

KAIGLER & COMPANY
7028 Church St East Brentwood TN 37027
Phone 615 376 0798 Fax 615 376 0799
Toll Free 1 888 468 2683

COMMERCIAL AUTO – TRUCKING

**Physical Damage – Cargo – Primary Umbrella – Upper Layer Excess
(Sorry, no primary liability)**

For Physical Damage and Cargo, please send the items checked below:

- ❑ An ACORD 125 is the best way to start, then the attached Cargo and/or Physical Damage Proposal Forms.**
- ❑ Current equipment list with stated amount values**
- ❑ With all the different types of loss runs and fuzzy faxes, we ask that you please complete the enclosed loss recap sheet for each line of coverage (Physical Damage and/or Cargo), and attach loss runs to support recap amounts (5 year recap).**
- ❑ Please list the top three customers of the applicant. Along with the customer, the specific type of product that is normally hauled for them (if you have International Paper as a major customer, then, specifically, do you haul toilet paper, commercial products, or exactly what?).**
- ❑ Annual miles by state recap from the fuel tax log are requested if long haul.**
- ❑ We do require a driver's list and MVR's**
- ❑ Target/desired premium and deductibles.**

***For lead umbrella or upper layer excess, an ACORD Umbrella application, our attached supplement, and a condensed version of your primary auto liability submission.**

MOTOR TRUCK CARGO PROPOSAL FORM

Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant: _____ doing business as: Company: _____ Year established _____ Address: _____ _____ ICC Docket No. MC _____
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2. Names, addresses and functions of Associated or Subsidiary Companies to be included: _____ _____ _____
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3. Are Companies: a) Common Carriers [<input type="checkbox"/>] b) Private Carriers [<input type="checkbox"/>] c) Contract Carriers [<input type="checkbox"/>] d) Owner of cargo [<input type="checkbox"/>] e) Other [<input type="checkbox"/>] (Please give details at end of form) If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. a) Please give details of any operations carried out other than that of a carrier _____ _____ b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____ c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? _____ If so, do you maintain copies of their current insurance arrangements on file? _____
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5. Please give gross receipts in respect of your trucking operations for past 5 years:			
YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (<i>defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like</i>), seafood unless canned, and electronics (<i>defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics</i>).
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7. Form of cover required: Broad Form [] incl. Reefer Breakdown ? []
 Named Peril Form []

8. List by category and percentage of the total loads shipped:

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles _____? or off vehicles _____?
 If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) \$ _____ a.o. vehicle
 b) \$ _____ a.o. loss (vehicle accumulation)
 c) \$ _____ a.o. terminal (off vehicles)
 If Limit for 10b) is in addition to 10c), specify overall loss limit needed \$ _____

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes / No

I 1. Give details of any steps taken to secure vehicles whenever left unoccupied. _____

12. Give details of any I.C.C. or State / Provincial cargo filings required: _____

Percentage of hauls by distance: 1-250 miles [] 251-1000 miles [] 1001+ miles []

13. Please give details of the number of vehicles for which cargo cover is required:

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

1		6	
2		7	
3		8	
4		9	
5		10	

15. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. of two person driver teams	

16. Please give details of checking procedures maintained for employing new drivers: _____

17. What are the criteria you use to determine whether to fire existing drivers? _____

18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

Year	Paid	Outstanding	What happened?

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE
COMMERCIAL VEHICLES
PROPOSAL FORM**

1. Name of Applicant:
2. Address:

	Number	Street	City	State
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3. Address of Principal Terminal if other than above:
4. Radius of Operation: Miles between following principal cities:
5. Type of Cargo carried:
6. Number of Years in this business:
7. Vehicle(s) legally owned by:
Loss Payable to:
8. Name of previous Carrier:
9. Name of Carrier of Public Liability and Property Damage Insurance:

10. Has Applicant had previous Fire, Theft, and Collision Automobile Insurance Cancelled?
If so, state date, name of Insurance Company and reason for cancellation:

11. Is Vehicle(s) Owner-Driven?
If drivers are employed, what investigations are made?

12. If More than one Vehicle covered, what is the estimated maximum possible terminal loss?
13. Amount of Deductible(s) on Collision:
14. Will you ever use hired equipment?
15. Will any of your Equipment ever be loaned or rented to others?
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? If answer is "Yes" specify vehicles and state reasons why insurance is not required:

17. Is Equipment regularly inspected and serviced, if so, at what periods?

18. Board Fire rate for terminal premises:

19. Premiums and Losses sustained by applicant last five years:

LOSSES

Year	Premiums	Fire	Theft	Collision	Any other Physical Loss
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20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.)

Item No.	Trade Name	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment, Alterations, and Additions
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full, and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT:

This day of 200

By

(APPLICANT)

(Applicant should state official position)

APPLICANT WITNESS:

AGENT

Location of Agency:

NMA1651

Our Commercial Auto Driver M.V.R. Requirements:

1. Driver must be age 23 and over and 65 or under.
2. Minimum of two years Commercial Truck Driving Experience.
3. No more than 5 (five) minor violations in the last three years.
4. No more than I (one) chargeable accident in the last three years. (Excluding P.P.V. Violations)
5. No major violations in the last three years.
6. No license suspension. (Any failure to appear to be submitted to Underwriters)

N.B. Any Driver falling outside these guidelines must be agreed by Underwriters.

Drivers 21 & 22 London Underwriters must have and agree M.V.R. before hiring.

Drivers with less than 2 years Commercial Driving Experience are held covered at double deductible until M.V.R. received.

MINOR VIOLATION DEFINITION

- a) All moving violations other than major violations listed below are considered minor violations
- b) The following non-moving violations are considered to be minor violations:
 - 1) Defective brakes
 - 2) Defective equipment
 - 3) Oversize

MAJOR VIOLATION DEFINITION

- a) DWI, DUI, implied consent, any drug related violation.
- b) Manslaughter or negligent homicide.
- c) Felony involving a motor vehicle.
- d) Racing.
- e) Hit and Run.
- f) Reckless driving.
- g) License suspension for points.
- h) Driving while license suspended.
- i) Fleeing/eluding arrest.
- j) Multiple driver licenses not reported to company.

No M.V.R. to exceed 6 months old.

KAIGLER & COMPANY Large loss explanation sheet

Insured:

Date of Loss:

Claimant:

Full description of loss

Status: _____ Closed; Loss Paid _____ LAE Paid _____
_____ Open; Loss Reserve _____ LAE Reserve _____

What has been done to control or eliminate this type of incident in the future?

Claims Adjuster or Defense Attorney comments and prognosis:

**THE FOLLOWING FORMS ARE NEEDED
FOR AND UMBRELLA QUOTE**

KAIGLER & COMPANY
7028 Church St East Brentwood TN 37027
Phone 615 376 0798 Fax 615 376 0799 Toll
Free 1 888 468 2683

Lynn Stem

Thanks for your submission. In addition to the information you furnished, we need:

1. Completed Trucker's Supplemental questionnaire and checklist - copy follows
2. Auto, GL, and Employer's Liability primary carriers
3. Covered Auto Symbol
4. Loss Summary (copy follows) for Primary & Umbrella/Excess coverages and currently valued carrier loss runs to substantiate
5. A complete schedule of the vehicles
6. Estimated Payroll and Receipts for the coming year
7. Current Umbrella/Excess Liability carrier and premium
8. Targeted premium, i.e. where do we need to be from a premium standpoint to write this coverage?

Regards,
Lynn

TRUCKERS EXCESS LIABILITY SUPPLEMENT

Named Insured: _____

1. a. Exactly what is hauled? _____
b. Any hazardous commodities hauled (i.e. chemicals, explosives, toxic, etc.)?

2. Details on storage (if applicable) _____
3. Details on packaging and/or repackaging (if applicable) _____
4. a. Do they have a Formal Safety Program? _____
b. How often are meetings held? _____
c. Do they have a safety director? _____
5. a. Do they have a Driver Safety Incentive Program? _____
b. Do they reward drivers for accident free miles? _____
c. Do they reward drivers for violation free miles? _____
6. a. Do they have a regular vehicle maintenance program? _____
b. How often is a regular maintenance performed? _____
7. c. Total number of drivers and the minimum & maximum ages of drivers _____
b. Are MVRs checked prior to hiring drivers? _____
c. Are MVRs checked periodically after hiring? _____
d. How often? _____
e. Are there minimum acceptability standards for MVRs? _____
f. What number of drivers have under 5 years experience with a CDL? _____
8. a. Number of units in each radius:
0-50 miles _____ 301-500 miles _____
51-300 miles _____ OVER 500 miles _____
b. What is the percentage radius of operations 0-50 Miles _____ 51-500 Miles _____
Over 500 Miles _____
c. Maximum distance to any one destination _____
d. Into what major cities do they travel? _____
9. Are owner operators used? If so, how many? _____
Are the owner operator units shown on the application? _____
Are they required to follow same guidelines as regular drivers? _____ How are the owner operators controlled/reviewed? _____
10. Please provide:
Previous 3 years annual receipts: _____
Previous 3 years annual mileage: _____
The estimated receipts _____ and mileage _____ for current year.

TRANSPORTATION UMBRELLA RECAP

3 YEAR AGGREGATE LOSS SUMMARY

Insured's Name:

Policy Term	General Liability Losses	Products Losses	Automobile Losses
Current Year			
1st Prior			
2nd Prior			
3rd Prior			

This loss exhibit is to be done on a first dollar, ground up basis.

Itemize and explain each loss over \$10,000 below:

TRUCKING CHECKLIST

In Order to determine the fleet's appropriate ranking for each category, carefully read over the factors on the matrix below. Next, determine the level that the *majority* of responses fall into, i.e. 80% to 90%. For example, if your entity is compliant with 80% to 90% of the factors listed in the **ABOVE AVERAGE** section, the entity would receive an above average ranking in that category. On the other hand, if most of the entity's practices fall into the **AVERAGE** level, it would be eligible for Average ranking. If the preponderance of characteristics (80% to 90%) fall into the **BELOW AVERAGE** category, it will be eligible for Below Average ranking. NOTE: if there is a 50/50 split in any of the characteristics of a particular ranking, always use the lower ranking.

1. Please circle the appropriate ranking of the Driver Selection Criteria.

	Above Average	Average	Below Average
DRIVERS	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Hiring/Post Offer Practices	If non-DOT, ICC, or PUC regulated; written hiring policy, interview, drug screening, MVR's, reference checks, physical exams, and road tests. If DOT, ICC or PUC regulated, comply with all applicable regulations, mandatory road tests for all new drivers and a written hiring policy.	If non-DOT, ICC, or PUC regulated, interviews, MVR's, reference checks. If DOT, ICC, or PUC regulated, comply with all applicable DOT, ICC, or PUC regulations	No formal hiring/screening program
Pay Basis	Salaried drivers or above average industry hourly rate.	Hourly or combination hourly and per-mile.	Per load, per trip, or per mile
Skill Level	> 5 years experience in assigned vehicle class	2-5 years experience in assigned vehicle class	< 1 year experience in assigned vehicle class
Driver Turnover	<15%	15-25%	>25%

2. Please circle the appropriate ranking of the Driver Training Criteria

	Above Average	Average	Below Average
TRAINING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
New Hire Orientation	Driver Sign-off on all training, safety rules included	Orientation done with safety rules, no driver sign-off	No new-hire orientation
Testing	Written and road testing administered by a senior driver or qualified driver instructor	Some testing includes road test	No testing done
Safety Program	Published and distributed to all employees	Published and distributed to managers and supervisors only	Published, not distributed
Mandatory (Periodic) Safety Meeting of all Drivers	Quarterly with written minutes	Semi-annual with written minutes	Annual with written minutes

3. Please circle the appropriate ranking for the Driver Supervision Criteria

Above Average

Average

Below Average

TRAINING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
New Hire Orientation	Driver Sign-off on all training, safety rules included	Orientation done with safety rules, no driver sign-off	No new-hire orientation
Testing	Written and road testing administered by a senior driver or qualified driver instructor	Some testing includes road test	No testing done
Safety Program	Published and distributed to all employees	Published and distributed to managers and supervisors only	Published, not distributed

4. Please circle the appropriate ranking for the Maintenance Criteria

Above Average

Average

Below Average

MAINTENANCE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Schedule	Preventative maintenance program based on both time and mileage	Preventative maintenance program based on time or mileage	Maintenance on an as needed basis
Qualification of Maintenance Personnel	Full-time maintenance personnel who have skills, knowledge and experience to handle all maintenance and repairs of vehicles	Part-time maintenance personnel for routine truck maintenance, outside (contracted) shop for heavier maintenance, i.e. transmissions, front-end work, etc. with appropriate skills, knowledge and experience	Lowest cost provider regardless of experience
Record Keeping	Complete maintenance records for life of vehicle, post-trip inspection reports, documentation of driver complaints	Published and distributed to managers and supervisors only	little or no documentation of maintenance

5. Please circle the appropriate ranking for Operations Criteria

Above Average

Average

Below Average

OPERATIONS	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Terrain	Major highways point to point, low elevations	Mostly Major highways, low to moderate elevations.	Variable road types, high elevations, some non-paved
Schedules	Local Short distances, no overnight driving. (75 mile radius)	Local to medium haul, one night out on trips (76 - 200 miles).	High percentage of long trips, extensive night driving. (>201 miles)
Traffic Density	Light	Moderate	Heavy - Downtown city or freeway traffic.

6. Please circle the appropriate ranking for the Cargo Criteria

Above Average

Average

Below Average

CARGO	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Type	General, non-perishable freight <10% combustible, flammable, or hazardous materials	Generally non-perishable freight <25% combustible, flammable, or hazardous cargo	Hazardous material transport, large volume of flammable or perishables
Record keeping	Cargo manifest (inventory of truck cargo contents), driver check of manifest, extensive filing system, MSDS (material safety data sheets) on cargo with driver	Cargo manifest (inventory of truck cargo contents), filing system, MSDS (material safety data sheets) on cargo with driver.	No records on cargo

7. Please circle the appropriate ranking for the entire account.

Above Average

Average

Below Average