

Carrier Information Sheet

General:

Complete Company Name and Mailing Address: _____

Local Phone: _____ Fax #: _____

Toll Free #: _____ Email: _____

After hours or Emergency #: _____

Is this location the main office: ____ Yes ____ No, If no please list main office:

_____ Phone: _____

Are you an Agent: ____ Yes ____ No If yes please list main office:

_____ Phone: _____

Administrative:

Name of Owners : _____

Persons in Dispatch : _____ Phone: _____

Agent who handles Insurance: _____ Phone: _____

Person who handles Claims: _____ Phone: _____

Person who handles Claims: _____

Freight Movement:

How many trucks do you have?

_____ Flat Beds _____ Drop Decks Tarp Sizes: 4' 6' 8' Sidekits

_____ Vans _____ Reefers _____ Other (please specify) _____

Are your drivers owner operators or employees? _____

Do you handle over-width/over-length loads? _____ LTL's? _____

What areas do you run? _____