



NEW CONTRACT CARRIER QUESTIONNAIRE

For Coverage Questions, please call 800.852.1968 or fax to 707.252.5905
 Email To: [BizChoiceTransportation@paulhanson.com](mailto: 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 TRANSPORTATION 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 (Offices and/or Homes)

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: _____

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

- 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. WHAT STATES WILL YOU DELIVER IN: _____

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

Zone / Radius Band	B2B - % Miles Driven	B2T - % Miles Driven
0 -75 miles	%	%
76 - 150 miles	%	%
151 - 300 miles	%	%
301 - 500 miles	%	%
500+ miles - Zone 1	%	%
500+ miles - Zone 2	%	%
500+ miles - Zone 3	%	%
500+ miles - Zone 4	%	%
Total for column should be equal to 100% with respect to each of your operation		

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

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

5. DO YOU CONTRACT FOR B2B WITH AMAZON TRANSPORTATION SERVICES (ATS)? [] YES [] NO
 IF YES, please describe contract type and percentage of the operation:
 1) [] direct contract with ATS [] through a 3rd party logistics company or freight broker
 2) percentage of the operation _____
6. DO YOU CONTRACT FOR B2T WITH AMAZON LOGISTICS INC? [] YES [] NO
 IF YES, please describe contract type and percentage of the operation:
 1) [] direct contract with Amazon Logistics [] through a 3rd party logistics company or freight broker
 2) percentage of the operation _____
7. 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
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: _____
11. 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: _____
12. DO YOU HAVE 2 YEARS EXPERIENCE DRIVING SIMILAR EQUIPMENT? [] YES [] NO
13. 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
14. HAVE YOU EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? [] YES [] NO
15. HAVE YOU HAD ANY INSURANCE IN THE PAST 5 YEARS? [] YES [] NO
 If YES, please provide number of units for each year: Expiring Year ____ Prior Year ____ 2nd Prior Year ____ 3rd Prior Year ____ 4th Prior Year ____
16. 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					
ESTIMATED WEEKLY REVENUE				SOLO OR TEAM DRIVER					
VEHICLE USE & PERCENTAGE:		B2B	%	B2T	%	Room Direct	%	White Glove	%
VEHICLE DISPATCH LANE:		ORIGIN			DESTINATION				
ADDRESS WHERE THIS UNIT IS GARAGED:									
REGISTERED OWNER NAME:									
LESSOR/FINANCE COMPANY NAME/ADDRESS									

SECTION 4 – WORKERS COMPENSATION/OCCUPATIONAL ACCIDENT

- DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? YES NO
 - EFFECTIVE DATE & INSURER OF THE CURRENT WC COVERAGE _____
 - DOES IT INCLUDE COVERAGE FOR YOU? YES NO
- HOW ARE YOU PAID? 1099 W-2
- DO YOU RESIDE OR CONDUCT ANY OF YOUR BUSINESS in ND, OH, WA, or WY? YES NO
- ARE ALL CONTRACTORS, DRIVER AND ADDITIONAL QUALIFIED DRIVERS BETWEEN THE AGE OF 23 AND 75? YES NO
- ARE ALL HELPERS BETWEEN THE AGE OF 18 AND 70? YES NO
- DO YOU EVER USE HELPERS? YES NO
- DO YOU EVER USE MORE THAN 1 HELPER PER DELIVERY? YES NO
- DO YOU EVER USE MORE THAN 2 HELPERS PER DELIVERY? YES NO
- 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, PROTECTIVE INSURANCE COMPANY AND MCGRUFF, 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 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					
ESTIMATED WEEKLY REVENUE				SOLO OR TEAM DRIVER					
VEHICLE USE & PERCENTAGE:	B2B	%		B2T	%	Room Direct	%	White Glove	%
VEHICLE DISPATCH LANE:	ORIGIN				DESTINATION				
ADDRESS WHERE THIS UNIT IS GARAGED:									
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					
ESTIMATED WEEKLY REVENUE				SOLO OR TEAM DRIVER					
VEHICLE USE & PERCENTAGE:	B2B	%		B2T	%	Room Direct	%	White Glove	%
VEHICLE DISPATCH LANE:	ORIGIN				DESTINATION				
ADDRESS WHERE THIS UNIT IS GARAGED:									
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					
ESTIMATED WEEKLY REVENUE				SOLO OR TEAM DRIVER					
VEHICLE USE & PERCENTAGE:	B2B	%		B2T	%	Room Direct	%	White Glove	%
VEHICLE DISPATCH LANE:	ORIGIN				DESTINATION				
ADDRESS WHERE THIS UNIT IS GARAGED:									
REGISTERED OWNER NAME									
LESSOR/FINANCE COMPANY NAME/ADDRESS									