

**ATTENTION**

**Insured Information**

Company Name: <u>Careful Moves</u>	DOT #: <u>                    </u>
Business Entity Type: <u>Llc</u>	MC #: <u>                    </u>
FEIN #: <u>851860233</u>	Operation description:
Garaging Address: <u>127 Bausman St</u>	Range of operation: <input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate
City: <u>Pittsburgh</u>	Radius of operation: <u>Local only</u>
State: <u>PA</u>	Annual mileage: <u>                    </u>
ZIP: <u>15210</u>	Annual revenue: <u>                    </u>
Owner's name: <u>Jacob Smith</u>	Federal or State Filings Required?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Owner's DOB: <u>04/26/1994</u>	Will policy cover all vehicles owned, operated, or under lease to applicant?: <input checked="" type="radio"/> Yes <input type="radio"/> No
Phone Number: <u>4125011699</u>	Has risk been cancelled or non-renewed in last 3 years?: <input checked="" type="radio"/> Yes <input type="radio"/> No
Email Address: <u>jacob@pghcarefulmoves.com</u>	Is risk covered by workers compensation?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Years of primary liability coverage: <u>3.0</u>	How many years has insured owned commercial equipment?: <u>3.0</u>
Business Start Date: <u>07/01/2020</u>	Notes - Description of Operations:
Desired Effective Date: <u>05/12/2023</u>	<u>Household Moving</u>

**Commodity Information**

Commodity	% of Loads	Average Value per laod	Max Value per load	Commodity	% of Loads	Average Value per laod	Max Value per load
Household Goods	100						

**Driver Information**

Name	Dob	License number	State	Date hired	Year CDL issued	Last 3 Years # of	
						Mov. Violations	Accidents
Jacob Smith	04/26/1994	30392639	PA		0	1	

**Vehicle Information**

Year	Make	Gvw string	Stated value	Vin	Radius
2005	Ford	Class 7: 26,001 - 33,000 lb	10000.0	3FRNF65985V106048	100.0

**Loss Information**

(Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy start date	Policy end date	Company name	Policy numbers	Premium amount	Number of claims	Total paid and reserved

**Coverage and Limits**

Liability		Physical Damage	
Auto Liability	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Specified causes of loss	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
UM/UIM	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Comprehensive	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
PIP	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Collisions	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
Medical Payments	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	<b>Cargo</b>	
Hired Auto	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Broadform Cargo	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
General Liability	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Refrigeration Malfunction	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
General Liability	<input checked="" type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>	Expanded Refrigeration	<input type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>
Workers Comp	<input checked="" type="checkbox"/> Limit <u>  </u> Deductible <u>  </u>		