

2020 Claims & Loss Prevention Professional of the Year Award

**NOMINATION GUIDELINES
AND APPLICATION**



**DEADLINE
FOR ENTRY
December 4, 2020**



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

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

Dear Company Official:

Is your company's director of claims and/or loss prevention outstanding? Does your claims/loss prevention professional manage your claims and minimize your losses in an exemplary way?

If you responded with an enthusiastic "YES!", then I encourage you to read on.

American Trucking Associations (ATA) understands the significant impact these professionals have on your bottom line and on the industry and economy at large. These individuals have the enormous responsibility of overseeing your claims coverage, experience and processes. It's all about less loss/damage, fewer claims, lower premiums and more coverage.

In acknowledgment of these professionals' stellar contributions, the ATA Transportation Security Council (TSC) will present its annual *Claims & Loss Prevention Professional of the Year Award* to one deserving professional. ATA and/or TSC members are encouraged to submit the name of their exceptional claims and loss prevention professionals for consideration of this award. From the applications submitted, a winner is selected from the pool of exceptional candidates and commended at the 2021 Safety, Security & Human Resources National Conference & Exhibition. The *Claims & Loss Prevention Professional of the Year* award is the only nationally-recognized honor of its kind in the trucking industry. It provides "bragging" rights to both the winners and their employers and is promoted across the country.

If you are interested in having your company's extraordinary claims and/or loss prevention professional considered for this prestigious award, please have the appropriate individual within your company complete the attached entry form. Once completed, I ask that you please indicate your endorsement of this individual's application by signing where indicated on the last page.

Please don't hesitate to call me with questions at (703) 838-1703. The deadline for submission is **December 4, 2020**.

Sincerely,

Jacob Pierce
Executive Director

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

Submission Guidelines and Application

These guidelines and application were developed by the Council's Claims & Loss Prevention Committee. All applicants will be evaluated based upon their qualifications, experience and contributions to the field of freight claims and loss prevention. Judges will be looking for exemplary management of successful programs and model claims experience. It will also take into consideration each individual's commitment to his/her profession, continuing education and extracurricular activities to advance industry loss prevention and claims reduction, such as teaching, advocating and participating in ATA and Council activities. All related factors will also be considered.

For the sake of fairness, the size of the fleet, staff and program budget relative to the professional's successful management, programs and experience will be taken into consideration. Whether working for a small or large carrier, every claims and loss prevention professional who is a member in good standing of either ATA and/or the TSC is eligible to apply and has a chance at winning.

Applications should be complete and truthful. *We ask that before submitting the application, a senior company official from the applicant's company endorse this application by signing the last page of this application form where indicated.* This tells the committee that the company supports and authenticates the application.

Preparing the Application

1. Complete the Applicant Summary Sheet and Application Form. If more space is required, add rows/columns/pages as needed. Feel free to submit the applicant's résumé in lieu of the Applicant Summary Sheet and Application Form, adding information on the Sheet and Form as needed. If your company has both a truckload and less-than-truckload operation, a separate entry form should be completed for each or one of the operations.
2. Please provide a current photo (color) of applicant, in a high resolution, electronic format if possible.
3. Prepare a brief statement, summarizing the most significant professional and personal qualifications and goals of the applicant.
4. Have senior company official endorse the Application submission by signing the form provided on the last page of the Application Form.
5. Arrange and order applicant's application materials in a three-ring binder format. If an application binder has been submitted previously for the applicant, you are not required to retype the previous application; however, the order of the information should remain consistent with this application and all new information should be added at the appropriate section of the application and location in the binder.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

APPLICANT SUMMARY SHEET

The applicant's resume may be submitted in lieu of the following requested information, adding any information not covered in the resume on this sheet.

Applicant Name:			
Title/Position:			
Company:			
Type of Operation:	<input type="checkbox"/> TL <input type="checkbox"/> LTL (submit one type of operation per entry form)		
Company Address:			
Home Address:			
Previous Employment: (in reverse chronological order)	Company	City, State	Dates of Employ
	1.		
	2.		
	3.		
Military Record:	Branch of Service:		Dates:
	Campaigns:		Citations:
Membership(s) & Offices Held:			

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

APPLICATION FORM

SECTION I: QUALIFICATIONS

The applicant's résumé may be submitted in lieu of the following requested information in A-F, adding any information not covered in the résumé on this form.

A. Professional Experience: Provide the following information for each employer for which the applicant performed claims/loss prevention related work. Employment should be listed in reverse chronological order (current employee first). For job description, include title/position held, requirements, duties and length of position.

Employer Name/Address	Type of Business	Dates of Employment
1.		
<i>Job Description:</i>		
2.		
<i>Job Description:</i>		
3.		
<i>Job Description:</i>		
4.		
<i>Job Description:</i>		

Appendix A: Past Employment Verification - Attach statements from past employers verifying applicant's employment record as listed above.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

B. Formal Education/Curriculum: Provide the following information on applicant’s education including courses and subjects within the course that contributed to applicant’s knowledge of the claims/loss prevention field.

High School(s) / Location(s)	Dates of Attendance	Date of Graduation	Honors?
College(s) or Technical Institute(s)/ Location(s)	Dates of Attendance	Date of Graduation	Degree/ Honors
1.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
2.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
3.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			

Appendix: Transcript – Attach all pertinent undergraduate, graduate and technical transcripts.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

C. Informal or In-service Training: Provide the following information for all claims/loss prevention training courses successfully completed, including apprenticeships, in-house training and association educational sessions covering claims/ loss prevention topics. Indicate if a certificate of completion was offered and obtained.

Company/Institution/ Sponsoring Organization	Dates of Training	Classroom Study Hours	On-the-Job Training Hours
1.			
<i>Courses Taken/Subjects:</i>			
2.			
<i>Courses Taken/Subjects:</i>			
3.			
<i>Courses Taken/Subjects:</i>			

Appendix: Evidence of Training – Attach copies of certificates, letter from course instructors, or other evidence verifying applicant’s successful completion of the information or in-service training.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

- D. **Claims/Loss Prevention Writing:** List all pertinent articles that applicant authored on the subject of claims/loss prevention and claims/loss prevention-related issues. Indicate the titles of all papers written by applicant that were required for completion of formal education and training, and all claims/loss prevention articles written by applicant for trade, industry or other publication, including ATA and Council publications.

To Whom Paper/Article Was Submitted	Title of Paper or Article	Date Submitted	Date Published
1.			
<i>Why Written/Audience:</i>			
2.			
<i>Why Written/Audience:</i>			
3.			
<i>Why Written/Audience:</i>			

Appendix: Articles and Comments – Attach copies of the papers and articles written by applicant. Please include, if available, any comments made on the articles by other claims/loss prevention professionals or claims/loss prevention organizations.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

E. Teaching: List all claims/loss prevention-related teaching/instruction experiences of applicant. Include courses/training classes taught by applicant which were a part of employer, industry and/or adult education programs.

Company/Organization for Which Course Was Taught	Name of Course/ Subject Taught	Teaching Dates	Hours Taught
1.			
<i>Brief Summary/Outline of Course Taught:</i>			
2.			
<i>Brief Summary/Outline of Course Taught:</i>			
3.			
<i>Brief Summary/Outline of Course Taught:</i>			

Appendix: Evidence of Teaching – Attach any documentary evidence of teaching experience, such as copies of letters of appreciation, course promotion, course catalogue, etc.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

F. Personal Recognition: List all special recognitions/awards the applicant has received for his/her involvement in loss prevention activities including those received from the industry, state association(s), trade or business organizations, community groups, etc.

Company/Organization/Group Giving the Recognition/Award	Name/Type of Recognition/Award	Date Recognized
1.		
<i>Reason for Recognition/Purpose of Award:</i>		
2.		
<i>Reason for Recognition/Purpose of Award:</i>		
3.		
<i>Reason for Recognition/Purpose of Award:</i>		

Appendix: Evidence of Recognition – Attach any documents as proof of recognition of award/recognition.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

SECTION II: CLAIMS/LOSS PREVENTION RECORD AND PROGRAM

Please feel free to submit existing documents which answer the following questions, rather than retyping. Each entry form should only cover either truckload or less-than-truckload, not both.

A. Description of Operation/Truck Fleet: Provide information on the current size and type of operation/truck fleet (leased and owned; truckload or less-than-truckload) for which the applicant is responsible.

1. *Operation:*

Name of Operation	Type of Operation	Extent of Operation

2. *Components:*

# of Terminals	# of Vehicles In Fleet	# of Co. Employees	# of Drivers	# of Dock Workers	# of Shop Workers

3. *Mileage:*

Total Mileage of All Power Units in Fleet	Breakdown by City Mileage	Breakdown by Road Mileage

4. *Factors:* List the factors that affect/have affected applicant's responsibilities, such as growth and expansion of operation during the time of employment.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

B. Job Analysis: Describe applicant's position in the organizational structure of the fleet and other information requested below. In addition, indicate the claims/loss prevention problems resulting from the geographical areas in which the fleet operates and what applicant does to resolve/manage/minimize such problems.

1. <i>Position/Report to:</i>	
2. <i>Size of Claims/Loss Prevention Department:</i>	
3. <i># of Employees Supervised by Applicant:</i>	
4. <i>Organization of Claims/Loss Prevention Dept.:</i>	
5. <i>Applicant's Duties/Responsibilities/Authority:</i>	
6. <i>Problems in geographic areas & how handled by Applicant:</i>	

C. Claims/Loss Prevention Program: List and describe the following in detail:

1. <i>Overview:</i> Describe company's claims/loss prevention:	
(a) Personnel selection process:	
(b) Training program(s) in place:	
(c) Supervision program and how it is accomplished:	
(d) Retraining program and how it is accomplished:	
(e) Incentive program(s) in use and how they are set-up:	

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

<p>(f) Technique used to measure effectiveness of program(s) to achieve results:</p>	
<p>(g) Evaluation/amendment process, i.e., state how often the claims/loss prevention program(s) are monitored and how changes are recommended to top management:</p>	
<p>2. <i>Claims/Loss Prevention Program Innovations:</i> List and describe specific innovations in the claims/loss prevention program made by applicant.</p>	
<p>3. <i>Claims/Loss Prevention Service:</i> List and briefly describe claims/loss prevention methods used in the program(s).</p>	
<p>4. <i>Working with other Departments:</i></p>	
<p>(a) <u>Operations</u>: Describe coordination of activities with Operations.</p>	
<p>(b) <u>Sales</u>: Describe the programs by which sales staff is informed of the relationship between claims/loss prevention and good service. Describe use of company's claims/loss prevention record/awards in sales promotion and public relations.</p>	

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

2. *Awards:* List all claims/loss prevention awards received by the applicant's employer for improved claims/loss prevention while applicant worked in his/her present claims/loss prevention position.

E. Claims/Loss Prevention Work

1. *Work:* Outline the claims/loss prevention work performed in shops and terminals. Specifically, provide detailed information concerning:

(a) Supervisory controls to prevent/minimize operation's cargo claims, loss and damage:

(b) Claims/loss prevention training programs for supervisors and employees - what they consist of/how they are carried out:

(c) Claims/loss prevention meetings, promotional materials, campaigns and incentives – who's involved, how frequent, what's addressed:

(d) Inspection procedures conducted by the Claims/Loss Prevention Dept.:

2. *Records:* Describe records kept on file regarding claims/loss prevention activities.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

3. *Awards:* List all claims/loss prevention awards received by the applicant's employer for claims/loss prevention achievement at shop/terminal/operational level while applicant worked in his/her present claims/loss prevention position.

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SECTION III: ACTIVITIES OUTSIDE THE COMPANY

A. Membership & Activity in Professional Claims/Loss Prevention Groups:

Provide the following information for each group with which the applicant is affiliated.

Name of Organization	Description of Organization's Purpose/Objectives	Dates of Membership
1.		
<i>Office(s) held:</i>		
<i>Committees on which served and position on Committees:</i>		
<i>Work accomplished as officer, committee member or committee chairman. Specify projects inaugurated and accomplished during term in office and committee assignments on which applicant worked:</i>		
2.		
<i>Office(s) held:</i>		
<i>Committees on which served and position on committees:</i>		

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

<p><i>Work accomplished as officer, committee member or committee chairman. Specify projects inaugurated and accomplished during term in office and committee assignments on which applicant worked:</i></p>			
3.			
<p><i>Office(s) held:</i></p>			
<p><i>Committees on which served and position on committees:</i></p>			
<p><i>Work accomplished as officer, committee member or committee chairman. Specify projects inaugurated and accomplished during term in office and committee assignments on which applicant worked:</i></p>			

B. Trucking Industry Involvement: List and describe applicant’s participation in trucking industry claims/loss prevention programs and/or other industry activities related to claims/loss prevention, such as public awareness or support programs.

<p>1. <i>Teaching:</i> Work done to promote or educate others on claims/loss prevention issues. Provide dates, type of activity, name of event/course/speech, objectives of promotion/education and sponsors of such activity.</p>

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

2. <i>Projects:</i> Activity in other official industry claims/loss prevention projects, such as government or political campaigns to reduce cargo theft.
3. <i>Law Enforcement:</i> Work with local, state and area law enforcement (e.g., FBI, Cargo Theft Task Forces, local police).
4. <i>Public Support:</i> Work with public support programs including state and local claims/loss prevention programs. Provide name and organizations, type of activity, dates and description of applicant's accomplishments.
5. <i>Non-Trucking:</i> Work with non-trucking industry related organizations, such as schools, churches, service clubs and parent/teacher associations. Provide name of organization, type of project, dates and activities of applicant.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

VERIFICATION FORM

**This application is
submitted on
behalf of:**

Name of Applicant

**This application is
submitted by:**

Signature

Name/Title: _____

Company/City, State: _____

Telephone/Fax: _____

**This application is
endorsed by:**

Signature

Name of Senior

Company Official/Title: _____

Company/City, State: _____

Telephone/Fax: _____

The above named individuals attest that the applicant is a full-time employee of the company indicated, is responsible for promulgation, implementation and administration of company's claims/loss prevention programs, is a person of high moral character and is devoted to his/her career and field of claims/loss prevention. They further affirm that all information contained in this application is true and accurate.

By signing above, the above-named individuals grant complete and full authority to the ATA Transportation Security Council to investigate the records of the applicant and of the operation for which the applicant is responsible for the sole purpose of validating the qualifications, progress and success of applicant's work. The results of such investigation shall be held in confidence.

It is further agreed that the Individual, if selected for the Award, will be present at the 2021 Safety, Security & Human Resources National Conference & Exhibition to receive his/her recognition during the awards reception and banquet.

2020 CLAIMS & LOSS PREVENTION PROFESSIONAL OF THE YEAR

- * This prestigious award recognizes the most outstanding claims/loss prevention professional of the trucking industry
- * Competition is open to all ATA and TSC members in good standing.
- * Entry deadline is **December 4, 2020**.
- * Complete instructions are included in this brochure. Be sure to keep a copy of the completed application and supporting documentation before sending.
- * Return completed application binder (marked “Confidential”) to:

Jacob Pierce, Executive Director
ATA Transportation Security Council
950 N. Glebe Road, Ste. 210
Arlington, VA 22203-4181