$	\$
Auto Parts	\$	\$
Other (Describe)	\$	\$

**RECONSTRUCTION and/or FACE VALUE INSURANCE
SUPPLEMENTAL APPLICATION**

(PLEASE COMPLETE ONE FORM FOR EACH BANK)

Bank or Financial Institution Name: _____

Cities/States Involved: _____

1. LIMITS OF LIABILITY REQUIRED - per Occurrence:	INDICATE BELOW	
a) Document Reconstruction Limit Only (no face value)	\$	
b) Face Value Limit Only (no reconstruction)	\$	
c) Document Reconstruction & Face Value-Combined Limit	\$	
d) Third Party Employee Dishonesty to be Included ??	Yes or No	
Deductible desired:		
2. Branch Information:		
a. Number of branches:		
b. Number of daily pickups:		
c. Number of branches any one vehicle visits before proceeding to Data Processing Center:		
d. Number of days per week:		
e. Number of "On Us" items per route:	Average:	Max.:
f. Average Face Value (per item):	Average:	Max.:
g. Any checks photocopied or microfilmed prior to transit?	Yes:	No:
1. If so, is there a minimum amount that triggers this?		
h. Average # of items per route/per day:		
3. Are routes for this Bank dedicated?:	Yes:	No:
a. If not, how many banks are "co-mingled"?		
4. Fire proof/resistant bags used?		
5. How are bags labeled?		
6. How many total vehicles are used for this contract?	#	
7. Describe Security of Vehicles Used on Route -		
8. Are drivers educated with the fact that there is nothing in the bags of intrinsic value?	Yes:	No:
9. Is your liability addressed in a contract with the Bank?	Yes:	No:
Please attach a copy of page(s) in contract outlining Courier Company's liability.		

RECONSTRUCTION and/or FACE VALUE INSURANCE APPLICATION

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10. Does the bank have a check reconstruction procedure?

Yes:

No:

a. Briefly describe:

11. How and when does the bank make the determination that a destroyed/lost item(s) can't be reconstructed and must be deemed a "face value" claim?

THIS QUESTION MUST BE ANSWERED

12. Annual Gross Revenue Derived from this Bank Contract: \$

PHARMACEUTICAL SUPPLEMENT

(This must be completed if you carry any kind of Pharmaceuticals)
COMPLETE SEPARATE FORM FOR EACH CUSTOMER CONTRACT

1. Proposed total annual revenue from the Pharmaceutical contract \$ _____

Name of Customer: _____

Revenue breakout for each contract and between any line hauls and route trucks.

2. Line haul Revenue: \$ _____

3. # daily linehauls: _____

4. Route Revenue: \$ _____

5. # daily routes (non-linehauls): _____

6. Average per truck value –route: \$ _____

7. Maximum per truck value– route: \$ _____

8. Average value per truck- line haul: \$ _____

9. Maximum per truck value- line haul: \$ _____

10. Total # of line hauls and/or route trucks on the road at any one time: _____

11. Vehicle security and any other security measures: _____

12. One man or two man crews? _____

13. The percentage of narcotics on each shipment: _____%

14. Describe how pharmaceuticals are wrapped and secured in truck: _____
