## General Information

1. Website Click or tap here to enter text.
2. Type of authority  
    Common Carrier  Contract Carrier  Private  Brokerage   
    Exempt
3. Percentage of regular routes 0**%**
4. Percentage of irregular routes 0**%**
5. Filings: Choose an item.
   1. DOT# Click or tap here to enter text.
   2. PUC# Click or tap here to enter text.
   3. DMV / MCP# Click or tap here to enter text.

## Carrier Operations

1. What states are employees hired in?   
   Click or tap here to enter text.
2. Indicate all states traveled to and frequency for each:   
   Click or tap here to enter text.
3. Length of Haul (Total Percentage Should Equal 100%)

|  |  |  |  |
| --- | --- | --- | --- |
| Under 50 mi | 0**%** | 501–750 mi | 0**%** |
| 50–200 mi | 0**%** | 751–1,000 mi | 0**%** |
| 201–500 mi | 0**%** | Over 1,000 mi | 0**%** |

1. Max radius 0 **miles**

## Cargo

1. Motor Carrier Identification Report (MCS-150) attached? Yes or No
   1. If not, please list all that apply and provide the percentage for each (Total must equal 100%). If you need additional lines please attach the additional information when you turn in this form.

|  |  |
| --- | --- |
| Click or tap here to enter text. | 0**%** |
| Click or tap here to enter text. | 0**%** |
| Click or tap here to enter text. | 0**%** |
| Click or tap here to enter text. | 0**%** |
| Click or tap here to enter text. | 0**%** |
| Click or tap here to enter text. | 0**%** |

## Questions

1. Number of Power Units: 0
2. Number of Drivers: 0
3. How are drivers paid? Click or tap here to enter text.
4. What percentage of payroll is based on overtime or double shift work?

|  |  |
| --- | --- |
| Overtime/Double Shift | 0**%** |

1. Identify the types of trucks used and the number used for each:   
   Flatbed: 0  
   Bobtail: 0  
   Single Trailer: 0  
   Double Trailer: 0  
   Oversize: 0  
   Dump: 0  
   Tanker: 0  
   Other: 0
2. If other, specify vehicle type(s):  
   Click or tap here to enter text.
3. Average age of trucks:

|  |  |
| --- | --- |
| Age | 0 |

1. Any Owner / Operators? Yes or No
   1. If yes, provide number of Owner / Operators

|  |  |
| --- | --- |
| Owners/Operators | 0 |

* 1. Are Owner / Operators required to submit proof of Workers Comp insurance? Yes or No
  2. What is the annual cost of hire for all Owner / Operators?

|  |  |
| --- | --- |
| Annual Cost | $0 |

1. Do the drivers or swampers load and unload their trucks?  
   Yes or No
   1. If yes, provide details of the types of materials loaded / unloaded, any equipment used, and percent of cargo:   
      Click or tap here to enter text.
2. Any loading and/or unloading operations on a waterfront? (Possible USL&H exposures) Yes or No
   1. If yes, provide details: Click or tap here to enter text.
3. What percentage of trips involve overnight travel? 0**%**
4. What percentage of driving time occurs between 12:00 am and 5:00 am? 0**%**
5. Describe the extent of driver involvement in tarping loads, tie down of straps/chains, breakdown of mechanical and manual tarping, and climbing on top of vehicles: Click or tap here to enter text.
6. Does your company have formal methods for the training of drivers in the properties of their cargo and in emergency procedures in case of leakage or accidents? Yes or No
   1. If yes, provide details: Click or tap here to enter text.
7. What percentage of vehicles maintenance is done by employees? 0**%**
8. What types of maintenance are subcontracted, if any?  
   Click or tap here to enter text.
9. What percentage of your power units have tracking devices installed and utilized (i.e. GPS)? 0**%**
10. What types of devices? Click or tap here to enter text.
11. Does your company have a formal and active fleet safety program?  
    Yes or No
    1. If yes, explain the components of the program:   
       Click or tap here to enter text.
12. What disciplinary actions are taken for failure to comply with safety program? Click or tap here to enter text.
13. What percentage of trips involve backhauling? 0**%**
14. Are long haul drivers required to receive a medical exam every two years? Yes, No, N/A
15. Legal Business Name: Click or tap here to enter text.
16. **Licensing Issuing Authority (Please attach a copy of your license):**Click or tap here to enter text.