

RELOCATION INSURANCE™

INTERNATIONAL INSURANCE APPLICATION



 Logistics
Insurance.com

MovingInsurance.com™

MEMBER OF:



This insurance is underwritten by TT Club Mutual Insurance Limited
and administered by Moving Insurance, LLC – 209 Cooper Avenue, Montclair, NJ 07043.

REQUEST FOR INFORMATION

COMPANY DETAILS

Company Name _____

Year Established _____

What International Associations is your company members of? _____

Company Address _____

Contact Name _____

Phone _____ Email _____ Website _____

INTERNATIONAL SHIPPING DETAILS

What types of shipments is your company interested in getting insurance for? Please answer

Yes No HHG

Yes No Commercial Cargo

Yes No Fine Art

Yes No Auto Shipping

Yes No Domestic Coverage

Yes No Other

1. What percentage of your International Business is HHG? _____

2. What percentage of your International business is private _____ vs. corporate accounts _____

3. What countries are you currently shipping to? _____

4. On average how many shipments are you currently handling annually? _____

5. What % of your shipments are Imports _____ vs. Exports _____

6. Do you handle the insurance for both the Imports and Exports, or only the Exports? _____

7. How many shipments are being shipped via Sea/Surface _____ % Air _____ %?
8. What is the average declared value per shipment? _____
9. What shipping lines do you use on a regular basis? _____
10. Does your company perform all origin/destination services on moves originating out of your service area and/or into your service area? If not, are you using only IAM or FIDI agents? _____

INSURANCE DETAILS

1. Who is your current Insurance Provider? _____
2. Why are you looking to change providers? _____
3. Are you currently having any insurance issues, or do you require any special insurance coverage? _____
4. What is your desired insurance and deductible rates? _____

SURFACE

DEDUCTIBLE LEVEL	RATES: PERCENT OF VALUE	MISC.

AIR

DEDUCTIBLE LEVEL	RATES: PERCENT OF VALUE	MISC.

TOTAL LOSS

DEDUCTIBLE LEVEL	RATES: PERCENT OF VALUE	MISC.

INSURANCE DETAILS

5. Do you want to offer Pairs & Sets, MED and Mold and Mildew Coverage? If so, would you like that included in your rate or as an additional cost? _____
6. Please provide a 3-year loss history from your current insurance provider. _____
7. Do you have any special projects you require insurance for? _____

DOMESTIC COVERAGE

1. Do you require domestic coverage? _____
2. If so, what percentage of your business is domestic? _____
3. What percentage of your domestic business is private _____ vs. corporate _____

ADDITIONAL INFORMATION

Please provide any additional details on your insurance requirements. _____
