Gallagher Transportation Services



Arthur J. Gallagher Risk Management Services, Inc.

Application for Physical Damage Ir	neurance		,		
for Independent Contractor		Name			
As an Independent Contractor, you can pathe Physical Damage Insurance Pro Independent Contractors of Landstar Sy This program, developed by Gallagher Tra	articipate in ogram for /stem, Inc. nsportation	Mailing Address ☐ (Check if new address)	dress)		
Services; Arthur J. Gallagher Risk Ma Services, Inc. ("Gallagher") for coll	•	City		State	Zip
comprehensive insurance, is designed exc the Business Capacity Owners of Landst Inc. Please provide the information reque	clusively for ar System, sted below	Cell Telephone	()		
and submit it to the Gallagher Insurance C Coverage will become effective upon acc		Email Address			
Gallagher. Notification of acceptance will to the mailing address shown on this application. Deductible Selected	be mailed	Leased to			
Collision ☐ \$250* ☐ \$500 ☐ \$1,000	\$2,500	For Gallagher use of	nnly		
Comprehensive Deductible is \$250		Date Coverage Acc	•	Initialed	
Road Hazard Windshield, Glass coverage at No D 'Available for straight trucks, panel vans, pickups and automobil		Date Goverage Acc	сріса	IIIIIIIIIIII	
TRACTOR/POWER UNIT TO BE INSUR		ADDITIONAL EQU	JIPMENT BELO	OW	
Year and Make	VIN Numb	oer	AMOUNT IN	SURED (ACV)	Unit No. T-
Optional Coverages (available for additional of the purchasing GAP coverage, please provide	lease value				
Enhancement Package (Downtime, Travel Ro Loss Payee: ☐ Yes ☐ No (If yes, complete Name:		nt and Personal Affe	cts) 🗖 Yes 🗈	J No	
Street or P.O. Box	Cit	у	State	Zip Co	de
TRAILER(S) TO BE INSURED – LIST AI	ODITIONAL	. EQUIPMENT BEL	.OW		
Year and Make	VIN Numb	oer	AMOUNT IN	SURED (ACV)	Unit No. L-
Optional Coverages (available for additional of purchasing GAP coverage, please provide	lease value	ailable in Canada)			
Loss Payee: ☐ Yes ☐ No (If yes, complete Name:	;)				
Street or P.O. Box	Cit	у	State	Zip Co	de

TARPS, CHAINS, BINDERS, REFRIGERATION EQUIPMENT, APU, SATELLITE SYSTEM, ROLLING TARP SYSTEM, ETC.

Description of item(s) (attach list if necessary)

AMOUNT INSURED (ACV)Maximum Limit \$25,000

CERTIFICATION

I certify that all information is true and correct to the best of my knowledge and that the equipment to be insured, and the driver of the equipment to be insured, meets the safety requirements of Landstar and the Department of Transportation. Further, I have read, understand and agree with the terms and conditions that apply to this coverage as stated on the backside of this application. I understand and acknowledge that Arthur J. Gallagher Risk Management Services, Inc. is the insurance agent with limited authority to procure the insurance coverage referenced in this Enrollment form. I acknowledge that I have not sought or received insurance advice from Gallagher on the referenced insurance coverage as it applies to me and/or my business. I reject terrorism coverage and authorize the reinstatement of all terrorism exclusions with the policies obtained on my behalf. I also understand and acknowledge CMC/Gallagher Bassett Services, Inc. is the claims administrator authorized to carry out the reasonable and customary duties of a claims administrator for the insurance coverage hereby offered. I further understand and acknowledge that compensation for services rendered for the above are part of the cost of the insurance coverage and not separately charged to me.

		•		•	•	Ū				
→	Signed							Date		
	J .		Ow	ner or	Auth	orized F	Representative			

THE FOLLOWING TERMS AND CONDITIONS WILL APPLY TO PHYSICAL DAMAGE COVERAGE PROVIDED TO INDEPENDENT CONTRACTORS OF LANDSTAR SYSTEM, INC.

ACTUAL CASH VALUE (ACV)

Your equipment is insured against covered losses for its actual cash value at the time of the loss or cost of repair, whichever is less. Actual Cash Value means the cost to purchase similar equipment (year, make, model, equipment, etc. but not including interest and/or warranty costs). If you over estimate your equipment's value, you will receive only the actual cash value at the time of loss. On the other hand, if you under estimate your equipment's value, the maximum amount which would be paid will be the insurable value on which you have paid premium. Therefore, it is important that you properly value your equipment. We suggest you check with a dealer to determine the actual cash value of your equipment.

EFFECTIVE DATE

Coverage will become effective on the date your application is accepted by Arthur J. Gallagher Risk Management Services, Inc., the insurance agent.

TERMINATION

In the event your Independent Contractor Operating Agreement (ICOA) with Landstar is terminated, your coverage will automatically terminate within the terms and conditions of the policy. When this happens, you should make arrangements to replace your coverage immediately.

In the event you wish to voluntarily withdraw from the program, written notification must be given to the insurance underwriters of your intent. Such written notification may be given to the Gallagher Coordinator.

The insurance underwriters retain the right to cancel your insurance in accordance with policy terms and conditions. A minimum of 15 days notice of cancellation will be given to you.

POLICY TERMS AND CONDITIONS

You will receive from Gallagher a certificate of insurance, which will become an addendum to our ICOA. Please review this carefully to be certain that it is correct. A copy of the policy is available upon written request to Landstar and/or Gallagher Transportation.

Upon your written notice to the Gallagher Insurance Coordinator you can request changes in equipment, lienholder, etc.

COST AND CONSENT TO RATE

You, the Independent Contractor, accept and acknowledge that your insurance cost, as explained more fully in this application, may include premium, taxes, fees and/or interest, administrative fees and/or expenses of Gallagher and/or Gallagher Bassett for which cost you are solely responsible. The underwriters retain the right to change the physical damage cost by giving thirty days notice to you of a cost change.

A UTHORIZATION OF SETTLEMENT DEDUCTION

In accordance with your ICOA, you, the Independent Contractor, authorize Landstar to periodically deduct your insurance costs. If such settlements (or other monies due you) are not sufficient to allow deduction of the cost, you will on demand remit by certified check or money order the outstanding insurance cost to Arthur J. Gallagher Risk Management Services, Inc., 2345 Grand Blvd, Suite 400, Kansas City, Missouri 64108 within the ten (10) day period. Otherwise, the insurance underwriters may cancel this insurance coverage within policy terms and conditions.

INFORMATION

For more information please contact the Gallagher Insurance Coordinator:

<u>landstarcoord@ajg.com</u> Phone: 800.435.0372:



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