

SPONSORING MOTOR CARRIER APPLICATION



MOTOR CARRIER NAME: _____ **Contact Person:** _____

Mailing Address: _____

Phone #: _____ **Fax #:** _____ **Email Address:** _____

Van Line Affiliation: _____ **Entity Type:** Corporation Partnership Sole Proprietor

1. Physical Location: _____
Street Address City State Zip Code

2. COMMODITIES HAULED: (% MUST EQUAL 100%)

Describe Type:	HHG	FREIGHT	FLATBED	EXHIBIT/DISPLAY	OTHER
	_____ %	_____ %	_____ %	_____ %	_____ %
					Describe:

3. AUTHORITY: (Categorize according to the radius that represents the majority of their operations):

- a. # of **local (0-100 miles)** contractors hauling under **YOUR** authority: _____
- b. # of **intermediate (101-300 miles)** contractors hauling under **YOUR** authority: _____
- c. # of **long haul (301+ miles)** contractors hauling under **YOUR** authority: _____
- d. # of **long haul** contractors hauling under **VAN LINE** authority: _____

4. TEAMS/CO-DRIVERS:

- a. Do you utilize any teams? YES NO If yes, who pays the co-driver? _____
- b. Does the co-driver always work for the same independent contractor? YES NO
- c. Are independent contractors' fleets utilized? YES NO
If yes, approximately how many drivers are fleet drivers? _____
- d. Do any of the independent contractors' trip lease? YES NO

5. CASUAL LABOR:

- a. Do the drivers load/unload? YES NO
- b. Do the drivers utilize casual laborers? YES NO
- c. Who is responsible for the casual labor Workers' Compensation exposure?

6. CONTRACT DRIVERS:

- a. Does the Motor Carrier utilize a standard lease contract for all independent contractors? YES NO
If YES, please attach a copy of lease contract.
- b. Is the independent contractor responsible for the maintenance of the truck? YES NO
- c. Does the independent contractor bear the principle burdens of the operating costs, including fuel, repairs, supplies, insurance and proposal expense while on the road? YES NO
- d. Is the independent contractor responsible for hiring and supervising necessary personnel to operate the truck, who shall themselves be independent contractors or employees of the independent contractor? YES NO
- e. Is compensation to the independent contractor based on factors related to the work performed including percentage of any schedule or rates lawfully published tariff and not on the basis of time expended? YES NO
- f. Is independent contractor responsible for selecting the methods and means of performing the services required under contract? YES NO

7. LIMIT:

Employers Liability Limit for Workers' Compensation desired:

- \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000

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8. COVERAGE YOU CURRENTLY REQUIRE:

- a. Independent Contractor Workers' Compensation Occupational Accident Non-Occ Acc
- b. Casual Hire Helpers Workers' Compensation Occupational Accident
- c. Non-Trucking Liability and/or Physical Damage NTL APD
- d. Passenger Accident YES NO
- e. Contingent Liability YES NO

9. PROGRAM INFORMATION:

	# of Independent Contractors	Coverage Period	Insurance Carrier
Current Year			
Last Year			
Previous Year			

****PLEASE ATTACH CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS, FOR THE PAST FOUR YEARS, SEGREGATED BY LINE OF COVERAGE****

10. PROVIDE A LIST OF INDEPENDENT CONTRACTORS INCLUDING THE FOLLOWING INFORMATION FOR EACH:

Note: We can accept motor carrier's report formats or attached census.

- a. Full Contractor Name (including DBA, if applicable)
- b. Date of Birth
- c. Mailing Address
- d. Social Security Number or Federal Employer ID Number
- e. Driver License Number and State
- f. List of Fleet Driver information, if any
- g. 1099 annual income from previous year
- h. Operating radius: local, intermediate or long haul
- i. Legal entity type: sole proprietor, partnership, corporation or LLC

11. WILL MOTOR CARRIER BILL INDEPENDENT CONTRACTORS VIA SETTLEMENT DEDUCTION? YES NO

PLEASE SIGN: (Authorized Representative for Sponsoring Motor Carrier)

Signature: _____ **Printed Name:** _____

Title: _____ **Date:** _____

BROKER INFORMATION:

Broker Name: _____ **Agent Name:** _____

Phone Number: _____ **Fax Number:** _____ **Email Address:** _____

SUMMARY CHECKLIST OF ITEMS TO BE INCLUDED WITH YOUR SUBMISSION:

- Sample of your Independent Contractor Lease Agreement (Question #6)
- Currently valued loss history from the providing insurance carrier(s) for the past 4 years. Loss history needs to be segregated by coverage type (Occupational Accident, Non-Occupational Accident, Passenger Accident, Workers' Compensation, Non-trucking liability, Physical Damage) (Question #9)
- Current list of Independent Contractors under contract (Question #10)
- Your Most Recent Year End Annual Financial Statement – Balance Sheet & Income Statement
- Fleets over 30 requiring NTL/APD Historical Vehicle Count, Historical Gross Physical Damage Values, Historical Gross Revenue for past 4 years, Motor Carrier Financial, Driver Hiring Criteria and Copy of Safety Program.

