

Amazon Direct Service Provider INSURANCE Supplemental APPLICATION

Please type and sign online, or print and write carefully. For help, call 888-527-4321

For fastest response, provide the "Declarations" (Face) Pages of your current insurance policies and a current MVR for each driver.

We will shop and compare multiple carriers for you. Coverage is not bound until quotes are accepted and you make a payment.

Your Primary Contracting Carrier: _____ Carrier Location You Work With (city / zip): _____

Name (as it appears on license): _____ Employer Identification No. (EIN) if any: _____

Business Name (if any): _____ Type of Business Entity: _____

Owner(s) Name(s) and % of ownership: _____

Mailing Address: _____ City / State / Zip: _____

Physical Address: _____ City / State / Zip: _____

Phone: _____ Email Address: _____

Years Licensed: _____ Year Business Started: _____ Years of Industry Experience: _____

Have you been denied insurance during the past 3 years? _____ If yes, why? _____

Operations Profile

Annual Gross Sales: \$ _____ Next Year \$ _____ Current Year \$ _____ Last Year \$ _____ 2 Years Ago

Are you paid for services other than delivery? _____ If yes, describe: _____

How far from your base do you go? _____ Miles How much is within 100 miles from base? _____ % Avg. Length of Routes: _____ Miles

What % of deliveries are: Residential _____ % Commercial _____ % Scheduled/Routed _____ % On Demand _____ %

States Operated In: _____ Largest Cities Served: _____

Estimated Annual Payroll: EE Drivers \$ _____ Clerical \$ _____ Other \$ _____ Warehouse: _____

Federal Regulatory Filings Needed? _____ MC# or DOT#: _____ State Regulatory Filings Needed? _____ Docket #: _____

How many vehicles do you anticipate operating in 6 months? _____ How many drivers will you have in 6 months? _____

Are flatbed trailers utilized? _____ If yes what size and kind? _____

Do drivers enter any private residences in order to complete the delivery _____ if Yes provide details _____

Please list ALL commodities transported (ex: office products, lab tests, documents...) and indicate the approximate percentage of shipments for each:

Cargo Insurance Limit Desired? _____ Other limit, if any: \$ _____

Deductible: \$ _____ Should insurance cover Driver Dishonesty against you or customers? _____

Current Insurance: List "each" policy type, insurer, limits, expiration date, & premium. For Auto, indicate business or personal. For WC, give policy #.

Loss History: If you have had insured claims in the past 5 years or have pending claims, list them (including date, description, size):

Otherwise, I warrant that during the past 5 years no claims have been made against my insurance for the types checked below, nor am I aware

of any situations that may result in a claim: Cargo General Liability

I grant permission for any Contracting Carrier named above to receive a certificate of insurance and to receive notice in the event of non-payment of premiums, notice of cancellation of coverage, or claims. I also authorize the periodic review of driving records. I understand that falsification of information is cause for cancellation of insurance & jeopardizes my coverage in the event of a claim. By signing I am stating that the above information is true to the best of my knowledge.

Vendor (Owner) Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Please complete the accord applications general and specific sections, attach loss history for review currently valued within the last 60 days of renewal.