

# Hanover Wholesalers Advantage

## SUPPLEMENTAL APPLICATION

### APPLICANT INFORMATION

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

### **Facility & Protection**

1. Which of the following best describes Warehousing/Storage operations?

Warehousing square footage \_\_\_\_\_ sq. ft.   ☐ Rack Storage   ☐ Palletized Storage   ☐ Storage Height \_\_\_\_ ft.

2. Building updates (Please provide year of most recent update)

Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

3. Which of the following describes private protection features of this facility?

(Check all that apply)

☐ **Automatic Sprinkler System:**

☐ Wet   ☐ Dry   ☐ In-racks   Percentage of facility sprinklered \_\_\_\_%

If < 100% Please list non-sprinklered areas: \_\_\_\_\_

Alarms:   ☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Water Flow   ☐ Valve Tamper

☐ Other (Please describe) \_\_\_\_\_

☐ **Fire Alarms:**

☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Smoke Detection   ☐ Heat Detection

Percentage of facility covered by alarms \_\_\_\_%

If < 100% Please list non-covered areas: \_\_\_\_\_

☐ **Security Alarms:**

☐ Local Alarm   ☐ Central Station (constantly monitored)   ☐ Exterior access points   ☐ Motion Detection

☐ Key Card Access   ☐ CCTV   ☐ Other (Please describe) \_\_\_\_\_

### **Imports:**

1. What percentage of your sales comes from products made outside the U.S. and purchased from a domestic supplier? \_\_\_\_%

2. If you are a direct importer (first U.S. owner) of imported products, identify percentage of products by source of origin:   EEC, Canada, Australia or New Zealand \_\_\_\_%   Elsewhere \_\_\_\_%

### **Proprietary Label and Manufacturing Sales:**

1. Percent of sales of products under your proprietary label \_\_\_\_%
2. Percent of sales of imported products under your proprietary label \_\_\_\_%
3. Percent of sales of products you manufacture \_\_\_\_%



**Suppliers:**

- How do you transfer risk to your suppliers? (Check all that apply)
  - ☐ Suppliers agree to indemnify you for losses caused by their products
  - ☐ Suppliers give you Vendor coverage or Additional Insured status
  - ☐ Minimum of \$1,000,000/\$2,000,000
- What proportion of your suppliers give you this protection?
  - ☐ All   ☐ Most   ☐ Some   ☐ None
- How do you track certification received from your suppliers?
  - ☐ Software cert tracking program   ☐ Agent does it for us   ☐ Internal dedicated employees

**Service Contractors:**

- How do you transfer risk to your service contractors? (Check all that apply)
  - ☐ Contractors agree to indemnify you for losses caused by their work
  - ☐ Contractors give you Additional Insured status
  - ☐ Minimum of \$1,000/\$2,000, limits
- What proportion of your service contractors give you this protection?
  - ☐ All   ☐ Most   ☐ Some   ☐ None
- How do you track certification received from your suppliers?
  - ☐ Software cert tracking program   ☐ Agent does it for us   ☐ Internal dedicated employees

**Installation, Service, Repair and Sale of Used Products:**

- How much of your revenue is derived from these operations?  
 Installation \_\_\_\_%   Service \_\_\_\_%   Repair \_\_\_\_%  
 Sale of re-built or re-conditioned products \_\_\_\_%
- Do your employees who perform these operations have OEM training? ☐ Yes   ☐ No

**Quality Control:**

- How do you validate quality of re-conditioned used equipment before sale?  
 (Check all that apply)
  - ☐ All products are tested for conformance to OEM specifications   ☐ All products have OEM installed guards
  - ☐ On older machinery OEM guards are re-fitted with currently approved guards

**Record Retention**

- How long do you keep records about installation?
  - ☐ Product life (\_\_\_\_ years)   ☐ Product life plus the statute of limitations
- If you distribute only components, how long do you keep records? \_\_\_\_\_



**Fleet Operations:**

If you haul products with your own fleet, complete the Wholesalers–Fleet Supplemental Application provided and leave this section blank.

1. How are your products transported to customers?  
☐ Common or contract carrier    ☐ By owned autos
2. Does your fleet haul any products of others? ☐ Yes    ☐ No
3. What percent of mileage is for hauling products of others? \_\_\_\_%
4. Check all the driver selection methods you apply:  
☐ References    ☐ MVR check    ☐ Drug and alcohol testing    ☐ Written driving test
5. Describe the MVR standards you apply to your drivers: \_\_\_\_\_
6. Do you do an analysis after every accident involving other vehicles or driver injuries? ☐ Yes    ☐ No
7. Are all corrective actions documented and implemented? ☐ Yes    ☐ No

**Telematics Risk Management:**

1. Do you utilize fleet telematics devices in the management of your fleet? ☐ Yes    ☐ No

If Yes:

- a. Please identify the type of fleet telematics being utilized: (Check all that apply)  
☐ Plug in    ☐ Hard wired    ☐ Mobile Phone    ☐ Manufacturer OEM    Other: \_\_\_\_\_
- b. What percentage of your fleets power units are provided with telematics? \_\_\_\_%  
 What vehicles does this include: (Check all that apply)  
☐ PPT    ☐ Light Trucks    ☐ Medium Trucks    ☐ Heavy Trucks    ☐ Extra Heavy Trucks
- c. What at-risk driving behavior does your fleet telematics system track? (Check all that apply)  
☐ None    ☐ Speeding    ☐ Hard braking    ☐ Hard cornering    ☐ Harsh acceleration  
☐ Mobile device use    ☐ Seat belt use    Other: \_\_\_\_\_
  - i. Does your Fleet Safety Program address coaching and disciplinary actions for tracked unsafe driving behaviors? ☐ Yes    ☐ No
  - ii. How many incidents are allowed before coaching and disciplinary action is taken? \_\_\_\_\_
  - iii. Are desirable driving behaviors recognized and rewarded? Please describe:  
 \_\_\_\_\_
- d. Does your telematics solution collect maintenance information? ☐ Yes    ☐ No  
 If Yes: How are you using this information? \_\_\_\_\_

If No:

Is management willing to implement a telematics program to monitor at-risk behavior during the first 30 days of the effective date of this insurance? ☐ Yes    ☐ No  
 Please describe:

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**Risk Service Needs:**

- 1, Are there any specific [Risk Solutions](#) service needs specific to facilities, equipment, supply chain, products, risk transfer, fleet or employee safety?

Please describe: \_\_\_\_\_

- 2, Are there any specific Claims service needs?

Please describe: \_\_\_\_\_