

Company Name: _____

COMPLETE FOR OPERATIONS NOT RELATED TO PRIMARY MOTOR CARRIER

1. Describe all operations NOT related to your PRIMARY MOTOR CARRIER contract:

2. Do you have a separate named insured(s) or company name(s) to perform above operations? Yes No

2a. If YES, please complete the following:

Business Name: _____
 Address: _____ FEIN#/SSN#: _____
 Years in Business: _____

2b. Please provide the following for all operations NOT related to your PRIMARY MOTOR CARRIER contract:

COMMODITY TYPE – Must equal 100%			
%	FURNITURE	%	EXHIBIT & DISPLAY
%	APPLIANCES	%	BUILDING MATERIALS
%	EBAY	%	OTHER*

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

*For other, please describe: _____

3. Is it your intent to secure coverage for operations NOT related to your PRIMARY MOTOR CARRIER contract? Yes No

If NO, provide a certificate of insurance evidencing coverage for these other operations and skip questions 4 through 16.

If YES, do you require a certificate of insurance and additional insured endorsement for these other operations?

Yes No If YES, provide the following:

Certificate holder name and address: _____

Does the certificate holder require an additional insured endorsement? Yes No

(Additional charges may apply dependent upon the insurance requirements related to your other operations)

4. Please provide cargo information:

Commodity Type: (Please Describe)	Average Value per Load (\$)	Max Value per Load (\$)

5. Do you currently have Workers' Compensation coverage for this other operation? Yes No

a. Does it include coverage for you? Yes No

6. How are you paid? 1099 W-2

7. Do you reside or conduct any of your business in ND, OH, WA, or WY? Yes No

8. Are any employees under the age of 18 or over the age of 70? Yes No

9. Do you ever use helpers for this other operation Yes No

10. Do you ever use more than 1 helper per delivery for this other operation? Yes No

11. Do you ever use more than 2 helpers per delivery for this other operation? Yes No

12. Do you have any additional employees for this other operation? Yes No

A. If yes please complete the required information in the chart under question 13

13. Please complete the chart below, listing any additional full or part time employees you use or plan to use on a regular basis for this other operation.

Name	Duties	Annual Salary	Full/Part Time	Paid by 1099 or W-2	Drivers Lic. #	Date of Birth

***Duties:** **C** – Contractor **O** – Corporate Officer **P** – Partner **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 the additional driver(s) license(s) to this questionnaire**

14. Will you be running an existing/current unit for this additional operation? Yes No

A. if yes, please provide the vehicles year, make, model, last four of VIN # & average count of daily drops:

Year/Make/Model	Last Four of VIN#	Avg Count of Daily Drops

15. Will you be adding an additional unit for this operation? Yes No

A. If yes, please provide the unit make, model, year, VIN, value, registered owner name, & the lessor finance company name/address.

• UNIT INFORMATION		UNIT INFORMATION	
YEAR		Year	
MAKE		MAKE	
MODEL		MODEL	
VIN		VIN	
VALUE		Value	
REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			

16. Not including the units you currently have **OR** vehicles listed in #15 above, what is the WEEKLY Cost of Hire for additional rented/leased vehicles rented for less than 30 days used specifically for your other operations” \$ _____

Printed Name

Signature of Applicant

Date