



# Full Value Protection Insurance

Transfer Your Risk to Us™

NOW WITH A LOW  
\$250 DEDUCTIBLE!

## HOW TO GET STARTED

RELOCATION  
**INSURANCE**™

## WHY SHOULD YOU HAVE FULL VALUE PROTECTION (FVP) INSURANCE?

There's no better way to cover your customers' goods, comply with new FVP requirements, and protect your profit. This innovative policy is designed to insure YOU — the mover — when your shipper purchases valuation or chooses the basic liability coverage from you. It saves you time and shields your other business policies from FVP claims. Read the long list of additional advantages below:

### KEY ADVANTAGES

- Cover your risk when your shipper buys valuation.
- Shield your company and your insurance loss ratio from FVP claims.
- Cover customer goods while in carriers' possession (typically excluded in motor truck cargo policies).
- Avoid subrogation for claims since you are the insured party.
- Enjoy simple monthly billing with no annual premium.
- Let us handle the claims at no additional charge.
- Comply with the states' DOT, US DOT and STB requirements.
- Protect your company from both claims occurring under the moving company's legal liability, based on state or federal requirements (\$0.30 or \$0.60 released rates).
- Get coverage based on the bill of lading's terms for each state or federally.
- Feel confident with protection from an A rated insurance carrier.
- When used as a stand-alone policy, claims will not report to your Motor Truck Cargo policy.
- Enjoy protection in all domestic states.
- Get broad protection with **deductibles as low as \$250 and coverage limits as high as \$500,000**.
- Create an additional profit stream by marking up the cost to your customers.
- Rely on our experienced and knowledgeable insurance agents for comprehensive support.

## HOW TO GET STARTED IN THE FVP INSURANCE PROGRAM

1. Complete the application on page 4 of this document and submit your \$250 deposit (which will be applied toward future premiums due). We accept payments via checks or ACH transfers.
2. Include the following documentation with your application\*:
  - A copy of a blank Bill of Lading (front and back) with your company name at top.
  - A Certificate of Insurance for your business policies with Moving Insurance LLC listed as a Certificate Holder.
3. Our compliance department will evaluate your application and work with you through the approval process.
4. We will issue your policy and Certificate of Insurance, as proof of your participation.
5. You can cover any household and office shipments you transport once you receive your Certificate of Insurance, with customer choice of Released Rates (\$0.60 or \$0.30 per lb.) or the Full Value Protection option.

\* In the event of a claim for a local/intrastate move, you will be required to provide a copy of your up-to-date tariff.

**Get started today**  
by submitting the  
application on page 4  
of this document.

## HOW TO COVER A SHIPMENT—TWO EASY STEPS

1. **Make sure your customer declares the value of the shipment and legibly signs the Bill of Lading for one of the options.** If no deductible is listed, then the lowest option of \$250 will be applied, and premium based on this deductible option will be applied. We will not cover the shipment if this step is not followed.
2. **Email or fax the following three documents.** Important: All three documents must be received by us within 48 hours of start of pick up, and no later than (1) day prior to delivery. If the pick-up originates outside of the home state of the moving company, all documents named above must be submitted within five (5) days of start of pick up, and no later than one (1) day prior to delivery. Failure to do so will cause cancellation of coverage.
  - a. The **front and back** of the Bill of Lading
  - b. A **complete and detailed** inventory of goods for the specific shipment
  - c. Your customer's High Value Inventory (if one was provided)

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## HOW MUCH DOES IT COST?

Rates are based on limit/value tiers from \$6,000 to \$500,000 and are highly competitive. Specific rates are determined based on mover's loss experience and business volume.

We offer five deductibles: \$250, \$500, \$750, \$1,000 and \$1,500, with a maximum limit of \$500,000 in coverage per shipment.

## WHAT TO EXPECT—BILLING AND PREMIUMS

- At the end of each month, we will invoice you for the premium due based on declared value and type of coverage purchased as written and signed for by the shipper on the bill of lading to protect the shipments you have covered with us according to the agreed rates.
- Your initial \$250 deposit applies toward the earned premium and will cover the initial premiums due until you meet the \$250 threshold.
- Payment is to be made in full upon receipt of our invoice. Failure to do so WILL cause coverage to be null and void.

## HOW TO REPORT A CLAIM

- If a claim arises, please complete the claim notification form and email it to **fvp-claim@relocationinsurance.com** or fax it to **973-528-0641**.
- You will be required to submit all paperwork relevant to the shipment, including but not limited to: Estimate form, Order for Service, Bill of Lading with final signatures, High Value Inventory, Warehouse Receipt, etc.
- Claims are adjusted based on the terms of the policy and Bill of Lading terms.

**Don't wait!**

Now is the time to take proactive steps to ensure your profit.  
Complete and submit the application on the next page.

# FULL VALUE PROTECTION INSURANCE APPLICATION

Company legal name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Date Established \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website URL \_\_\_\_\_

Contact Person's name \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_ ext. \_\_\_\_\_ Mobile \_\_\_\_\_

## Licenses:

State License # \_\_\_\_\_ Effective date \_\_\_\_\_

Federal License # \_\_\_\_\_ Effective date \_\_\_\_\_

ICC MC License # \_\_\_\_\_ Effective date \_\_\_\_\_

NVOCC License # \_\_\_\_\_ Effective date \_\_\_\_\_

FMC License # \_\_\_\_\_ Effective date \_\_\_\_\_

Other License # \_\_\_\_\_ Effective date \_\_\_\_\_

Affiliation: Please indicate any moving organizations you are affiliated with:

AMSA  ERC  IAM  Other \_\_\_\_\_

What arbitration program you are part of? \_\_\_\_\_

**\*Please attach current Certificate of Insurance naming Moving Insurance, LLC as CERTIFICATE HOLDER. This must include Auto, Liability, Cargo and Warehousemen insurance coverage.**

## Statement:

I, \_\_\_\_\_ hereby certify that I am authorized by the above company to apply for the Full Value Protection Insurance policy on its behalf. I further certify that the above information is correct and accurate.

Please provide us with your credit card information. It will be kept confidentially on file. We will only charge your account in the unlikely event of a late premium payment.

Name on card \_\_\_\_\_ Type of card \_\_\_\_\_

Billing address \_\_\_\_\_

Card number \_\_\_\_\_ Exp.date \_\_\_\_\_ Security code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBMIT THIS APPLICATION TO THE FULL VALUE PROTECTION PROGRAM AT:

Email: fvp-doc@RelocationInsurance.com or Fax: 636-287-1384

## SUBMIT YOUR DEPOSIT BY MAILING A CHECK, CALLING WITH A CREDIT CARD OR WIRING FUNDS.

See additional instructions on the next page.

## HOW TO CONTACT US

**To discuss if this program is a good fit for your organization, contact:**

Jane McCarthy  
314-832-6802

janem@relocationinsurance.com

### New Applications:

#### For Movers applying for FVP Program

Kim Weaver  
888-893-8835 x121  
Fax: 636-287-1384

Direct: 636-287-1987  
fvp-doc@RelocationInsurance.com

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### Customer Service:

#### Movers — submit new coverage request here:

Jane McCarthy  
888-893-8835 x123  
Fax: 888-893-8846

Direct: 314-832-6801  
fvp-doc@RelocationInsurance.com

## DOCUMENTS AND FORMS

### For Applications and New Coverage

Email: fvp-doc@RelocationInsurance.com  
Fax: 888-893-8846

888-893-8835 x123

### Claims

888-893-8835 x6  
Fax: 973-528-0641

fvp-claim@RelocationInsurance.com

### Accounting

Phone: 888-893-8834 x110  
Fax: 973-509-8476

cris@relocationinsurance.com

### Program Manager:

Kelly Moran  
888-893-8835 x121

Direct: 314-487-2117  
kellym@RelocationInsurance.com

## HOW TO SUBMIT YOUR DEPOSIT:

**MAIL CHECK TO:** Moving Insurance, LLC, 209 Cooper Avenue, Suite 7, Montclair, NJ 07043

### WIRE MONEY USING THE INFORMATION BELOW.

Account Name: Moving Insurance, LLC  
Bank Address: 600 Valley Road, Upper Montclair, NJ 07043 USA  
Bank Fax: + 1-973-744-5841  
ACH and Wire Transfer #: 021202337

Bank Name: J.P. Morgan – Chase  
Bank Tel: +1-973-655-1824  
Account Number: 518515890  
International Routing #: 021000021

**CALL TO PAY BY CREDIT CARD:** 888-893-8834 x 123

## BACKGROUND INFORMATION ABOUT THE NEW FVP REGULATIONS

### Summary of Surface Transportation Board Regulation Docket No. RR 999 (Amendment No. 5)

The new decision issued by the Surface Transportation Board (STB), is intended to provide additional protection for customers of interstate moving companies by adopting the following key changes to the full value protection requirement:

- The moving company is now required to include a quote of what it would charge for full value protection (assuming replacement cost liability) on **the customer's written estimate**. In the past, most movers have placed this information on the bill of lading with no specific highlight or emphasis. In the more prominent location, a higher percentage of customers may choose full value protection.
- Disclosure must be included on the estimate in at least 12-point type.
- If the customer does not provide a stated shipment value, the default released value is the higher of \$6,000 or \$6 per pound, times the shipment weight.
- In case of a claim, if there is no weight certificate and the customer did not declare value or sign for an option, the mover is responsible for the full shipment value without limitation.
- The valuation statement must be signed on the Bill of Lading in 10-point type.

## POTENTIAL PROFIT IMPACT

If more consumers opt for full value protection, moving companies could find themselves losing significantly more time and money on claims handling and claims payments. This heightened focus on full coverage could eventually lead to a moving company's loss of revenue, customer complaints, lawsuits and potential cancellation of its cargo insurance policies.

At Moving Insurance, LLC (dba) Relocation Insurance Group, LLC, we believe that although this regulation may have been designed with the intention to ensure proper coverage for the shippers/customers, it puts the moving company in a very complex situation.

We are committed to protecting consumers, while also protecting movers' profits, and their ability to cost-effectively work within the legislation, without having to increase cargo policy rates.

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application on page 4  
of this document.

## FVP INSURANCE CLAIM NOTIFICATION FORM

Moving company to use this form to notify Moving Insurance, LLC of a claim. This will start the claims process. Upon receipt, Moving Insurance will contact your shipper for claim details.

**FAX: 973-528-0641 OR EMAIL: fvp-claim@relocationinsurance.com**

MOVING COMPANY \_\_\_\_\_

Claims Contact person \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

INTERMEDIARY CARRIER (if applicable) \_\_\_\_\_

Claims Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

SHIPPER NAME: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

PACK date: \_\_\_\_\_ LOAD date: \_\_\_\_\_ DELIVERY date: \_\_\_\_\_

Was shipment in STORAGE during the move? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, DATES of storage: \_\_\_\_\_

STORAGE FACILITY NAME: \_\_\_\_\_

Storage Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Boxes packed by: MOVER \_\_\_\_\_ SHIPPER \_\_\_\_\_ BOTH \_\_\_\_\_

Were any items CRATED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, identify these items: \_\_\_\_\_

Did the SHIPPER NOTE LOSS OR DAMAGE at delivery?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**MOVING COMPANY: PLEASE SUBMIT THE FOLLOWING TO MOVING INSURANCE:**

**FAX: 973-528-0641 OR EMAIL: fvp-claim@relocationinsurance.com**

\*Bill of Lading

\*Signed Inventory Documents from time of delivery

\*Weight tickets

\*Any releases, or other relevant documents pertaining to the move.

Please let me know if there were any special circumstances or relevant information regarding the move that could be helpful in resolving this claim.