**2021**

**Excellence**

**in Claims &**

**Loss Prevention**

**Award**

**DEADLINE**

**FOR ENTRY**

**November 19, 2021**

**2021 EXCELLENCE IN** **CLAIMS & LOSS PREVENTION AWARD**

*Note: There must be at least two candidates in order to name an award winner.*

**COMPANY ENTRY FORM**



Dear Company Official:

The Transportation Security Council (TSC) 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 honors 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 TSC are encouraged to submit their entry to be considered for this year’s Excellence in Claims & Loss Prevention Award. The deadline for entry submission is **November 19, 2021**. The winners will be announced and commended at the annual Safety, Security & Human Resources National Conference & Exhibition Awards Banquet scheduled for April 2021. The winner will also be recognized in press releases and *Transport Topics*.

If you feel your company is deserving of the Excellence in Claims & Loss Prevention Award, please have the appropriate individual within your company complete this entry form. Once completed, 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) 838-1703.

Sincerely,



Jacob Pierce

Executive Director

**2021 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 TSC 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 confirms to 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.

**2021 EXCELLENCE IN**

**CLAIMS & LOSS PREVENTION AWARD**

**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) |  | Less-than-Truckload (LTL)\* | | |  | Truckload (TL)\* | |
|  | National | | |  | Regional | |
|  | Common | | |  | Contract | |
|  | Under $500 million in gross revenue | | |  | Over $500 million gross revenue | |
|  | | | | | | | |
| **Type of Service**  (check off  as applicable) |  | General Commodities LTL | | |  | General Commodities TL | |
|  | Auto Transporter | | |  | Flatbed Carrier | |
|  | Tank Trucks | | |  | Household Goods | |
|  | Heavy Haulers | | |  | Dump Trucks | |
|  | 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).

**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 2020:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim Category** |  | **2020 Total Paid** | | |  | **2020 # 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 2020: | | |  |  | | |
| Claims Frequency: | | |  |  | | |
|  | | | | | | |
| Percentage of Claims Solved in 2020: | | | | | | |
| 30 Days or Less | | |  | % | | |
| 60 Days or Less | | |  | % | | |
| 90 Days or Less | | |  | % | | |
| 120 Days or Less | | |  | % | | |
| Greater than 120 Days | | |  | % | | |

1. **For calendar year 2019:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim Category** |  | **2018 Total Paid** | | |  | **2018 # 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 2019: | | |  |  | | |
| Claims Frequency: | | |  |  | | |
|  | | | | | | |
| Percentage of Claims Solved in 2019: | | | | | | |
| 30 Days or Less | | |  | % | | |
| 60 Days or Less | | |  | % | | |
| 90 Days or Less | | |  | % | | |
| 120 Days or Less | | |  | % | | |
| Greater than 120 Days | | |  | % | | |

1. **For calendar year 2018:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim Category** |  | **2016 Total Paid** | | |  | **2016# 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 2018: | | |  |  | | |
| Claims Frequency: | | |  |  | | |
|  | | | | | | |
| Percentage of Claims Solved in 2018: | | | | | | |
| 30 Days or Less | | |  | % | | |
| 60 Days or Less | | |  | % | | |
| 90 Days or Less | | |  | % | | |
| 120 Days or Less | | |  | % | | |
| Greater than 120 Days | | |  | % | | |

1. **Claims Reporting:** Attach a copy of each company-developed form used for reporting, analyzing or investigation of claims.
2. **Claims Summary:** Attach a copy of each company-developed form used for the summarization and analysis of claims.
3. **Management Report:** Attach a copy of each informational report or summary of claims submitted to top management during 2020.

**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. |  | % | | |

**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 preven-tion 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): |  | | | |
|  | | | | |
| 5. Who monitors progress and evaluates result of claims/loss prevention program? |  | | | |
|  | | | | |
| 1. What claims/loss prevention require-ments, if any are placed on the employees outside the Claims/Loss Prevention Dept.? |  | | | |
|  | | | | |
| 1. 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.

|  |
| --- |
|  |

**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/E-mail:

**This Entry Form**

**Is Endorsed by:**

Signature

Name of Senior

Co. Official/Title:

Company/City, State:

Telephone/Fax/E-mail:

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 Transportation Security 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 2022 Safety, Security & Human Resources National Conference & Exhibition scheduled for April 28 – 30, 2022 in Orlando, FL to receive his/her recognition during the awards reception and banquet.

**2021**

**EXCELLENCE IN**

**CLAIMS & LOSS PREVENTION AWARD**

* + This prestigious award recognizes a truckload and less-then-truckload motor carrier with the most effective and successful claims/loss prevention program in the trucking industry
  + Competition is open to all ATA and TSC members   
    in good standing.
  + Entry deadline is **November 19, 2021.**
  + 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:

Jacob Pierce  
Executive Director

ATA Transportation Security Council

950 N. Glebe Road, Ste. 210

Arlington, VA 22203-4181