

# ROSS & COMPANY



## **INFORMATION NECESSARY TO DEVELOP ARPIN AGENT PROGRAM PROPOSAL**

### **General Information:**

- + Literature describing your operations, products and services. (If available).
- + Financial information: Revenue for 2004, 2005, 2006 – Projected Revenue for 2007
- + Copies of all current insurance policies: Package (Property, General Liability, Umbrella, etc.), Commercial Auto, & Workers' Compensation, Warehouse Legal & Motor Truck Cargo (Movers & Warehousemen's Coverage).
- + Financials – Last Two Completed Financial Statements and Current Interim Report (P&L and Balance Sheets will be satisfactory)

### **Commercial Auto:**

- + Schedule of Vehicles including: Year, Make, Model, VIN #, GVW, & Cost New
- + Garage location for each vehicle
- + Radius of operation
- + Schedule of Drivers including: Name, DOB, DL# & Date of Hire

### **Workers' Compensation:**

- + Projected payrolls for this year broken down by classification
- + Number of Full-Time employees
- + Number of Part-Time employees
- + Current Experience Modification
- + Breakdown of Employees – by location
  - # of Drivers
  - # of Helpers
  - # of Warehousemen (No other duties)
  - # of Salespersons
  - # of Clerical Employees
- + Any Hiring of Casual Labor – either by agent or sub-hauler? Yes\_\_\_ No\_\_\_

### **Miscellaneous: Please provide the following:**

- + Copy of Van Line Contract
- + Copy of Written Safety Program
- + Copy of Driver Safety Program
- + Copy of Written Incentive Plan for Drivers
- + Copy of Vehicle Maintenance Program
- + Complete Attached C.O.P.E. Spreadsheet
- + Complete Attached Business Income Worksheet
- + Copy of Bill of Lading
- + Copy of Warehouse Receipt
- + Copy of last General Liability audit (if available)
- + Copy of last Workers' Compensation audit (if available)

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## Revenue Projections Breakdown: Current Fiscal Period

<input type="checkbox"/> <b>Hauling Revenue</b>	
<input type="checkbox"/> Own Authority	\$
<input type="checkbox"/> Van Line Authority	\$
<input type="checkbox"/> <b>Storage Revenue</b>	
<input type="checkbox"/> Own	\$
<input type="checkbox"/> Van Line	\$

## Intrastate / Interstate:

<input type="checkbox"/> Percentage of Local Moves out of 100%	%
<input type="checkbox"/> Percentage of Interstate Moves out of 100%	%
<input type="checkbox"/> Percentage of Local Moves under Own Authority	%
<input type="checkbox"/> Percentage of Local Moves under Van Line Authority	%
<input type="checkbox"/> Percentage of Interstate Moves under Own Authority	%
<input type="checkbox"/> Percentage of Interstate Moves under Van Line Authority	%

## Residential / Commercial – Under Own Authority

<input type="checkbox"/> Percentage of Residential Moves out of 100%	%
<input type="checkbox"/> Percentage of Commercial Moves out of 100%	%

## Sub Hauler Information / Owner Operators

- Any Owner Operators Leased to the agent? Yes \_\_\_ No \_\_\_
- Is there a sub-hauler contract? Yes \_\_\_ No \_\_\_
- Is there a hold-harmless agreement in the sub-hauler agreement? Yes \_\_\_ No \_\_\_
- Does sub-hauler have their own ICC/PUC Permit? Yes \_\_\_ No \_\_\_
- Do you require sub-hauler to carry Workers' Compensation? Yes \_\_\_ No \_\_\_
- Do you require sub-hauler to carry General Liability? Yes \_\_\_ No \_\_\_
- Do you require sub-hauler to carry Cargo Coverage? Yes \_\_\_ No \_\_\_
- Do you have a trailer-interchange agreement with sub-hauler? Yes \_\_\_ No \_\_\_
- Do you require certificates of insurance from sub-haulers? Yes \_\_\_ No \_\_\_

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## Safety Program Information:

- Do you have a formal safety program? Yes\_\_\_ No\_\_\_
- Do you require pre-employment physicals? Yes\_\_\_ No\_\_\_
- Do you have an application for all new hires? Yes\_\_\_ No\_\_\_
- Do you check references? Yes\_\_\_ No\_\_\_
- Do you review MVR's pre-hire? Yes\_\_\_ No\_\_\_
- Do you have an MVR Acceptability Criteria? Yes\_\_\_ No\_\_\_
- Do you perform pre-employment drug testing? Yes\_\_\_ No\_\_\_
- Do you perform random drug testing? Yes\_\_\_ No\_\_\_
- Do you have a formal new hire training program? Yes\_\_\_ No\_\_\_
- Do you perform Safety Meetings? Yes\_\_\_ No\_\_\_
  - If yes, frequency\_\_\_\_\_
- Do you have an incentive program in place? Yes\_\_\_ No\_\_\_

## Vehicle Maintenance Information

- Do you have your own maintenance department? Yes\_\_\_ No\_\_\_
- If yes, do you perform maintenance work for others? Yes\_\_\_ No\_\_\_
- If yes, do you perform maintenance work for sub-haulers? Yes\_\_\_ No\_\_\_

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## C.O.P.E. WORKSHEET

<i>1.off/whse</i>						<i>1.sprinkle</i>		<i>1.cen sta</i>	
<i>2.whse</i>						<i>2.cen sta</i>		<i>2.grd sta</i>	
<i>3.office</i>						<i>3.fire ext</i>		<i>3.grd dog</i>	
								<i>4.gate</i>	
								<i>5.motion</i>	
Location	Use	Yr. Built	Construction	Owned/leased	Inside hgt	Fire prot	Intrusion	Whse sq ft	Yard size

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## APPLICANT'S INFORMATION

First Named Insured:

(If you have operations under more than one name, please list each entity with a brief description of purpose)

Mailing Address:

List All Other Named Insureds:

Affiliation with a National Van Line?  Yes  No  
If yes, with whom:

When hauling under van line authority, are they responsible for the following:

Automobile Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cargo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## UNDERWRITING INFORMATION

1. Do you retain your own Interstate Authority?  Yes  No  
If yes, under what name: \_\_\_\_\_  
Under what address: \_\_\_\_\_  
FMSCA Docket Number: \_\_\_\_\_  
What states do you hold interstate authority? \_\_\_\_\_
2. What states do you hold Intrastate Authority? \_\_\_\_\_  
Provide DPU or PUC number for each state (for filing purposes)  

<u>State</u>	<u>Number</u>
_____	_____
_____	_____
_____	_____
3. Are you affiliated with or have membership in any Trade Association?  Yes  No  
If yes, please list \_\_\_\_\_
4. Do you issue a Bill of Lading on all moves?  Yes  No  
Please attach a copy of your Bill of Lading.

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5. Do you currently offer direct damage or "Certificates" of Insurance to your customers?

Yes  No Transit \_\_\_\_\_ Storage \_\_\_\_\_

What is your total outstanding limit on storage certificates? \_\_\_\_\_

What is the total number of existing certificates from your current carrier? \_\_\_\_\_

6. Revenue Sources

Transportation	Revenue	Mileage Driven
Van Line Authority		
Interstate – own authority		
Intrastate		

Receipts % Revenue

<input type="checkbox"/> Warehouse (exclude SIT)	_____	_____
<input type="checkbox"/> Internal Moves (in house moves)	_____	_____
<input type="checkbox"/> Packing and Unpacking	_____	_____
<input type="checkbox"/> Record storage	_____	_____
<input type="checkbox"/> General Commodities (other than 3 <sup>rd</sup> proviso)	_____	_____
<input type="checkbox"/> Total of all non-linehaul revenue	_____	_____

7. Operations History

	Current year	1 <sup>st</sup> Prior year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior year
Total Annual Revenue	_____	_____	_____	_____
Total Annual Mileage	_____	_____	_____	_____

8. Do you do rigging?  Yes  No  
 Do you contract out rigging operations?  Yes  No

9. Do you do Government Non-Temp Storage?  Yes  No

10. Do you operate a repair shop?  Yes  No  
 Are repairs performed for other than owned vehicles?  Yes  No  
 Furniture repair performed?  Yes  No  
 Any public access?  Yes  No

11. Do you utilize Independent Owner Operators?  Yes  No  
 If yes, attach a copy of the contract you use.  
 Haul exclusively for you?  Yes  No  
 Length of time and number of owner operators working for you.  
 < 1 year \_\_\_\_\_ 1 to 3 years \_\_\_\_\_ >3 years \_\_\_\_\_

12. Do you have a written trailer interchange agreement  Yes  No  
 Do you ever pull a non-owned trailer outside a written trailer interchange agreement.  Yes  No