

Advanced Fleet Insurance Resources



About Lockton

\$1.88B 2020 GLOBAL REVENUE	8,000+ ASSOCIATES WORLDWIDE	60,000+ CLIENTS WORLDWIDE	100+ OFFICES WORLDWIDE
96% CLIENT RETENTION	10.3% ORGANIC GROWTH	12 CONSECUTIVE YEARS AS BEST PLACES TO WORK	\$5M+ ANNUAL CHARITABLE DONATIONS

Prime & Lockton

Prime's relationship with Lockton Companies began in 2014, and Lockton helps advise and procure coverage for a number of Prime's major insurance programs. Lockton's resources and national reach create solutions for a number of Prime's unique exposures. Lockton's understanding of the Prime operations and Prime's commitment to its motor carrier partners create a natural fit for Lockton to assist with the A-Fleet's insurance search

Transportation expertise

Lockton's Transportation and Logistics Practice has 40+ years of experience and one of the largest single concentrations of transportation and logistics business in the industry based in Kansas City.

The team consists of 25 individuals under one roof who focus strictly on transportation and logistics. This multidisciplinary team has experienced insurance and risk management professionals dedicated to the placement of complex transportation risks. The team includes subject matter experts who focus on claims, loss control and risk finance. Expertise areas include:

- **Trucking:** Truckload (TL), less-than-truckload (LTL), tank, bulk, dedicated, flatbed, drayage, auto haulers, driveaway and 3PLs.
- **Passenger transportation:** Limousine, taxi, charter bus, school bus and other gig economy exposures.
- **Warehousing and logistics:** Domestic and international, foreign trade zones and port knowledge.

Risk & coverage placement

- Primary trucker's liability
- Workers' compensation
- General liability
- Excess and umbrella liability (including offshore placements)
- Motor truck cargo
- Owner-operator coverages
- Property
- Warehouseman's legal liability
- Intermodal
- Ocean and non-vessel-operating common carrier (NVOCC)
- Directors and officers
- Cyber liability

Insurance 101 — brief overview of coverage

Auto liability

- Covers accidents involving a motor vehicle for bodily injury and property damage to others.
- \$1,000,000 combined single limit (higher limits can be placed through excess auto insurance)

General liability

- Covers bodily injury and property damage to others for accidents not involving the use of a motor vehicle. Contract liability is included.
- \$1,000,000 per occurrence limit and \$2,000,000 general aggregate limit

Physical damage

- Covers damage to your own vehicle caused by you.
- The limit is the stated value amount or actual cash value, whichever is less.

Cargo liability

- Covers damage to cargo while in your possession.
- \$150,000 limit

Occupational accident

- Provides benefits for 1099 Independent Contractors for injuries or death while performing duties related to the scope of their work. W-2 employees are not covered and should be covered by Workers Compensation.
 - Up to \$1,000,000 Medical coverage with no deductible.
 - Up to \$250,000 Accidental Death & Dismemberment (AD&D)
 - Weekly lost income benefit.
 - Also includes up to \$10,000 Medical and \$10,000 AD&D benefit for injuries sustained that are not work related (non-occupational)
 - Additional benefits include: Hernia, hemorrhoid, occupational disease, cumulative trauma and passenger.
 - Additional benefits are available.

Contingent liability

- Defends the motor carrier and indemnifies a workers' compensation policy in the event that an independent contractor is determined to be an employee.

Fleet owner workers' compensation

- Insurance providing medical and wage replacement benefits only for W-2 employees injured in the course of employment. Benefits are determined by each state. 1099 paid contractors would not qualify for this coverage and should be covered under occupational accident.
- Employers' Liability is included as part of workers comp. It provides coverage to the employer for liability to employees for liability work-related bodily injury or disease that is not covered by work comp. Limits up to \$1,000,000

Excess auto insurance

- Increases the limit of auto liability coverage in \$1,000,000 increments for accidents involving a motor vehicle.

Prime, Inc.

Advanced Fleet Insurance Resources

Hello, Advanced Fleet member. We are pleased to work with you on your insurance program. In order to solicit quotes, we do require some information for our company partners. Please see our contact information and the information required under “submission requirements.” Feel free to contact us with any questions or feedback.

Submission requirements

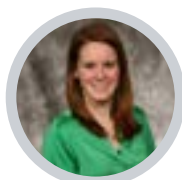
1. Completed comprehensive trucking application. If you already have a recent one completed for your current agent, that should suffice. If not, you will find two applications attached. Noted at the top of each, you will see the single page application that is required for carriers with one to four power units. Behind this is the four page application that is for all those motor carriers that have more than five power units. Please note on the applications that the “insured” is you, the motor carrier that is hauling the goods.
2. A snapshot of your claims history (loss runs) for the past three years that are dated within the past 60 days. If you have more than ten power units, the insurance company will want five years. Your current insurance agent can get these for you.
3. IFTAs for the past four quarters
4. MVRs for all drivers
5. Driver list in an Excel format, if possible including the license info, dates of hire and years of commercial driving experience
6. Equipment list in an Excel format, if possible including the year, make, VIN and stated value/actual cash value for each piece of equipment
7. Over 50 unit risks, current financials (income statement and balance sheet)
8. Lease agreement with owner operators, if applicable.

Please send all submission material and any A-Fleet inquiries to afleet.submissions@lockton.com.

Team contacts



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Non-Fleet Quote Sheet 1 to 4 Power Units

Underwriter: _____ Date: _____

Agency Information

Agent Code: _____ Agent Name: _____ State: _____
 Person to Contact: _____

Insured Information

Insured Name: _____ Owners Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Insured DOT #: _____ Brokerage (Y/N): _____
 Insured MC#: _____
 Other State Filings (Please provide ID #s if applicable): _____ Years in Business: _____
 States Entered: _____ Does the Insured do Doubles or Triples (Y/N): _____
 Major Cities Driving Into or Through: _____

Prior Carrier Info for the past 3 years

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history:

Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs CDL	Last 3 Years Violations	# of Accidents

Vehicle Information

Year	Make	Model	GVW	Present Value	Radius Miles	Comments

Coverage & Limits:

Liability
<input type="checkbox"/> Primary
<input type="checkbox"/> Non-Trucking

Physical Damage	Deductible
<input type="checkbox"/> Specified Perils	
<input type="checkbox"/> Comprehensive	
<input type="checkbox"/> Collision	

Auto Liability Limits	
UM	
UIM	
PIP Coverage	
Medical Payments	
Hired Car	
Non-Owned	
GL Coverage	
Other	

Cargo Maximum Cargo Limit: _____
 Cargo Deductible: _____

Commodity Transport	% of Total	Value Per Truckload

What kind of growth and/or changes expected in the next 12 months?

Comments:

--

Application for fleet sizes > 5 units



EFFECTIVE DATE: _____

Date Quote Desired: _____

GENERAL INFORMATION:

1. Name First Named Insured: _____

Mailing Address (as it appears on filings): _____

Physical Address: _____

DOT #: _____ a. Telephone: _____ FEIN: _____

Years in Business: _____ Years of trucking management experience: _____

List the states and large cities you frequently travel through or to: _____

Do you travel into Canada? Yes No d. Do you travel into Mexico? Yes No

RADIUS AND OPERATING RATIOS:

1. Radius:
 < 50 miles _____ % 51-200 miles _____ % 201-500 miles _____ % > 500 miles _____ %

a. What is your average length of haul? _____ Miles / What is your maximum length of haul? _____

2. If your Average Annual Gross Receipts or Mileage per Unit has increased or decreased during the past year, please explain why: _____

EXPOSURE BASE:

(Attach a separate explanation of any wide variances between years.)

NOTE - MOST MARKETS WILL NOT RESERVE IF THIS INFORMATION IS MISSING

Period (Month/Year)	# of units	Total Revenue	Total Mileage	TIV/Deductible
Projected: _____	_____	\$ _____	_____	_____
From _____	_____	\$ _____	_____	_____
From _____	_____	\$ _____	_____	_____
From _____	_____	\$ _____	_____	_____
From _____	_____	\$ _____	_____	_____
From _____	_____	\$ _____	_____	_____

CARGO: (Do not use general freight, be specific)

1. Commodity	Maximum Value	Average Value	% of Total Revenue	Major Shipper
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

Yes No

2. Do you haul hazardous materials that require a \$5,000,000 liability limit?
3. Do any of your loads require placarding?
4. Is there a Hazardous Materials Response Plan?
5. Do drivers carry Material Safety Data Sheet(s)?
6. Do your trucks have any kind of alarm or theft protection?
7. Do any of your commodities require temperature control?
8. Do you haul double trailers?
9. Do you have any "off loaded" terminal exposure for cargo?
10. Do you do any containerized cargo hauling?
11. Do you have any oversize-overweight operations?

DRIVER SAFETY AND MAINTENANCE:

- Are Owner/Operators subject to the same selection standards, training programs and review as employee drivers?
 Yes No If "No", please explain: _____
- Does your Driver Selection Procedure include:

Written Application	MVR Check	Interview	Reference Checks
Road Test	Written Test	Drug Test	Physical

EQUIPMENT:

1.

TYPE	# COMPANY OWNED OR LEASED	# OWNER OPERATED	TOTAL
Tractors			
Trucks			
Service Units (for business use)			
Semitrailer			
Refrigerated Trailer			
Tank Trailer			
Flat-Bed Trailer			
Other Trailers			
Unlicensed Yard Tractors			
Dump Trailers – Backend/Bottom			
Other			

DRIVER INFORMATION:

- Number of "Revenue" Truck Drivers:

Full Time Employees -	_____
Part Time Employees -	_____
Leased -	_____
Owner/Operator -	_____
Total -	_____
- Age of Drivers:
 - Number under 25 - _____
 - Number over 65- _____
 - Minimum age required - _____
- Minimum number of years experience required: _____
- Is each driver's prior employment verified? Yes No
- Are driver files maintained at this location? Yes No
 If not, where? _____
 - Does this include Owner/Operators? Yes No
 - How often are they reviewed? _____
- Is there a driver training program in place: Yes No Length of new driver training program: _____

7. Is there road supervision? Yes No If "yes", does it include:
- | | | | |
|----------------------------------|--|-----|----|
| a. Road patrol by insured? | | Yes | No |
| b. Contract road supervision? | | Yes | No |
| c. Mechanical recording devices? | | Yes | No |
| d. Radio dispatch? | | Yes | No |
8. How often are driver safety meetings held? _____ Are they mandatory? Yes No
9. Give name, title and number of years of safety experience of person responsible for safety.
 Name: _____ Title: _____ Years: _____
 State any other duties: _____
10. Is it your policy to allow family members or passengers to ride with your drivers? Yes No
12. Do you use teams? Yes No If "yes", how many? _____
13. Preventive Maintenance: Yes No
- | | | | |
|--|--|-----|----|
| a. Is a record kept of each vehicle? | | Yes | No |
| b. Controlled inspection frequency? | | Yes | No |
| c. Daily vehicle condition reports used? | | | |
| d. Are Owner/Operator units included in daily vehicle condition reports? | | | |
| e. Do you service your owned equipment? | | Yes | No |
| f. Do you service Owner/Operator equipment? | | Yes | No |
| g. If reefer operations, how often are reefer units serviced? | | Yes | No |
| h. Supervisor's Name: | | Yes | No |
| i. Number of full time mechanics? | | Yes | No |

OWNER/OPERATORS:

1. Do you require owner/operators to carry:
- | | | |
|--------------------------------------|-----|----|
| a. Workers' Compensation insurance? | Yes | No |
| b. Occupational Accident insurance? | Yes | No |
| c. Non-trucking Liability insurance? | Yes | No |
- If "yes", what Non-trucking Liability Limit: _____
2. Are Certificates of Insurance of all on file? Yes No

FINANCIAL INFORMATION:

1. Have any business debts ever been turned over to a collection agency, are there any outstanding judgments against the business, or has the owner ever filed for bankruptcy? Yes No
2. How many years profitable (positive net income) in last three? _____

LEASING/BROKERAGE ACTIVITY

1. BROKERAGE:
- | | | |
|--|-----|----|
| a. Do you operate as an ICC Broker: | Yes | No |
| b. If "yea", what revenue do you derive from such brokering? _____ | | |
2. LONG TERM LEASE:
- | | | |
|--|-----|----|
| a. Do you lease equipment to others on a long term basis? | Yes | No |
| b. If "yes", what revenue do you derive form such leasing? _____ | | |

DESIRED COVERAGES: (Specify below the coverage and limits desired.)

A. MOTOR CARRIER COVERAGES:

AUTOMOBILE LIABILITY	LIMIT	DEDUCTIBLE
Automobile Liability		
Hired and Non-Owned Automobile		
Personal Injury Protection *		
Uninsured Motorists *		
Medical Payments		

Deductible on last year's policy: \$ _____

* Minimum statutory limits alone are available.

COMPANY EQUIPMENT PHYSICAL DAMAGE

Total Company Equip. Values: Tractors: \$ _____ Trailers: \$ _____ Total: \$ _____
 Deductible: _____

MOTOR TRUCK CARGO LIABILITY	LIMIT	DEDUCTIBLE
Coverage Per Vehicle		
Catastrophe Limit (Excluding Terminals)		
Terminal Limit		

1. Include:

All Risk Form

Refrigerator Breakdown

Theft

Debris Removal

Earned Freight

Pollution Clean-Up

HIGHER LIABILITY LIMITS	LIMIT	OPTIONAL LIMIT	SELF-INSURED RETENTION
Umbrella Coverage			
Excess Coverage			

GENERAL LIABILITY	LIMIT
Per Occurrence	
General Aggregate	
Products/Completed Operations	
Personal Injury/Advertising Liability	
Medical Payments	
Fire Legal Liability	

Is **Trailer Interchange Damage** coverage required? Yes No

If "yes": Calculate the number of Trailer Interchange Days:

Number of Units _____ x Number of Days _____ = _____ Trailer Interchange Days

- b. Maximum value per trailer (quote based on maximum): \$ _____
- c. Average value per trailer: \$ _____
- d. Deductible desired (minimum of \$1,000): \$ _____

3. Is **Intermodal** (Auto and General Liabilities) coverage required? Yes No

I declare to the best of my knowledge that all statements herein are true, and no material facts have been misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I also understand that this is only an application for insurance and that the completion of such is not an offer of or a binding of coverage, nor is it a promise to issue any insurance policy.

Signed this _____ day of _____, 20____, At _____ (City/State)

By: _____ Applicant



UNCOMMONLY INDEPENDENT