



NEW MOTOR 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 THE APPLICANT 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 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 THE APPLICANT PROVIDE DELIVERY SERVICES FOR:

5. DOES THE APPLICANT 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. DOES THE APPLICANT 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. DOES THE APPLICANT CONTRACT WITH AMAZON LAST MILE DELIVERY BY HOURLY DISPATCH AND USE OF AMAZON APPLICATION TECHNOLOGY IN LIEU OF AN ASSIGNED ROUTE? YES NO
8. IS THE APPLICANT INVOLVED IN ANY BUSINESS TO ROOM DIRECT FOR FURNITURE? YES NO
IF YES, percentage of the operation _____ Revenue _____
9. IS THE APPLICANT INVOLVED IN ANY BUSINESS TO ROOM DIRECT WITH INSTALLATION OF APPLIANCE? YES NO
IF YES, percentage of the operation _____
10. IS THE APPLICANT INVOLVED IN ANY BUSINESS OTHER THAN THE HAULING FOR ANY OF THE ABOVE? YES NO
IF YES, please describe: _____
11. DOES THE APPLICANT 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 ALL DRIVERS 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. ANY POLICY OR COVERAGE HAS EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? YES NO
15. PLEASE PROVIDE CURRENTLY VALUED 5 YEARS LOSS HISTORY REPORTS FROM YOUR PRIOR INSURER.

SECTION 3 – DRIVER AND UNIT INFORMATION

Please complete enclosed excel vehicle and driver schedule.

SECTION 4 – WORKERS COMPENSATION/OCCUPATIONAL ACCIDENT

1. DOES THE APPLICANT CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? [] YES [] NO
 - A. EFFECTIVE DATE & INSURER OF THE CURRENT WC COVERAGE _____
 - B. DOES IT INCLUDE COVERAGE FOR THE OWNER? [] YES [] NO
2. HOW THE APPLICANT IS GETTING PAID? [] 1099 [] W-2
3. DOES THE APPLICANT 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. DOES THE APPLICANT EVER USE HELPERS? [] YES [] NO
7. DOES THE APPLICANT EVER USE MORE THAN 1 HELPER PER DELIVERY? [] YES [] NO
8. DOES THE APPLICANT EVER USE MORE THAN 2 HELPERS PER DELIVERY? [] YES [] NO
9. PLEASE COMPLETE THE CHART BELOW, LIST ANY FULL TIME OR PART TIME LABOR THE APPLICANT USE ON REGULAR BASIS (INCLUDE OWNER, 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.

IN ADDITION, I GRANT PERMISSION TO PAUL HANSON PARTNERS 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 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 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.