

Pharma-Med Transit KBS Insurance Application

1. Named Insured: _____

Scope of Coverage (mark all that apply): Transit Terminal Warehousing

Limits Desired: \$ _____ Required by contract? YES NO

Deductibles Desired: \$ _____ (standard = \$5,000 except for loss to unsecured and unattended vehicles)

Customer(s) for which insurance is Desired:

	<u>Name</u>	<u>Address (city/state/zip)</u>	<u>Contract Identifier</u>
1.	_____	_____	_____
2.	_____	_____	_____

If logistics company, who are its customers for this work? _____

2. Routed Work: (*Not including Line-Haul trips – see section 3 below*),

Items Transported: % Non-Pharmaceutical Supplies/Sundries % Narcotics

(if none, put "0") % Prescription Drugs % Over-the-Counter Drugs

% Other:

Work Environment (give % for each): Downtown (dense) Urban: % Rural: %

Suburban and other Urban: %

Number of routes per day: Avg. route mileage: Max route mileage:

Avg. # deliveries per route: Max. # deliveries per route:

Avg. Value at start of route: \$ Max. Value at start of route: \$

Total Pickup Locations: Describe: Cust. Terminal Your Terminal Other:

Total Delivery Locations: Describe: Pharmacies Hospitals/Clinics Other:

Types of Vehicles Used: _____

3. Line Hauls: Totals Number *If none, proceed to section 4. Otherwise, describe each below.*

	#1	#2	#3	#4	#5	#6
1. Mileage	_____	_____	_____	_____	_____	_____
2. Start Time	_____	_____	_____	_____	_____	_____
3. Vehicle GVW	_____	_____	_____	_____	_____	_____
4. % Narcotics	_____	_____	_____	_____	_____	_____
5. % Non-Pharma.	_____	_____	_____	_____	_____	_____
6. Avg. Value (est.) \$	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7. Max. Value (est.) \$	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

***Please attach copy of contracts, bid specs, & delivery receipts/manifests used.**

4. Security Profile (check your answers):

- a. Unmarked Vehicles? YES NO SOME k. Signature & Count at Pickup? YES NO
- b. Cell Phones/Radios? YES NO SOME l. Signature & Count at Drop-off? YES NO
- c. Vehicle Alarms? YES NO SOME m. Chain of Custody-full docum.? YES NO
- d. Tamper-proof seals? YES NO SOME n. Items Cabled/Secured to Veh.? YES NO
- e. Barcode Scanning? YES NO SOME o. Narcotics Labeled as Such? YES NO
- f. Totes/Boxes visible when unattended? YES NO SOME Explain: _____
- g. Use alternating routes for Line Hauls? YES NO SOME How often? _____
- h. Describe driver 'spot check' system used: _____
- i. Other Security Measures/Tech. Safeguards? _____
- j. Do you use Armed Guards / Drivers? YES NO Annual Guard Payroll? \$ _____

5. Overnight Storage: Total # of Locations: _____ Ongoing warehousing? YES NO

	#1	#2	#3
1. Street Address	_____	_____	_____
2. City/State/Zip	_____	_____	_____
3. Max. Time Stored	_____	_____	_____
4. Bldg. Construction	_____	_____	_____
5. Security (fire/theft)	_____	_____	_____
6. Narcotics Cage?	_____	_____	_____
7. Avg. Value (typically) \$	_____	_____	_____
8. Max. Value (normally) \$	_____	_____	_____

6. Loss Experience: current year-to-date and previous (3) years

Year	Cause of Loss	Size (\$) of Loss	\$ Paid to Date	New Security Measures?
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

7. Contractual Issues:

Annual revenues earned: This year (expected): \$ _____ Last year: \$ _____

Is your liability different than limits of insurance requested? YES NO SOME

Describe any special limitations of your liability for loss: _____

8. Signature: _____ **Title:** _____ **DATE:** _____