


2009 Excellence in Claims & Loss Prevention Award



**DEADLINE
FOR ENTRY
May 15, 2009**

COMPANY ENTRY FORM

Sponsored by:



2009 EXCELLENCE IN CLAIMS & LOSS PREVENTION AWARD

Dear Company Official:

The Supply Chain Security & Loss Prevention Council (SCS&LPC) of American Trucking Associations (ATA) invites your company to participate in this year's Excellence in Claims & Loss Prevention Award competition.

The Excellence in Claims & Loss Prevention is the only national award of its kind in the trucking industry. Truckload and Less-Than-Truckload motor carriers of all types and sizes will compete for this prestigious award that pays homage to the two companies that set the bar for claims management, loss prevention and damage control and that have mastered the art of negotiation, inspection and investigation; perfected claims filing and processing; and eliminated, minimized and recovered loss above and beyond all others.

Member companies of ATA and/or SCS&LPC are encouraged to throw their names into the ring to be considered for this year's Excellence in Claims & Loss Prevention Award. The deadline for entry submission is **May 15, 2009**. The winner will be announced and commended at the Council's Freight Claims and Loss Prevention Annual Conference during a special awards ceremony. This year the annual conference is scheduled for July 15-17, 2009 in Forsyth, Georgia. The winner will also be recognized in press releases and in writing at ATA's 2009 Management Conference & Exhibition awards luncheon in Las Vegas.

If you feel your company is deserving of this Excellence in Claims & Loss Prevention Award, please have the appropriate individual within your company complete this entry form. Once completed, I ask that you please indicate your support of this entry by signing where indicated on the last page of the entry form.

Please don't hesitate to call me with questions at (703) 838-1861.

Warmest regards,

Susan Chandler
Executive Director

2009 EXCELLENCE IN CLAIMS & LOSS PREVENTION AWARD GENERAL INSTRUCTIONS & INFORMATION

The award criteria and entry form were developed and endorsed by the Council's Claims & Loss Prevention Committee. All contestants will be evaluated based upon the extent and effectiveness of their freight claims and loss prevention programs, i.e., policies, procedures, training, and claims experience. The committee evaluating the entry forms will be looking for exemplary management of successful claims/loss prevention programs, for companies who have found the claims/loss prevention formula that works.

For fairness sake, one truckload and one less-than-truckload carrier will be recognized, and the size of the fleet, staff and program budget relative to the company's successful experience will be taken into consideration. Whether working for a small or large operation, every company who is a member in good standing of American Trucking Associations and/or SCS&LPC is eligible to apply and has a chance at winning.

All information provided should be complete and truthful. ***We ask that before submitting the entry form, a senior company official sign the last page of this entry form where indicated.*** This tells the committee that the company supports and authenticates the entry.

Preparing the Entry Form

1. Complete the entry form as thoroughly and accurately as possible. If more space is required, add rows/columns/pages as needed, however the completed entry form should not exceed 25 pages, exclusive of forms, manuals, posters, newsletters and similar supporting documents. If your company provides both truckload and less-than-truckload services, please complete an entry form for the truckload operation and the less-than-truckload operation as they will be judged separately.
2. Supply all supporting documentation as requested. If your freight claims and loss prevention programs include resource materials supplied by ATA Councils or other claims/loss prevention organizations, please be sure to indicate where applicable. Please do not send sample materials produced by vendors.
3. If your company uses commercially available services, please include sufficient information to permit evaluation of the scope, adequacy and effectiveness of the service.
4. Arrange and order the completed entry form and supporting documentation in a three-ring binder format. If an Excellence in Claims & Loss Prevention Entry Form binder has been submitted previously for the company, you are not required to retype the prior entry form; however, the order of the information should remain consistent with this entry form and all new information should be added at the appropriate section of the entry form and location in the binder.
5. Have senior company official endorse the entry form by signing the last page of the entry form as indicated.

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ENTRY FORM

SECTION I – GENERAL INFORMATION

Please provide the following information on the company being considered for the Excellence in Claims & Loss Prevention Award.

Company Name:				
Address:				
Telephone #:		Fax #:		E-mail:
Type of Operation (check off as applicable)	<input type="checkbox"/>	Less-than-Truckload (LTL)*	<input type="checkbox"/>	Truckload (TL)*
	<input type="checkbox"/>	National	<input type="checkbox"/>	Regional
	<input type="checkbox"/>	Common	<input type="checkbox"/>	Contract
	<input type="checkbox"/>	Under \$500 million in gross revenue	<input type="checkbox"/>	Over \$500 million gross revenue
Type of Service (check off as applicable)	<input type="checkbox"/>	General Commodities LTL	<input type="checkbox"/>	General Commodities TL
	<input type="checkbox"/>	Auto Transporter	<input type="checkbox"/>	Flatbed Carrier
	<input type="checkbox"/>	Tank Trucks	<input type="checkbox"/>	Household Goods
	<input type="checkbox"/>	Heavy Haulers	<input type="checkbox"/>	Dump Trucks
	<input type="checkbox"/>	Miscellaneous (specify):		

* If your company operates in both a Truckload and LTL environment, a separate entry form should be completed for each (i.e., one for TL and one for LTL).

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SECTION II: RECORD INFORMATION

Please report your company's claims statistics. If any of the below items are consolidated in your records, please note by naming the category item into which it is consolidated (e.g., if theft claims are reported only in shortage numbers, note "shortage" in the theft entry).

1. For calendar year 2008:

Claim Category	2008 Total Paid	2008 # of Claims Paid
A. Shortage:		
B. Theft/Pilferage:		
C. Visible Damage:		
D. Concealed Damage:		
E. Wreck/Catastrophe:		
F. Delay:		
G. Water:		
H. Cold/Heat:		
I. Other(s) – List:		
Total Paid (Total of A through I above):		
Net Claim Amount Paid:		
Total \$ Amount of Claims Filed:		
Total Number of Claims Filed:		
Total Number of Shipments:		
Total Company Revenue:		
Total Company Claim Ratio in 2008:		
Claims Frequency:		
Percentage of Claims Solved in 2008:		
30 Days or Less		%
60 Days or Less		%
90 Days or Less		%
120 Days or Less		%
Greater than 120 Days		%

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2. For calendar year 2007:

Claim Category		2007 Total Paid		2007 # of Claims Paid
A. Shortage:				
B. Theft/Pilferage:				
C. Visible Damage:				
D. Concealed Damage:				
E. Wreck/Catastrophe:				
F. Delay:				
G. Water:				
H. Cold/Heat:				
I. Other(s) – List:				
Total Paid (Total of A through I above):				
Net Claim Amount Paid:				
Total \$ Amount of Claims Filed:				
Total Number of Claims Filed:				
Total Number of Shipments:				
Total Company Revenue:				
Total Company Claim Ratio in 2007:				
Claims Frequency:				
Percentage of Claims Solved in 2007:				
30 Days or Less				%
60 Days or Less				%
90 Days or Less				%
120 Days or Less				%
Greater than 120 Days				%

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3. For calendar year 2006:

Claim Category		2006 Total Paid		2006 # of Claims Paid
A. Shortage:				
B. Theft/Pilferage:				
C. Visible Damage:				
D. Concealed Damage:				
E. Wreck/Catastrophe:				
F. Delay:				
G. Water:				
H. Cold/Heat:				
I. Other(s) – List:				
Total Paid (Total of A through I above):				
Net Claim Amount Paid:				
Total \$ Amount of Claims Filed:				
Total Number of Claims Filed:				
Total Number of Shipments:				
Total Company Revenue:				
Total Company Claim Ratio in 2006:				
Claims Frequency:				
Percentage of Claims Solved in 2006:				
30 Days or Less				%
60 Days or Less				%
90 Days or Less				%
120 Days or Less				%
Greater than 120 Days				%

4. **Claims Reporting:** Attach a copy of each company-developed form used for reporting, analyzing or investigation of claims.
5. **Claims Summary:** Attach a copy of each company-developed form used for the summarization and analysis of claims.
6. **Management Report:** Attach a copy of each informational report or summary of claims submitted to top management during 2009 (or end of 2008).

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SECTION III. POLICY AND ORGANIZATION

1. **Company Policy:** Attach a copy of the company’s written policy related to claims/loss prevention in a format that will give evidence of its dissemination to employees at all levels. Indicate the effective date of the current policy.

2. **Company Structure:** Attach an organizational chart of the company or provide a narrative description of the company’s organizational structure including the claims/loss prevention department. Please indicate the chain of command (structural line of authority) through which information and instructions are communicated to employees at all levels and through which results are achieved. Indicate the effective date of the current structure.

(a) Indicate the number of persons directly involved in claims/loss prevention activities.			
Focus		Full-Time	Part-Time
Claims			
Loss Prevention			
Security			
Clerical Support			
Other			
(b) Does the person in charge of programming support other areas of the company’s operation?			
(c) If yes immediately above, list each area and the percentage of time devoted to each.			
1.		%	
2.		%	
3.		%	
4.		%	
5.		%	
6.		%	

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SECTION IV. TRAINING

Describe the types of claims/loss prevention training conducted by the company.

1. Type of Training (e.g., classroom instruction, apprenticeship, etc.)	
2. Who Does the Training and Who Receives Training?	
3. Retraining:	

SECTION V. PROCEDURES

If your company has a document which covers the following information and you are comfortable sharing that document with us for purposes of award evaluation only, you may submit it in lieu of the following. All documents will be treated as proprietary and confidential.

1. Describe company claims/loss prevention procedures (indicating effective date of current procedures):	
2. Describe company procedures to handle class/loss prevention problems:	
3. Describe company procedures to handle problem employees:	
4. Other related procedures (please list):	

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5. Who monitors progress and evaluates result of claims/loss prevention program?				
6. What claims/loss prevention requirements, if any are placed on the employees outside the Claims/Loss Prevention Dept.?				
7. Are posters on claims/loss prevention displayed appropriately at company's facilities? How often are the posters changed?				
8. What poster sources are used? (check as applicable)		Developed In-House		Insurance Carrier(s)
		ATA / Councils		Outside Vendor (list)
9. Are claims/loss prevention oriented letters or messages posted or distributed? (describe)				

VI. SUCCESS STORIES

Provide at least one success story, and describe how it was accomplished.

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VERIFICATION FORM

**This Entry Form
Is Submitted on
Behalf of:**

Company

**This Entry Form
Is Submitted by:**

Signature

Name/Title: _____

Company/City, State: _____

Telephone/Fax: _____

**This Entry Form
Is Endorsed by:**

Signature

Name of Senior
Co. Official/Title: _____

Company/City, State: _____

Telephone/Fax: _____

The above named individuals attest that all information contained in this Entry Form is representative of the claims/loss prevention program(s) of the above named company and is true and accurate or represents the best available estimates; and that all supporting documentation represents materials currently in use in the prevention of cargo theft and reduction of cargo claims through appropriate claims/loss prevention procedures.

By signing above, the above-named individuals grant complete and full authority to the ATA Supply Chain Security & Loss Prevention Council to investigate the records of the company's claims/loss prevention operation for the sole purpose of validating the information provided. The results of such investigation shall be held in confidence.

It is further agreed that the Company, if selected for the Award, will have a company representative attend the 2009 Freight Claims & Loss Prevention Annual Conference of the ATA Supply Chain Security & Loss Prevention Council, to receive his/her recognition during the Awards Dinner.

2009 FREIGHT CLAIMS & LOSS PREVENTION ANNUAL CONFERENCE
JULY 15-17 2009
GEORGIA PUBLIC SAFETY TRAINING CENTER, FORSYTH, GEORGIA

For more info, call (703) 838-1919 or visit <http://scslpc.truckline.com>

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- * This prestigious award recognizes a truckload and less-than-truckload motor carrier with the most effective and successful claims/loss prevention program in the trucking industry
- * Competition is open to all ATA and SCS&LPC members in good standing.
- * Entry deadline is May 15, 2009.
- * Complete instructions are included in this brochure. Be sure to keep a copy of the completed entry form and supporting documentation before sending.
- * Return completed entry form binder (marked “confidential”) to:

Susan Chandler, Executive Director
ATA Supply Chain Security & Loss Prevention Council
950 N. Glebe Road, Ste. 210
Arlington, VA 22203-4181