

NEW CONTRACT CARRIER QUESTIONNAIRE



Division of Specialty Program Group, LLC

For Coverage Questions, please call 800.852.1968.
 Email To: Lastmile@paulhanson.com OR Fax To: 707.252.5905

REQUESTED EFFECTIVE DATE: _____ DATE OF CONTRACT: _____

*Please note that we cannot backdate coverage prior to date of receipt of application.

REQUESTED COVERAGE: [] GENERAL LIABILITY [] AUTO LIABILITY [] CARGO [] EXCESS LIABILITY
 [] WORKERS COMPENSATION [] OCCUPATIONAL ACCIDENT

APPLICANT INFORMATION – PLEASE PRINT

COMPANY NAME: _____ MC# _____
 COMPANY OWNER NAME: _____ MALE: [] FEMALE: []
 ADDRESS: _____ HOME PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____
 FEIN: _____ SSN: _____ STATE UNEMPLOYMENT ID #: _____
 EMAIL: _____ DATE BUSINESS STARTED: _____
 CDL#: _____ STATE ISSUED _____ YEAR FIRST LICENSED: _____
 ESTIMATED ANNUAL 1099 REVENUE: _____

SECTION 1 – GENERAL INFORMATION

- COMPANY TYPE: [] Sole Proprietor/Individual [] Partnership [] Limited Liability Corporation [] Corporation
 - PARTNER or OFFICER NAME: _____ % OF OWNERSHIP: _____ [] Non-driving
 - PARTNER or OFFICER NAME: _____ % OF OWNERSHIP: _____ [] Non-driving
 - PARTNER or OFFICER NAME: _____ % OF OWNERSHIP: _____ [] Non-driving
- CORPORATION TYPE OR VOLUNTARY INTEREST: [] SUBCHAPTER S [] SUBCHAPTER C [] VOLUNTARY
- OWNER'S YEARS EXPERIENCE IN SIMILAR BUSINESS:

DESCRIBE PRIOR EXPERIENCE	NAME OF COMPANY	YEARS WITH ORGNIZATION	DUTIES

- WHAT STATES WILL YOU DELIVER IN: _____
- WHAT ARE STATES OF TERMINALS YOU WILL REGULARLY REPORT TO: _____
- COMMODITIES HAULED & RADIUS FOR CONTRACT WITH FREIGHT BROKER: **(BOTH MUST EQUAL 100%)**

COMMODITY TYPE – Must equal 100%			
%	FURNITURE	%	BUILDING MATERIALS
%	APPLIANCES	%	OTHER*
*For other, please describe: _____			

RADIUS OF DELIVERY (One Way) –Must equal 100%	
0-50 MILES	%
51-200 MILES	%
201 + MILES	%

- WEEKLY REVENUE:

OPERATION TYPE	WEEKLY REVENUE FOR PRIMARY FREIGHT BROKER	WEEKLY REVENUE FOR OPERATIONS NOT RELATED TO PRIMARY FREIGHT BROKER
Appliance		
Furniture		
Building Materials/Flatbed		
All Other*		

*For other, please describe: _____

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8. WHAT IS THE NAME OF THE COMPANY/FREIGHT BROKER THAT YOU PROVIDE DELIVERY SERVICES FOR:

9. ARE YOU INVOLVED IN ANY OTHER BUSINESS OTHER THAN THE HAULING FOR THE FREIGHT FORWARDER IN QUESTION 8 ABOVE? [] Yes [] No
If YES, please describe: _____
10. ARE THE OPERATIONS NOT RELATED TO YOUR PRIMARY FREIGHT BROKER SIMILAR IN NATURE TO THE WORK DONE FOR YOUR PRIMARY FREIGHT BROKER? [] YES [] NO
11. ARE YOU A RAPID RESPONSE TEAM CONTRACT CARRIER(RRT): [] YES [] NO
 a. If YES, what states do you conduct your RRT operations: _____
 b. Do you ever do RRT operations by hiring helpers or other labor outside of your home state? [] YES [] NO
12. DO YOU OWN A MAJORITY INTEREST IN ANY OTHER BUSINESS? [] YES [] NO
 IF YES, please complete the following:
 Business name: _____ FEIN#/SSN# _____
 Address: _____ Years in business: _____
13. DO YOU AND ALL YOUR DRIVERS HAVE 2 YEARS EXPERIENCE DRIVING SIMILAR EQUIPMENT? [] YES [] NO
14. HAVE YOU EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? [] YES [] NO
15. HAVE YOU HAD ANY INSURANCE IN THE PAST 3 YEARS? [] YES [] NO
 If YES, please provide currently valued 3 years loss history reports from your prior insurer and number of units for each year:
 Expiring Year ___ Prior Year ___ 2nd Prior Year ___
 If NO, please complete **SECTION 2 WARRANTY OF NO KNOWN LOSSES** below.

SECTION 2 – WARRANTY OF NO KNOWN LOSSES

I, _____, an officer, partner or principal of _____, do hereby warrant on behalf of the company hereby applying for coverages that no claims or losses were reported to my company or to any insurer, nor was my company put on notice of any occurrence or incident that may reasonably give rise to a claim. I understand and agree that this warranty shall be attached to, form a part of and be incorporated by this reference into the application for insurances.

SECTION 3 – DRIVER AND UNIT INFORMATION

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			

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SECTION 4 – WORKERS COMPENSATION/OCCUPATIONAL ACCIDENT

1. DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? [] YES [] NO
 - A. EFFECTIVE DATE & INSURER OF THE CURRENT WC COVERAGE _____
 - B. DOES IT INCLUDE COVERAGE FOR YOU? [] YES [] NO
2. HOW ARE YOU PAID? [] 1099 [] W-2
3. DO YOU RESIDE OR CONDUCT ANY OF YOUR BUSINESS in ND, OH, WA, or WY? [] YES [] NO
4. ARE ALL CONTRACTORS, DRIVER AND ADDITIONAL QUALIFIED DRIVERS BETWEEN THE AGE OF 23 AND 75? [] YES [] NO
5. ARE ALL HELPERS BETWEEN THE AGE OF 18 AND 70? [] YES [] NO
6. DO YOU EVER USE HELPERS? [] YES [] NO
7. DO YOU EVER USE MORE THAN 1 HELPER PER DELIVERY? [] YES [] NO
8. DO YOU EVER USE MORE THAN 2 HELPERS PER DELIVERY? [] YES [] NO
9. PLEASE COMPLETE THE CHART BELOW, LIST ANY FULL TIME OR PART TIME LABOR YOU USE ON REGULAR BASIS (INCLUDE YOURSELF, PARTNERS, FELLOW CORPORATE OFFICERS, SPOUSE, EMPLOYEES, AND ANY SUBCONTRACTORS PAID BY 1099) FOR ANY AND ALL OPERATIONS.

NAME	DUTIES*	ANNUAL SALARY	FULL OR PART TIME	PAID BY W-2 OR 1099	State of Residence	State of Hire	Terminal State	Delivery State

***Duties:** CDR – Contractor operates as a driver CH – Contractor operates as a helper CND – Contractor non driver/non helper
 ODR – Corporate Officer operates as a driver OH – Corporate Officer operates as a helper OND – Officer non driver/non helper PDR – Partner driver
 PH – Partner operates as a helper PND – Partner non driver/non helper CL – Clerical H – Helper not qualified to drive
 CD – Co Driver who drives **same unit** with contractor FD – Fleet Driver who is a full time driver with **own power unit and crew** AD – Additional Qualified Secondary Driver to a unit

***Please attach a copy of your driver's license and a copy of all your employees' drivers' licenses to this questionnaire.**

Additional Info/Special Requests

SECTION 5 – ACKNOWLEDGEMENT AND SIGNATURE

I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT (A) I AM THE SOLE OR PRIMARY OPERATOR OF A POWER UNIT, UNDER A CONTRACT CARRIER AGREEMENT WITH A FREIGHT FORWARDER (B) I AM NOT AN EMPLOYEE OF THE FREIGHT FORWARDER.

IN ADDITION, I GRANT PERMISSION TO FREIGHT FORWARDER AND / OR PAUL HANSON PARTNERS, A DIVISION OF SPECIALTY PROGRAM GROUP, LLC TO RELEASE MOTOR VEHICLE REPORTS IN MY CONTRACT CARRIER FILE OF MYSELF AND MY EMPLOYEES TO INSURANCE COMPANIES FOR THE PURPOSE OF OBTAINING AN INSURANCE QUOTATION AND UNDERWRITING INSURANCE POLICIES.

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NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

X _____
Signature of Applicant Date

Agent/Producer Paul Hanson Partners, a division of Specialty Program Group, LLC Address PO Box 5990, Napa, CA. 94581

License Number 0L09546
ALL STATE LICENSE NUMBERS AVAILABLE AND ON FILE WITH COMPANY.

Any mid term change to this application, including address, payroll, units, drivers, and exposures need to be submitted to the company to affect a change in coverage. Enrollment forms are required on qualified drivers prior to provision of any services by that driver.

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ADDITIONAL UNIT/DRIVER PAGE

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
ESTIMATED WEEKLY REVENUE		REGISTERED VEHICLE OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
LESSOR/FINANCE COMPANY NAME/ADDRESS			