

Operations are:  Common Carrier  Contract Carrier  
 Freight Forwarder  Transportation Broker  
 Exempt or Private  Other: \_\_\_\_\_

**LIMITS OF INSURANCE**

\$ \_\_\_\_\_ on any one vehicle in transit OR  A schedule of vehicles and their limits is attached.  
 \$ \_\_\_\_\_ any one loss, whether loaded or unloaded

**TERMINALS**

Amount of Ins	Address	Construction	Fire & Theft Protection

Deductible: \$ \_\_\_\_\_

Spoilage/Freezing coverage desired. Spoilage Deductible: \$ \_\_\_\_\_

Reporting form desired:  Monthly  Annual

**FILINGS REQUIRED**

ICC/Surface Transportation Board; Docket No: \_\_\_\_\_  
 State(s): \_\_\_\_\_

**OPERATIONS**

Gross Receipts: Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 (past 3 years) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Next 12 months (estimated): \$ \_\_\_\_\_

Major Customers: \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

Commodities Hauled	% of time hauled	Average Value	Maximum Value
	%		
	%		
	%		
	%		
	%		

Identify percentage that each of the following represents to the total of all commodities hauled (if applicable):

Alcoholic Beverages	_____ %	Eggs	_____ %	Bulk Liquids	_____ %
Drugs	_____ %	Flammable Liquids	_____ %	Explosives	_____ %
Meat or Seafood	_____ %	Clothing	_____ %	Cigarettes/Cigars	_____ %
Auto Parts/Tires	_____ %	Comptrs/TV/Electrncls	_____ %	Precious Metals/Alloys	_____ %

Percent of hauls requiring temperature control: \_\_\_\_\_ %  
 Shipments requiring rigging: \_\_\_\_\_ %  
 Radius: \_\_\_\_\_ % < 50 miles \_\_\_\_\_ % 50-250 miles \_\_\_\_\_ % 250-500 miles \_\_\_\_\_ % > 500 miles  
 Principal cities served: \_\_\_\_\_

**OPERATIONS, continued...**

Do you haul goods that you own?  Yes\*  No

\* Describe: \_\_\_\_\_

\* Annual Values shipped: \$ \_\_\_\_\_

Do you maintain a formal safety program?  Yes\*  No

\* Explain: \_\_\_\_\_

Any overages, shortages or damages claims pending?  Yes  No

Does applicant backhaul property of others?  Yes  No

\_\_\_\_\_ % Trip-leased to other carriers  % Trip-leased from other carriers  
 \_\_\_\_\_ % Brokered load to other carriers  % Brokered load from other carriers

**ABOUT THE DRIVERS...**

Are all drivers employed full-time? \_\_\_\_\_  Yes  No

Does applicant obtain MVR verification on all drivers? \_\_\_\_\_  Yes  No

Does applicant hire owner operators? \_\_\_\_\_  Yes  No

Do drivers receive regular physicals? \_\_\_\_\_  Yes  No

Are drivers bonded? \_\_\_\_\_  Yes  No

Average length of service of drivers: \_\_\_\_\_ years

Maximum # of hours drivers will operate in a 24-hour period: \_\_\_\_\_ hours

How are drivers screened?  
 Drug and alcohol test  
 Minimum age, \_\_\_\_\_ years  
 Years of experience, \_\_\_\_\_ years  
 Maximum # of moving violations in past 3 years; \_\_\_\_\_ violations  
 Other: \_\_\_\_\_

Schedule of drivers, incl. license #, state of issue, date of birth, and years of driving experience, is attached.

**ABOUT THE VEHICLES...**

Average value per load: \$ \_\_\_\_\_ Maximum value per load: \$ \_\_\_\_\_

Number of:  Box Van Trailers  Flat Bed Trailers  
 Owned Tractors  Leased Tractors  
 Refrigerator Units  Tank Trucks  
 Trucks

Average age of vehicles: \_\_\_\_\_ years

A schedule of vehicles is attached which includes the following information:  
 Manufacturer  Vehicle Type  Capacity  
 Model Year  Serial Number  
 Radius of Operations  
 Description of any alarms with which the vehicle is equipped.

Describe the vehicle maintenance program (incl. who performs it, how often, and what records are kept):  
 \_\_\_\_\_

Are vehicles left loaded and unattended?  Yes\*  No  
 \* When and where? \_\_\_\_\_

What security is provided for loaded vehicles?  Fenced Lot  Kingpin locks  
 Security Guards  Other: \_\_\_\_\_

Number of drivers on each truck: \_\_\_\_\_