

# KBS Courier Insurance Application

**\*\* Please include Supporting Documentation – see attached “Checklist” \*\***

**For assistance, contact your KBS Broker – see Page 9 for Contact Info.**

1. Named Insured(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
No. of Locations: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

2. Effective Date desired (i.e. the date coverage should begin): \_\_\_\_\_  
Have you been denied insurance during the past 3 years?  YES  NO If so, why? \_\_\_\_\_

3. Type of Organization (mark with an 'X'):  Corp.  LLC  Sole Proprietor  Partnership  
Federal Employer I.D. No: \_\_\_\_\_ Owner(s) (give %'s): \_\_\_\_\_  
Year Established: \_\_\_\_\_ If less than 3 years give prior mgmt./industry experience of owners, key persons:  
\_\_\_\_\_  
Professional Associations you belong to: (MCAA, XLA, ECA, AEMCA, etc.) \_\_\_\_\_

4. States Operated In: \_\_\_\_\_ Largest Cities Served: \_\_\_\_\_  
Trip Distance (stop to stop): \_\_\_\_\_ % < 200 miles \_\_\_\_\_ % < 50 miles Max. Normal Distance: \_\_\_\_\_ mi.  
USDOT / MC No.: \_\_\_\_\_ State(s) Requiring Insurance Filings: \_\_\_\_\_

5. Services other than Same-Day Local Delivery: \_\_\_\_\_  
Sold/Discontinued Operations (past 3 years): \_\_\_\_\_  
Acquisitions during the past 3 years: \_\_\_\_\_  
Other Businesses you Own / Manage: \_\_\_\_\_

6. **Total Annual Gross Sales:** Current Year (est.): \$ \_\_\_\_\_ 1<sup>st</sup> Prior Year: \$ \_\_\_\_\_  
2<sup>nd</sup> Prior Year: \$ \_\_\_\_\_ 3<sup>rd</sup> Prior Year: \$ \_\_\_\_\_  
Current Sales from Non-Delivery Operations: Operation #1 \_\_\_\_\_ \$ \_\_\_\_\_  
(per #5 above – storage, process serving, etc.) Operation #2 \_\_\_\_\_ \$ \_\_\_\_\_

7. **Vehicles Owned & Leased (#):** \_\_\_\_\_ Delivery \_\_\_\_\_ Spares \_\_\_\_\_ Executive/Sales Use \_\_\_\_\_  
Avg. Annual Mileage per Veh.: \_\_\_\_\_ Delivery \_\_\_\_\_ Spares \_\_\_\_\_ Executive/Sales Use \_\_\_\_\_

8. **Driver Hiring Procedures:**  Check Reference  Check MVRs  Criminal Check  
(check all that apply)  Insurance Check  Written Test  Formal Orientation  
Minimum Age: \_\_\_\_\_  Inspect Vehicle  Road Training  Physical / Drug Testing  
Describe any differences for fleet drivers vs. owner-ops.: \_\_\_\_\_

**9. Staffing:** (please account for all personnel, whether employees or subcontractors)

	Total Number	Number Part-Time**	Employees or Independents?	Remuneration: Annual W2 or 1099
Drivers of Company Vehicles*				\$
Owner-Operator Drivers				\$
Motorcycle/Scooters				\$
Bicycle Messengers				\$
Foot Messengers				\$
Owners / Exec. Officers				\$
Outside Sales Reps.				\$
Dispatchers				\$
All Other Administrative				\$
Warehouse				\$
Garage / Mechanic staff				\$
Customer Facility Mgmt.				\$

\* "Company Vehicles" = Owned and Leased

\*\* "Part-Time" = less than 20 hours per week on average

**10. Courier Information:**

Independent Contractors

Employee Couriers

	Independent Contractors	Employee Couriers
Average Length of Service		
Annual Turnover Rate		
Average Number of Daily Stops		
Average Weekly Compensation		

**11. Principal Types of Deliveries:** (describe all categories that account for at least 5% of trips)

	% of Trips	Average Value (\$) of Items per Trip	Usual Maximum Values per Trip	Additional Description
Documents / Small Parcels		< \$100	< \$100	
Printed Matter (in bulk)				
Computer / Electronics				
Medical / Lab /Pharmaceutical				
Parts & Supplies				
Bank Checks (non-negotiable)		n/a	n/a	
Other:				
Other:				
Misc. Commodities				

**12. How to you verify deliveries reach their destination?**

Routed / Scheduled Work?  YES  NO

% of Work:  Describe:

HazMat Work (with placards)?  YES  NO

% of Work:  Describe:

13. Current & Past Insurance (write "none" where you have no insurance)

	Name of Carrier	Expiration Date	Premium	Limit of Coverage
<b>Auto Insurance</b> <i>(premium history and updated Loss Runs -- very important!)</i>			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Workers Compensation</b> <i>(premium history and updated Loss Runs -- very important!)</i>			\$	\$
			\$	\$
			\$	\$
			\$	\$
General Liability / Package			\$	\$
			\$	\$
Umbrella Liability			\$	\$
Cargo Insurance			\$	\$
Employment Practices			\$	\$
Other:*			\$	\$
			\$	\$

\* "Other" could include 'Bonding', Warehouse, Errors & Omissions, Property, etc.

14. Loss History (write "none" where you have had no losses for the past 3 years -- 5 years for EPLI /cargo)

	Loss Date	Description of Loss	Amount *	Steps To Avoid Repeat
Auto Insurance **			\$	
			\$	
			\$	
Workers Comp. **			\$	
			\$	
<b>Experience Mod Factor</b>			\$	
			\$	
General Liability & Office Property			\$	
			\$	
Employ. Practices			\$	
Cargo Insurance			\$	
			\$	
			\$	
Other: ***			\$	
			\$	

\* Include total value of losses, not just the insured amount. \*\* Please provide Loss Runs for 3+ years

\*\*\* "Other" could include 'Bonding', Warehouse, Errors & Omissions, Standalone Property, etc.

15. Technology Profile:

Mapping     
  P.O.D.     
  Signature Capture     
  Track / Trace  
 G.P.S.     
  Barcode / Imaging     
  Warehouse Inventory

Key Vendor/Product #1:       Key Vendor/Product #2:

16. Safety & Loss Control Practices -- leave blank any questions not applicable to your operation

General Practices		YES	NO	Details (important, be specific)
1	Dedicated Safety Coordinator?			Name:
2	Dedicated Human Resource Manager?			Name:
3	Are Delivery Times Guaranteed?			
4	Average Time From Pickup To Delivery:			
5	Drivers under age 18 or over 69?			
6	Min. Experience Required for Drivers?			
7	Insurance Requirements for Owner-Ops?			
8	Regular Insurance Checks for Owner-Ops?			
9	Regular 'MVR' Checks of all Drivers?			
10	<u>Other</u> Regular Screening of Couriers?			
11	Drivers do Same Routes/Territories Daily?			
12	Drivers Use Same Vehicles Each Day?			
13	Dress Code or Appearance Rules?			
14	Regular Driver Meetings on Safety?			
15	Safety Training? Documented?			
16	Accident Records / Files Maintained?			
17	Formal Accident Review Process?			
18	Safety Incentive Program?			
19	Promote Safe Use of Radio/Cell Phone?			
20	OSHA violations during past 12 months?			
21	DOT safety/compliance citations past year?			
22	Return-to-Work program for injured empl.?			
23	Comprehensive written Safety Program?			
24				

Company Vehicle Practices (own / lease)		YES	NO	Details (important, be specific)
25	Vehicles used more than 12 hours per day?			
26	Permit passengers or personal use?			
27	Regular, documented vehicle inspections?			
28	Scheduled preventive maintenance?			
29	Extra safety equip./ technology installed?			
30	Extra security equip (cage, padlock, alarm...)?			
31				

17. Co. Vehicle Parking:  Garage  Lot  Fenced  Locked  Lit  Patrolled  
 (Mark off all that apply)

1. **AUTO COVERAGES:** (as shown below unless you indicate otherwise)

- Liability (per occurrence) \$1,000,000 \$ \_\_\_\_\_
- Uninsured/Underinsured Motorist State minimum limit \$ \_\_\_\_\_
- Personal Injury Protection (No Fault) State minimum limit \$ \_\_\_\_\_
- Medical Payments \$1,000 \$ \_\_\_\_\_
- Rental Cost Reimbursement 30 days @ \$20.00/day \_\_\_\_\_ days @ \$ \_\_\_\_\_ /day
- Physical Damage Deductibles \$500 for light vehicles \$ \_\_\_\_\_  
\$1000 for med/heavy trucks \$ \_\_\_\_\_
- Cover Liability for Rented Autos? YES  NO  If yes, number of days per month you rent: \_\_\_\_\_
- Cover Physical Damage to Rentals? YES  NO  If yes, max. value: \$ \_\_\_\_\_ Avg. value: \$ \_\_\_\_\_
- Do you transport passengers? YES  NO  If yes, describe: \_\_\_\_\_
- Owner-Ops. sign written agreement? YES  NO  Be sure to provide a copy to KBS.
- % of Packages Weighing: <100 lbs. \_\_\_\_\_% <50 lbs. \_\_\_\_\_% <25 lbs. \_\_\_\_\_%
- Extra Equipment (camper shells...): \_\_\_\_\_ Value per Veh.: \$ \_\_\_\_\_ Perm. Attached? YES  NO

**Executives:** Does each maintain personal auto insurance on personal vehicles? YES  NO

• If not: list all household members who drive: \_\_\_\_\_

2. **BICYCLE LIABILITY** will be included if applicable. Ann. Revenues from Biker Ops.: \$ \_\_\_\_\_

3. **GENERAL LIABILITY:** Unless you specify otherwise, KBS will seek to provide limits of:

> \$1 million per occurrence > \$2 million annual aggregate > \$50,000 Fire Legal Liability

- Include option for \$1 million Employee Benefits Liability protection? YES  NO
- Other specifications (if any): \_\_\_\_\_

4. **EMPLOYERS LIABILITY (\$500,000 limits are included with every WC quote)**

- Should Workers Compensation cover Owners/Exec. Officers? YES  NO
- Does your company have an Employee Health Plan in force? YES  NO

5. **STORAGE TANKS**  Underground  Above ground Need EPA/ State Cert? YES  NO

6. **UMBRELLA LIABILITY** desired (i.e. cost-effective catastrophic protection) YES  NO

- If so, check limits of interest: \$1 million  \$2 million  \$5 million  Other: \$ \_\_\_\_\_

7. **ERRORS & OMISSIONS LIABILITY** desired? YES  NO  Describe non-delivery services

to be covered ( e.g. process serving, legal, assembly...) \_\_\_\_\_

8. **DIRECTORS & OFFICERS / FIDUCIARY LIABILITY** cvg. desired? YES  NO  Losses? \_\_\_\_\_

1. **Address of Premises:** Location #1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (Use additional sheets Location #2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If necessary) Location #3: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Premises Information:**

	Location #1	Location #2	Location #3
<b>Use(s)</b> (dispatching, back office, warehouse, cross-dock terminal, driver depot, etc.)			
Replacement Cost of <b>Computer Equipment</b>			
Replacement Cost of <b>Improvements &amp; Betterments</b>			
RC of Detached <b>Signs/Fences</b>			
Replacement Cost of <b>Glass</b>			
RC of <b>Radios</b> stored overnight			
<b>Money &amp; Securities</b> On-Site			
R.C. of <b>Other Office Property</b>			
Replacement Cost of <b>Building</b> (if you are responsible)			
<b>Accounts Receivables</b> Limit (\$10,000 standard)			
<b>Deductible</b> desired (usu.\$1000)			
Number of Stories			
Your Square Footage			
% of Building You Occupy			
Age of Building (approximate)			
Construction Type *			
Types of Businesses Adjacent			
Days/Hours Occupied			
Anti-Theft Protection (central Station alarm, deadbolt, guards,...)			
Fire Protection (central station Alarm, sprinkler, extinguisher, etc.)			
* <b>Construction Type:</b> <b>A</b> = Wood Frame <b>B</b> = Masonry Walls but Wood Joists or Roof <b>C</b> = All Non-Combustible			

3. Are **Back-ups** of software & data stored off-premises? YES  NO  How often? \_\_\_\_\_

4. **Extra Expense Coverage:** one month's expenses to resume operations ASAP after loss: \$ \_\_\_\_\_  
 (i.e. if your premises burns down, you would need to arrange for emergency space, equipment, telephone service, overtime, etc. for a couple of weeks – and pay a premium for it. How much extra would this be?)

**1. Amounts of Insurance Desired** (special limits can be arranged for unusual customers or shipments)

- a. Cargo Limit per occurrence \$ \_\_\_\_\_ (min. \$10,000)
- b. Terminal Coverage Limit (if necessary) \$ \_\_\_\_\_ (usually same limit as "a")
- c. Special Limit(s) \_\_\_\_\_ \$ \_\_\_\_\_
- d. Special Limit(s) \_\_\_\_\_ \$ \_\_\_\_\_
- e. Deductible per occurrence \$ \_\_\_\_\_ (min. \$500)

For limits of \$100,000 or more on pharmaceuticals &/or financial securities, request supplemental questionnaires.

**2. Consequential Loss Coverage?** YES  NO  \$ \_\_\_\_\_ (usually same limit as 'a')

Work you do that is susceptible to loss: (check all that apply)

- Court Filings  Contract Bids  Printers  Photo Shoots/Film  Machine Parts

**3. Reconstruction Coverage** for Financial Document Transit? YES  NO

Describe Documents: \_\_\_\_\_ Checks copied prior to transit? YES  NO  Some

**4. Warehouse Insurance** desired? YES  NO  \$ \_\_\_\_\_ Limit Per Occurrence

- Check Coverage Option:  "All-risk" (Bailee) Protection  Legal Liability Coverage Only
- Area: \_\_\_\_\_ Shelves/Pallettes? YES  NO  Heat? YES  NO  A/C? YES  NO
- Special Security? – also complete Property Supplement \_\_\_\_\_

Type of Merchandise	% Space	Approx. Value	Timed Stored (or "Rolling")

**5. Terminal/Warehouse Locations** (if any): \_\_\_\_\_

**6. List Customer Contracts** that Require Cargo Insurance or Set Your Liability for Cargo:  
 \_\_\_\_\_

**7. Valuable Cargo Procedures:** (Check all that apply)

- Non-Stop Runs  Veteran Drivers  2 People  Special Vehicles Other: \_\_\_\_\_
- What is your limit of liability?: \$ \_\_\_\_\_ How is this communicated? \_\_\_\_\_
  - Procedures for identifying cargo of unusual value? \_\_\_\_\_
  - How often are Declared Values received? \_\_\_\_\_ Typical Values Are: \$ \_\_\_\_\_

1. Amounts of Coverage Desired (we recommend dishonesty limits similar to cargo limits)

- a. Courier/Employee Dishonesty coverage (incl.contractors) \$  (min. \$25,000)
- b. Depositors Forgery coverage \$  (usually same limit as “a”)
- c. Computer Theft & Funds Transfer Fraud coverage \$  (usually same limit as “a”)
- d. Money & Securities (of insured) coverage \$  (not always available)
- e. Special Limit (describe)  \$
- f. Special Limit (describe)  \$
- g. Deductible per Occurrence \$

2. Financial Controls:

Are the books audited by an independent CPA? YES  NO  Name:

If not, how are the books reviewed?

Audits complete & unqualified? YES  NO  If not, is there a compilation? YES  NO

Has CPA noted any internal control weaknesses? YES  NO  Be sure to include any CPA letter.

Are countersignatures required on checks? YES  NO  Over what limit? \$

Person(s) who reconcile bank statements also sign checks? YES  NO  Who?

3. Are there Employee Benefit Plans required to be bonded under the ERISA Act? YES  NO

If “yes”, provide plan NAME(s):

Total number of non-employee trustees, administrators, fiduciaries, etc.:

KBS Application – Management Practices Liability Supplement

1. Human Resources Procedures: Have you formally adopted and implemented the following (check):

- a. Anti-Discrimination & Anti-Harassment written policies & procedures to report? YES  NO
- b. Employment application with an at-will provision? YES  NO
- c. Scheduled management/supervisor workplace training on HR related issues? YES  NO
- d. Open door policy and internal complaint written procedure? YES  NO
- e. Orientation program for all employees communicating work place procedures? YES  NO
- f. Termination review (exit interview) by management or HR/legal professional? YES  NO
- g. Training regarding discrimination & harassment of non-employees (customer, IC)? YES  NO
- h. Procedures for complaints from non-employees of harassment/discrimination? YES  NO

2. Non-Employee complaints of harassment or discrimination in past 5 years? YES  NO

3. Are you or any director, officer, owner, member, partner, or manager/supervisor aware of any fact, incident, or circumstance which may result in a claim against you for a wrongful employment practice?  
 YES  NO  If “YES”, provide details:

4. Americans with Disabilities Act (ADA):

- Do your facilities accommodate the disabled in compliance w/ADA law? YES  NO
- If No, do you anticipate them becoming compliant during the next 12 months? YES  NO
- Explain “NO” answers to the above:



