

Commercial Risk Summary – Trucking & Transit



AMBULANCE SERVICES

SIC CODE: 4119 Local Passenger Transportation, NEC

NAICS CODE: 62191 Ambulance Services

Suggested ISO General Liability Code: 40021, 40031

Suggested Workers Compensation Code: 7370, 8385

Description of operations: Ambulance services -- which also may include emergency or other rescue units -- provide transportation of ill or injured persons to hospitals or other medical or convalescent facilities. Many also may have emergency or rescue units that provide emergency medical services, in addition to simple transportation. Emergency medical technicians (EMTs), interns, or nurses are on staff or on call.

Property exposures for an ambulance service are light since the building is occupied by the office and the ambulances. The exposure increases if the vehicles are serviced and fueled on premises. In addition, there may be oxygen on premises. This must be stored upright and away from any heat source.

Crime exposure is limited to Employee Dishonesty. All billing, ordering and disbursements must be separate duties, and outside audits should be conducted on a regular basis.

Inland marine exposures include all mobile equipment that is needed to care for the individuals being transported. In addition, there are accounts receivables, computers and valuable records (patient records). All data must be duplicated and kept off site for easy replication in the event of a loss.

Premises liability is limited because there usually is only an office and limited garage operation. If fundraisers or other events are sponsored, additional exposures will be created. The off-premises exposure in working with the patients is more severe but would normally be under the professional or automobile liability.

Professional and malpractice exposures are high if first-response emergency services are offered. There must be regular training, and all individuals' certifications must be kept current.

Automobile liability is very high. All drivers must have valid licenses for the vehicles being driven. MVRs must be checked on a regular basis and must be acceptable. Drivers must participate in regular training activities in order to maintain skills. Vehicles must be maintained and records kept of the maintenance.

Workers compensation exposure can be extreme due to injuries caused by lifting such as strains, sprains, and back injuries. Also, precautions are necessary because of the possibility of blood-borne diseases. Driving at high speeds through congested areas also increases the chance of accidents.

Minimum recommended coverage:

Building, Business Personal Property, Extra Expense, Accounts Receivables, Bailees, Computers, Mobile Equipment, Valuable Papers, Employee Dishonesty, General Liability, Employee Benefits, Professional, Umbrella, Business Auto Liability and Physical Damage, Hired and Nonownership Auto, Workers Compensation

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Other coverages to consider:

Employment Related Practices, Environmental Impairment

Source: Rough Notes, Inc.

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Agent: The coverages listed below are suggested for consideration for trucking operations. After evaluating each of the listed coverages, check the recommended blank by those that apply specifically to this client. Make sure both the exposure and the coverage are explained to the client. Each coverage and option is explained in the Insurance Coverage Definitions document.

Client: For each of the coverages that the agent has recommended, initial whether you have chosen to accept or reject that coverage in the blanks provided.

PROPERTY COVERAGES

	Recommend	Accept	Reject
Building and Personal Property Coverage Form			
Building	_____	_____	_____
Business Personal Property	_____	_____	_____
Personal Property of Others	_____	_____	_____
Improvements and Betterments	_____	_____	_____
Condominium Coverage Form			
Condo-Unit Owners Coverage	_____	_____	_____
Commercial Output Policy			

Building and Personal Property Coinsurance			

Percentages	None	80%	90%
	100%		
Bldg	_____	_____	_____
BPP	_____	_____	_____
PPO	_____	_____	_____
I & B	_____	_____	_____
Alternatives to Coinsurance			
Agreed Value	_____	_____	_____
Functional Replacement Cost	_____	_____	_____
Peak Season	_____	_____	_____
Reporting Form	_____	_____	_____
Other _____	_____	_____	_____
Optional Property Coverages			
Boiler and Machinery	_____	_____	_____
Legal Liability	_____	_____	_____

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	Recommend	Accept	Reject
Optional Property Endorsements			
Additional Debris Removal	_____	_____	_____
Ordinance or Law	_____	_____	_____
Outdoor Trees, Shrubs and Plants Enhancement	_____	_____	_____
Replacement Cost Valuation	_____	_____	_____
Spoilage	_____	_____	_____
Utility Services-Direct Damage	_____	_____	_____
Other Property Options			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TIME ELEMENT COVERAGES			
Business Income With Extra Expense Coinsurance Percentage ____	_____	_____	_____
Business Income Without Extra Expense Coinsurance Percentage ____	_____	_____	_____
Extra Expense	_____	_____	_____
Leasehold Interest	_____	_____	_____
<i>Alternatives to Coinsurance</i>			
Agreed Value	_____	_____	_____
Maximum Period of Indemnity	_____	_____	_____
Monthly Limit of Indemnity	_____	_____	_____
Premium Adjustment	_____	_____	_____
Optional Time Element Endorsements			
Business Income from Dependent Properties	_____	_____	_____
Ordinance or Law Increased Period of Restoration	_____	_____	_____
Utility Services	_____	_____	_____
Other Time Element Coverages			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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PROPERTY AND TIME ELEMENT CAUSES OF LOSS

		Recommend	Accept	Reject
	Bldg BPP PPO BI EE			
Basic	_____	_____	_____	_____
Broad	_____	_____	_____	_____
Special	_____	_____	_____	_____
Earthquake	_____	_____	_____	_____
Flood	_____	_____	_____	_____

Other Cause of Loss Endorsements

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INLAND MARINE COVERAGES

Accounts Receivable	_____	_____	_____
Difference In Conditions – DIC	_____	_____	_____
Electronic Data Processing	_____	_____	_____
Fine Arts	_____	_____	_____
Goods in Transit	_____	_____	_____
Signs (Neon and Electric)	_____	_____	_____
Valuable Papers and Records	_____	_____	_____

Other Inland Marine Coverages

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIME COVERAGES

Money, Securities and Other Property

Employee Dishonesty Coverage	_____	_____	_____
Including Customer's Goods	_____	_____	_____
Computer Fraud Coverage	_____	_____	_____
Extortion Coverage	_____	_____	_____

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	Recommend	Accept	Reject
Forgery or Alterations Coverage	_____	_____	_____
Lessees of Safe Deposit Boxes Coverage (Securities and Other Property only)	_____	_____	_____
Money and/or Securities Only			
Theft, Disappearance and Destruction	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____
Securities Deposited With Others Coverage	_____	_____	_____
Property other than Money and Securities			
Premises Burglary	_____	_____	_____
Premises Theft	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____
Other Crime Coverages			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
LIABILITY COVERAGES			
Commercial General Liability			
Occurrence Basis	_____	_____	_____
Claims- Made Basis	_____	_____	_____
Optional Liability Coverages			
Directors and Officers	_____	_____	_____
Employee Benefits	_____	_____	_____
Employment- Related Practices	_____	_____	_____
Owners and Contractors Protective	_____	_____	_____
Railroad Protective	_____	_____	_____
Special Events	_____	_____	_____

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	Recommend	Accept	Reject
Other Liability Coverages			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
COMMERCIAL AUTO COVERAGES			
Liability	_____	_____	_____
Physical Damage	_____	_____	_____
Uninsured Motorists	_____	_____	_____
Underinsured Motorist	_____	_____	_____
Hired Cars	_____	_____	_____
Non-Ownership Auto	_____	_____	_____
P.I.P./No-Fault	_____	_____	_____
Garagekeepers	_____	_____	_____
Trailer Interchange	_____	_____	_____
Other Auto Coverages			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
WORKERS COMPENSATION COVERAGES			
Workers Compensation and Employers Liability	_____	_____	_____
Stop Gap or Employers Liability Coverage	_____	_____	_____
Federal Employers Liability Act	_____	_____	_____
Longshore and Harbor Workers Coverage	_____	_____	_____
Voluntary Compensation	_____	_____	_____
Other Workers Compensation Endorsements			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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EXCESS LIABILITY COVERAGES

	Recommend	Accept	Reject
Umbrella Policy	_____	_____	_____
Excess Liability Policy	_____	_____	_____

AVIATION COVERAGES

Aircraft Policy	_____	_____	_____
Passenger Liability	_____	_____	_____

SPECIALTY COVERAGES

Environmental Impairment Liability Policy	_____	_____	_____
Fiduciary Liability Insurance	_____	_____	_____
Terrorism Insurance	_____	_____	_____
Underground Storage Tank Liability – UST	_____	_____	_____
Other _____	_____	_____	_____

BONDS

License Bond	_____	_____	_____
Other _____	_____	_____	_____

Other Options

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Comments

I certify that I have reviewed my coverage needs in accordance with this checklist with my agent and I have accepted or rejected the recommended coverages as indicated by my initials in the spaces above.

_____ Signature of Client _____ Date

_____ Title

I certify that I have reviewed the coverages outlined in this checklist with my client and that the initials of the client indicate the acceptance or rejection of the coverages recommended.

_____ Signature of Agent _____ Date