

Supplemental Application for HOUSEHOLD GOODS OPERATIONS

APPLICANT NAME:

REQUESTED EFFECTIVE DATE:

GENERAL DESCRIPTION OF THIS INDUSTRY SEGMENT:

"HOUSEHOLD GOODS" operation means the transportation, storage, handling, packing and other related services for Shipper's Goods or Customer's Goods. For this Industry Segment, Shipper's Goods or Customer's Goods means personal effects, furniture, furnishings, household appliances, household electronics, equipment or supplies used or to be used in a dwelling and/or similar property.

SPECIFIC OPERATIONS CONDUCTED BY APPLICANT (Check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Used Household Goods Moving | <input type="checkbox"/> New Household Goods Storage | <input type="checkbox"/> Packing & Crating | <input type="checkbox"/> Military Household Goods Moving |
| <input type="checkbox"/> Used Household Goods Storage | <input type="checkbox"/> Agent of National Van Line Company | <input type="checkbox"/> Packing Material Sales | <input type="checkbox"/> Military Households Goods Storage |
| <input type="checkbox"/> New Household Goods Moving | <input type="checkbox"/> Agent of Freight Forwarding Company | <input type="checkbox"/> Logistics & Distribution | <input type="checkbox"/> Other (describe below) |

SPECIAL COVERAGE OPTIONS FOR THIS OPERATION

Remediation Coverage for Water Incidents : \$15,000 at unspecified locations and \$10,000 at specified locations (\$25,000 single limit in Florida)

LICENSES, PERMITS, or CERTIFICATES and REFERENCE OR DOCKET NUMBERS: (Check all that apply and show permit numbers and exact names)

- | | | |
|--|--|---|
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> SDDC for: <input type="checkbox"/> Transit <input type="checkbox"/> Storage | <input type="checkbox"/> FMCSA MC# _____ |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | For SDDC Transit show SCAC # _____ For SDDC Storage show RSMO in remarks | |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> Department of Agriculture: | <input type="checkbox"/> Illinois <input type="checkbox"/> Wisconsin <input type="checkbox"/> Other |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> Other Permits (describe): _____ | |

PROFESSIONAL ASSOCIATIONS or CERTIFICATIONS (Check all that apply):

- | | | | |
|---|---------------------------------|---|--|
| <input type="checkbox"/> State Moving or Trucking Association | <input type="checkbox"/> AMSA | <input type="checkbox"/> RIM | <input type="checkbox"/> Tariff Bureau |
| <input type="checkbox"/> ISO 2002 Certification | <input type="checkbox"/> HHGFFA | <input type="checkbox"/> Other Association Memberships: _____ | |
| <input type="checkbox"/> National Van Line Affiliation: _____ | | | |
| <i>Name of Van Line Company</i> | | | |

SPECIFIC INFORMATION – CARGO COVERAGE

- | | |
|--|---|
| Does the Applicant issue a Bill of Lading on every shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No | What is the Applicant's standard S.I.T. Period? |
| Is the Applicant subject to state regulation or to a Tariff? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other (describe) |
| Does the Applicant ever operate as a sub-hauler for any company other than the affiliated Van Line Company shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the Applicant have special contracts providing valuation higher than \$50,000 for any one shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SPECIFIC INFORMATION – WAREHOUSE COVERAGE

Please complete the following for each warehouse location (If there are more than 8 warehouses, attach additional schedule.)

LOC. NO.	COMPONENTS OF STORAGE (Describe any "Other" in remarks.)	If any Military Non-Temp Storage (NTS), complete below:		
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	Which RSMO oversees the NTS? <input type="checkbox"/> Western (Concord) <input type="checkbox"/> Central (Topeka) <input type="checkbox"/> Southeast (Forest Park) <input type="checkbox"/> Northeast (Ft. Monmouth) <input type="checkbox"/> Other
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	
	_____% Used HHG _____% New HHG _____% Military HHG _____% Other Operation	Lbs @ \$1.25	Lbs @ \$4.00	

Does the Applicant issue a Warehouse Receipt on every storage lot? Yes No

Does the Applicant ever have off-site storage? Yes No

If the Applicant is approved for Storage of Military Household Goods, show which locations and how many pounds at each valuation. Does Applicant want TransGuard's Immediate Response Claim Settlement Option for Storage or Transit for Military Property? Yes No

Does the Applicant store any Pianos or other Musical Instruments? Yes No

Are there any climate controlled warehouses? Yes No

HOUSEHOLD GOODS SPECIFIC OPERATION INFORMATION