

# New Contract Carrier Questionnaire



For Coverage Questions, please call 800.852.1968

Email To: [BizChoiceTransportation@paulhanson.com](mailto:BizChoiceTransportation@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 ☐ AUTO PHYSICAL DAMAGE  
☐ CARGO ☐ RENTAL REIMBURSEMENT  
☐ WORKERS COMPENSATION ☐ OCCUPATIONAL ACCIDENT

DIVISION & CONTRACTOR ID#: AMAZON TRANSPORTATION SERVICE (B2B\*/DOCK TO DOCK) ID# \_\_\_\_\_

\*B2B is Business to Business Deliveries with a dock

## APPLICANT INFORMATION – PLEASE PRINT

COMPANY NAME: \_\_\_\_\_ MC# \_\_\_\_\_

COMPANY OWNER NAME: \_\_\_\_\_ MALE: ☐ FEMALE: ☐

BUSINESS ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FEIN: \_\_\_\_\_ SSN: \_\_\_\_\_ STATE UNEMPLOYMENT ID #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE BUSINESS STARTED: \_\_\_\_\_

CDL#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ YEAR FIRST LICENSED: \_\_\_\_\_

EST. WEEKLY MILEAGE FOR ALL OPS: \_\_\_\_\_ EST. ANNUAL MILEAGE FOR ALL OPS: \_\_\_\_\_

GROSS REVENUE FOR ALL AMAZON OPS: \_\_\_\_\_ GROSS REVENUE FOR ALL OTHER OPS: \_\_\_\_\_

ESTIMATED ANNUAL 1099 REVENUE: \_\_\_\_\_

## SECTION 1 – GENERAL INFORMATION

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

PARTNER or OFFICER NAME	% OF OWNERSHIP	SSN	Non-driving
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

2. CORPORATION TYPE OR VOLUNTARY INTEREST: ☐ SUBCHAPTER S ☐ SUBCHAPTER C ☐ VOLUNTARY

3. WHAT STATES WILL YOU DELIVER IN: \_\_\_\_\_

4. PLEASE PROVIDE PERCENTAGE OF TOTAL MILES DRIVEN THROUGH EACH RADIUS BAND:

Zone / Radius Band	B2B - % Miles Driven	Zone / Radius Band	B2B - % Miles Driven
0 - 75 miles	%	500+ miles - Zone 1	%
76 - 150 miles	%	500+ miles - Zone 2	%
151 - 300 miles	%	500+ miles - Zone 3	%
301 - 500 miles	%	500+ miles - Zone 4	%
Total for all columns should be equal to 100%			

**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

5. DO YOU HAVE A DIRECT CONTRACT WITH AMAZON TRANSPORTATION SERVICES (ATS) FOR B2B? ☐ YES ☐ NO

IF NO, please provide the name of the 3<sup>rd</sup> party logistics company/ freight broker and percentage of your operation:

1) 3<sup>rd</sup> party logistics company or freight broker \_\_\_\_\_

2) Percentage of your operation hauling Amazon Transportation Services for this 3<sup>rd</sup> party \_\_\_\_\_

If less than 100%, must complete question 10

# New Contract Carrier Questionnaire



6. DO YOU CONTRACT WITH AMAZON LAST MILE DELIVERY BY HOURLY DISPATCH AND USE OF AMAZON APPLICATION TECHNOLOGY IN LIEU OF AN ASSIGNED ROUTE? ☐ YES ☐ NO
7. ARE YOU INVOLVED IN ANY BUSINESS TO THRESHOLD DELIVERIES? ☐ YES ☐ NO
8. ARE YOU INVOLVED IN ANY BUSINESS TO ROOM DIRECT FOR FURNITURE? ☐ YES ☐ NO  
IF YES, percentage of the operation \_\_\_\_\_ Revenue \_\_\_\_\_
9. ARE YOU INVOLVED IN ANY BUSINESS TO ROOM DIRECT WITH INSTALLATION OF APPLIANCE? ☐ YES ☐ NO  
IF YES, percentage of the operation \_\_\_\_\_
10. ARE YOU INVOLVED IN ANY BUSINESS OTHER THAN THE HAULING FOR ANY OF THE ABOVE? ☐ YES ☐ NO  
IF YES, please describe operation type, percentage and shipper(s) for the type of commodity and provide insurance requirements.

Operation Type	Operation % of Revenue	Shipper(s)	Operation Type	Operation % of Revenue	Shipper(s)
Dry Freight LTL			Flatbed		
Dry Freight TL			Tank		
Refrigerated			All Other*		
Business To Threshold					

IF All Other, please explain: \_\_\_\_\_

11. DO YOU REQUIRE A CARGO LIMIT WOULD BE GREATER THAN \$100,000? ☐ YES ☐ NO  
IF YES, please complete the enclosed additional page for cargo information.
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 ALL DRIVERS HAVE 2 YEARS EXPERIENCE DRIVING SIMILAR EQUIPMENT? ☐ YES ☐ NO  
If no, how many of your drivers have less than 2 years experience driving similar equipment? \_\_\_\_\_
14. WHAT KIND OF TECHNOLOGY INSTALLED IN ALL VEHICLES?  
☐ Crash avoidance and/or lane departure warning systems (i.e. Bendix Wingman, Meritor Wabco, Lytx Activision)  
☐ 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
15. IS THERE MORE THAN ONE COMPATIBLE ELD SERVICE PROVIDER INSTALLED IN YOUR COMPANY OR INDEPENDENT CONTRACTOR EQUIPMENTS? ☐ YES ☐ NO  
ELD service provider name \_\_\_\_\_ ELD service provider account# \_\_\_\_\_  
Account Representative name at ELD service center: \_\_\_\_\_  
Email address of ELD Account Representative: \_\_\_\_\_
16. DO YOU COMPLETE IFTA STATEMENTS? ☐ YES ☐ NO  
If no, please explain and provide estimated mileage not reported on IFTA \_\_\_\_\_  
If yes, please provide last four quarters IFTA reports.  
Are 100% of miles driven represented on IFTA statements (including intrastate mileage, independent contractor mileage, etc.) ☐ YES ☐ NO
17. DO YOU UTILIZE INDEPENDENT CONTRACTORS? ☐ YES ☐ NO  
IF YES, please provide a copy of your Independent Contractor Agreement and advise below:  
 1) Does your independent contractor agreement require a compatible ELD device? ☐ YES ☐ NO  
 2) Do your IFTA reports include independent contractor mileage? ☐ YES ☐ NO  
 3) Do your current contractors have their compatible ELD device reported with your IFTA miles? ☐ YES ☐ NO  
 IF NO, does your independent contractor agreement require your contractors to report their IFTA miles quarterly? ☐ YES ☐ NO

# New Contract Carrier Questionnaire



18. ARE ALL REGISTERED, LEASED OR USED VEHICLES FOR THIS NAMED INSURED INCLUDED IN THIS APPLICATION FOR COVERAGE? [ ] YES [ ] NO  
 If no, please explain \_\_\_\_\_
19. HAVE YOU EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? [ ] YES [ ] NO
20. HAVE YOU HAD ANY INSURANCE IN THE PAST 5 YEARS? [ ] YES [ ] NO

IF YES, please provide historical exposure:

Year	# of unit	Mileage	Revenue
Expiring Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

21. HAVE YOU HAD ANY INSURANCE CLAIM(S) IN THE PAST 5 YEARS? [ ] YES [ ] NO  
 IF YES, please provide currently valued 5 years loss history reports from your prior insurer.  
 IF NO, please complete **SECTION 2 WARRANTY OF NO KNOWN LOSSES** below if you haul with less than 5 units. Fleet sizes over 5 units require formal loss history reports.

## 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	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT FOR LESS THAN 30 DAYS?		[ ] YES [ ] NO	
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	[ ] YOUR OWN [ ] LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT		NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER	

# New Contract Carrier Questionnaire



## 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 21 AND 70? [ ] 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	DOES THIS 1099 PERSON PAY FOR A LONG TERM LEASE OR PROVIDE THEIR OWN UNIT FOR THEIR DAILY USE?	TERMINAL 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**.

**\*\*Terminal State** = the state in which the driver regularly goes to load and/or unload packages.

**\*\*\*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.

I AGREE TO USE A COMPATIBLE TELEMATICS DEVICE FOR ALL UNITS THAT REPORTS MILEAGE FOR BILLING PURPOSES. I AGREE TO INSTALL THE COMPATIBLE ELD DEVICE IN ALL UNITS, INCLUDING TEMPORARY UNITS THAT (INCLUDING TEMPORARY UNITS THAT ARE USED FOR MORE THAN 10 DAYS.).

I ALSO AGREE THAT IN THE EVENT OUR FIRM USES AN INDEPENDENT CONTRACTOR (IC) OUR IC LEASE AGREEMENT REQUIRES A DUTY TO INSTALL, MAINTAIN AND CONTINUOUSLY USE A COMPATIBLE TELEMATICS DEVICE. I AGREE TO COLLECT AND REMIT ANY IFTA STATEMENTS QUARTERLY FROM IC'S, OR CONFIRM THAT ALL IC MILEAGE IS REPORTED UNDER OUR COMPANY IFTA FILING.

I AGREE THAT THIS POLICY IS SUBJECT TO WEEKLY, MONTHLY OR FINAL AUDIT BASED ON MILEAGE FOR ALL OPERATIONS INCLUDING THOSE OF ANY INDEPENDENT CONTRACTOR. I AGREE TO COOPERATE WITH DATA REQUESTED BY THE INSURER IN THESE AUDITS WHETHER TELEPHONIC, IN WRITING OR PHYSICAL.

IN ADDITION, I GRANT PERMISSION TO PAUL HANSON PARTNERS, A DIVISION OF SPG INSURANCE SOLUTIONS, LLC TO RELEASE MOTOR VEHICLE REPORTS ON MY EMPLOYEES AND INDEPENDENT CONTRACTORS TO INSURERS FOR THE PURPOSE OF OBTAINING QUOTATIONS FOR OBTAINING AN INSURANCE QUOTATION AND UNDERWRITING INSURANCE POLICIES. MY EMPLOYEE AND INDEPENDENT CONTRACTOR ONBOARDING DOCUMENTS INCLUDES A PRIVACY RELEASE ADVISING THEM OF THIS REQUIREMENT, ANY SUCH PRIVACY NOTICES FOR ALASKA WILL BE FORWARDED TO PAUL HANSON PARTNERS, A DIVISION OF SPG INSURANCE SOLUTIONS, LLC FOR THEIR FILE.

**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 ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

# New Contract Carrier Questionnaire



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

**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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 BizCHOICE Transportation, a division of SPG Insurance Solutions, LLC Address 222 Gateway Rd W, Napa, CA 94558  
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.**



# New Contract Carrier Questionnaire



## ADDITIONAL UNIT/DRIVER PAGE

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT FOR LESS THAN 30 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	<input type="checkbox"/> YOUR OWN <input type="checkbox"/> LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT		NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER	
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED:			
DO YOU INTENT TO USE THIS UNIT FOR LESS THAN 30 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	<input type="checkbox"/> YOUR OWN <input type="checkbox"/> LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT		NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER	
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED:			
DO YOU INTENT TO USE THIS UNIT FOR LESS THAN 30 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	<input type="checkbox"/> YOUR OWN <input type="checkbox"/> LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT		NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER	

## CARGO INFORMATION PAGE

**1. CARGO LIMITS AND DEDUCTIBLE:**

LIMIT: \$ _____ ANY ONE UNIT		\$ _____ ANY ONE LOSS	
DEDUCTIBLE	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
			<input type="checkbox"/> OTHER \$ _____

- 2. DO YOU NEED REFRIGERATION BREAKDOWN COVERAGE?** [ ] YES [ ] NO  
IF YES, is there temperature alarms installed on vehicles? [ ] YES [ ] NO

- 3. DO YOU HAUL ANY HAZARDOUS OR EXTRA HAZARDOUS SUBSTANCES OR MATERIALS?** [ ] YES [ ] NO  
IF YES, please explain \_\_\_\_\_

- 4. DOES YOUR COMPANY ISSUE A BILL OF LADING AND/OR CONTRACT FOR ALL SHIPMENTS/GOOD OR HAVE A MASTER AGREEMENT WITH ALL CUSTOMERS TO ESTABLISH VALUATION IN TRANSIT?** [ ] YES [ ] NO  
IF YES, please provide a copy of the front and back of each.

- 5. DO YOU USE TRANSPORTATION COMPANIES?**  
What % under your Bill of Lading \_\_\_\_\_ % What % by Independent Transportation Company \_\_\_\_\_ %

**6. WHAT % OF CARGO REVENUE IS RELEASED BETWEEN:**

\$ .60/LB. OR UNDER	\$0.61 - \$1.25/LB.	\$1.26 - \$2.50/LB.	\$2.50/LB. AND OVER
_____ %	_____ %	_____ %	_____ %

**7. TYPES OF GOODS:**

AGRICULTURAL PRODUCTS	_____ %	INDUSTRIAL EQUIPMENT	_____ %
APPLIANCES	_____ %	RUBBER PRODUCTS (EXCL Tires)	_____ %
AUTO PARTS	_____ %	BEER / WINE	_____ %
BUILDING MATERIALS	_____ %	LIQUOR / SPIRITS	_____ %
CANNED FOOD	_____ %	PHARMACEUTICALS	_____ %
CLOTHING	_____ %	RED LABEL / HZD.PRODUCTS	_____ %
OTHER FOOD	_____ %	TOBACCO PRODUCTS	_____ %
ELECTRONICS	_____ %	TIRES	_____ %
FURNITURE	_____ %	HIGH VALUED METALS	_____ %
HOME CHEMICAL PRODUCTS	_____ %	OTHER, PLEASE LIST BELOW	_____ %
INDUSTRIAL CHEMICALS	_____ %	REFRIGERATED OR FROZEN	_____ %
PAPER PRODUCTS	_____ %	OTHERS*	_____ %

IF Others, please explain \_\_\_\_\_