



NEW CONTRACT CARRIER QUESTIONNAIRE

For Coverage Questions, please call 800.852.1968 or fax to 707.252.5905
Email To: BizChoiceTransportation@paulhanson.com

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 [] UMBRELLA
[] WORKERS COMPENSATION [] OCCUPATIONAL ACCIDENT

DIVISION & CONTRACTOR ID#: [] AMAZON TRANSPORTAION SERVICE (B2B/DOCK TO DOCK) ID#
[] AMAZON LOGISTICS INC (B2T/FINAL MILE) ID#

B2B is Business to Business Deliveries with a dock B2T is Business to Threshold Deliveries (Homes and Houses)

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:

GROSS WEEKLY REVENUE FOR ALL B2B OPS: GROSS WEEKLY REVENUE FOR All B2T OPS:

ESTIMATED ANNUAL 1099 REVENUE:

SECTION 1 - GENERAL INFORMATION

1. COMPANY TYPE: [] Sole Proprietor/Individual [] Partnership [] Limited Liability Corporation [] Corporation

- A. PARTNER or OFFICER NAME: % OF OWNERSHIP: [] Non-driving
B. PARTNER or OFFICER NAME: % OF OWNERSHIP: [] Non-driving
C. PARTNER or OFFICER NAME: % OF OWNERSHIP: [] Non-driving
D. PARTNER or OFFICER NAME: % OF OWNERSHIP: [] Non-driving

2. WHICH DISTRIBUTION CENTER DO YOU CONTRACT WITH?

3. WHAT STATES WILL YOU DELIVER IN:

4. WHAT ARE THE STATES OF TERMINALS YOU WILL REGULARLY REPORT TO:

5. RADIUS FOR CONTRACT WITH FREIGHT BROKER:

Table with 4 columns: Radius (0-75, 76-150, 151-300, 301-500 miles), %, Zone (1-4), and %.

Zone 1: CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV; CA Cities: Riverside

CA Counties: Alameda, Los Angeles, Orange, San Diego, San Francisco, San Mateo;

TX Cities: Austin, Beaumont, Corpus Christi, Dallas, El Paso, Fort Worth, Galveston, Houston, San Antonio

Zone 2: AL, AR, AZ, AK, CA (remainder), GA, IL, IN, MI, MO, OH, PA, TX (remainder), VA, WA

Zone 3: CO, KY, MN, NV, NC, OR, SC, TN, WI

Zone 4: ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

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

7. ARE YOU INVOLVED IN ANY OTHER BUSINESS OTHER THAN THE HAULING FOR THE FREIGHT BROKER IN QUESTION 6 ABOVE? [] YES [] NO
If YES, IS IT 100% B2B or B2T Deliveries? [] YES [] NO

IF NO, please describe:

8. DO YOU HAVE 2 YEARS EXPERIENCE DRIVING SIMILAR EQUIPMENT? [] YES [] NO
9. WHAT KIND OF TECHNOLOGY INSTALLED IN ALL VEHICLES?
 [] Crash avoidance and/or lane departure warning systems (i.e. Bendix Wingman, Meritor Wabco)
 [] Hard braking, hard turning, speeding over posted limit, video capturing systems (i.e. Greenlight, Drive Cam, Smart Drive, Geotab)
 [] Hours of service monitoring, mileage reporting, gps systems (i.e. Qualcomm, Peoplenet, Rand McNally)
 [] No advanced technology
10. HAVE YOU EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? [] YES [] NO
11. HAVE YOU HAD ANY INSURANCE CLAIM(S) IN THE PAST 4 YEARS? [] YES [] NO
 If YES, please provide currently valued 4 years loss history reports from your prior insurer. A signed loss statement describing the loss and its paid value is acceptable if you haul with less than 5 units.
 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	
VEHICLE USE (B2B or B2T)		WEEKLY REVENUE	
ADDRESS WHERE THIS UNIT IS GARAGED:			
VEHICLE DISPATCH LANE:	ORIGIN		DESTINATION
REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			

SECTION 4 – WORKERS COMPENSATION/OCCUPATIONAL ACCIDENT

1. DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? [] YES [] NO
 A. 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 CND – Contractor non driver/non helper ODR – Corporate Officer operates as a driver OND – Officer non driver/non helper PDR – Partner driver PND – Partner non driver/non helper CL– Clerical CD – Co Driver who drives same unit with contractor FD – Fleet Driver who is a full time driver with own power unit

***Please attach a copy of your driver’s license and a copy of your entire employees’ drivers’ license 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 BROKER (B) I AM NOT AN EMPLOYEE OF THE FREIGHT BROKER.

IN ADDITION, I GRANT PERMISSION TO FREIGHT BROKER AND / OR PAUL HANSON PARTNERS TO RELEASE MOTOR VEHICLE REPORTS IN MY CONTRACT CARRIER FILE OF MYSELF AND MY EMPLOYEES TO AIG INSURANCE COMPANY, ONE BEACON INSURANCE/ATLANTIC SPECIALTY INSURANCE COMPANY, AMTRUST INSURANCE COMPANY AND MCGRIFF, SEIBELS & WILLIAMS FOR THE PURPOSE OF OBTAINING AN INSURANCE QUOTATION AND UNDERWRITING INSURANCE POLICIES.

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 Address PO Box 5990, Napa, CA. 94581

License Number 0B64567

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.

ADDITIONAL UNIT/DRIVER PAGE

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
VEHICLE USE (B2B or B2T)		WEEKLY REVENUE	
ADDRESS WHERE THIS UNIT IS GARAGED:			
VEHICLE DISPATCH LANE:	ORIGIN		DESTINATION
REGISTERED OWNER NAME			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
VEHICLE USE (B2B or B2T)		WEEKLY REVENUE	
ADDRESS WHERE THIS UNIT IS GARAGED:			
VEHICLE DISPATCH LANE:	ORIGIN		DESTINATION
REGISTERED OWNER NAME			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
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ADDRESS WHERE THIS UNIT IS GARAGED:			
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LESSOR/FINANCE COMPANY NAME/ADDRESS			