



Division of Specialty Program Group, LLC

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LONG HAUL SUPPLEMENTAL QUESTIONNAIRE

This supplemental questionnaire is necessary for accounts that operate on their own authority over a 250 mile radius, or on accounts responsible for primary coverage under Van Line authority. Please provide the last 4 quarters of International Fuel Tax Agreement (IFTA) reports. If these reports are not available, complete the Zone Operations Chart below.

GENERAL INFORMATION

Applicant:	
Total Annual Mileage for all operations including short hauls:	
Number of Units dedicated to the Van Line Fleet (any unit used at least 90% of the time):	
What percentage of Long Haul Units are:	
Employee Driven:	_____ %
Owner/Operator Driven:	_____ %
Do any Long Haul Drivers have less than two years 'over the road' experience? If YES, please identify each driver:	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there any Long Haul Drivers under the age of 25? If YES, please identify each driver:	Y <input type="checkbox"/> N <input type="checkbox"/>
Provide a general description of the Long Haul Operations including any regular routes, special contracts, hauling under other authority, etc.:	

****Complete this section ONLY if IFTA reports are NOT provided****

Zone Operations			
Estimate % of Long Haul Operations in Each Region			
Pacific Coast (40) California Oregon Washington	%	Gulf zone (46) Alabama Louisiana Mississippi	%
Mountain Zone (41) Arizona Colorado Idaho New Mexico Utah Montana Nevada Wyoming	%	South East Zone (47) Florida Georgia North Carolina Virginia South Carolina	%
Mid West Zone (42) Iowa Kansas Nebraska North Dakota Missouri South Dakota Minnesota Wisconsin	%	Eastern zone (48) Delaware Pennsylvania Maryland New York New Jersey	%
Southwest Zone(43) Arkansas Oklahoma Texas	%	New England Zone (49) Connecticut Rhode Island Maine Vermont Massachusetts New Hampshire	%
North Central Zone (44) Michigan Illinois Indiana Ohio	%	Alaska Zone Alaska	%
Mid East Zone (45) Kentucky Tennessee West Virginia	%	TOTAL (Must equal 100%)	%