

Commercial Risk Summary – Trucking & Transit

BUS LINES – CITY SERVICE

SIC CODE: 4141 Local Bus Charter Service

4111 Local and Suburban Transit

NAICS CODE: 485113 Bus and Other Motor Vehicle Transit Systems

Suggested ISO General Liability Code: 41210

Suggested Workers Compensation Code: 7382, 8385

Description of operations: Commercial bus lines that provide city service provide a routine pickup, delivery, and set route for commuters.

Property exposures for a scheduled bus line operation include facilities for customers to purchase tickets, plus a waiting area. Vandalism and smoking are a concern. There may be restaurants to serve the clients. In addition, there is a garaging location for buses and a repair facility. The garage area will have exposures that include flammable liquids -- paint, gasoline and diesel fuel -- and include heat-producing activities such as welding. It is important that the flammable liquids and heat-producing activities be separated in order to prevent fire and explosion. All spray-painting should be conducted in an approved spray booth due to the combustibility of the fumes. Flammables should be stored in a safe manner, away from repair activities.

Crime exposures are from Employee Dishonesty and Money and Securities. Employee dishonesty must be controlled through monitoring mechanisms on the buses and surveillance. All internal ordering, billing and disbursements must be handled as separate job duties. Money and securities must be controlled through lock boxes on buses and drops at the main locations. Appropriate security methods, including armed guards and armored trucks, are important at deposit time.

Inland marine exposures are due to Accounts Receivable and Computers. Additional exposures may exist, depending on the extent of the operation.

Premises liability exposure is high if there is a terminal -- the more people around, the higher the potential for slip and fall and other injuries. Of particular concern is security -- especially for children and in restrooms. Life safety is important and all exits must be clearly marked and visible from any location.

Automobile liability exposure is very high. All drivers must be carefully screened and trained. Training must be ongoing, with regular reviews. MVRs must be acceptable and run regularly. Random drug and alcohol testing is becoming mandatory. Vehicles must be maintained on a regular basis with records kept at a central location. There is a major exposure when all buses are at one location. Splitting the fleet and locating it at more than one place can be an effective risk management tool.

Workers compensation exposure is tied to the daily exposure to the public. Driving and accidents are an exposure, plus the damage to backs and legs from the positioning. Ergonomically designed seats can reduce injury. Physical attacks can occur during robbery and hi-jack attempts. Emergency communication is vital. Accidents are always a concern. In addition, there are injuries that occur due to lifting and aiding clients -- such as back injuries, hernias, strains and sprains. The garage employees also have exposure to falling vehicles, strains, sprains and other lifting injuries. Eye injuries can occur with the welding and painting.

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Minimum recommended coverage:

Building, Business Personal Property, Business Income, Accounts Receivables, Computers, Employee Dishonesty, Money and Securities, General Liability, Employee Benefits, Environmental Impairment, Umbrella, Business Auto Liability and Physical Damage, Hired and Nonownership Auto, Workers Compensation

Other coverages to consider:

Employment Related Practices

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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