



Mover's Choice Program  
800-852-1968  
[www.paulhanson.com](http://www.paulhanson.com)

**SPONSORING MOTOR CARRIER APPLICATION**

MOTOR CARRIER NAME: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PHONE #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Warehouse Location(s): \_\_\_\_\_

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

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

3. RADIUS OF OPERATION: (% MUST EQUAL 100%)

Local: 0-50 Miles	Intermediate: 50-200 Miles	Long: Over 200 Miles	Maximum Hauling Radius
_____	_____	_____	Miles

4. AUTHORITY:

- a. # of *local* contractors hauling under **YOUR** authority: \_\_\_\_\_
- b. # of *intermediate* contractors hauling under **YOUR** authority: \_\_\_\_\_
- c. # of *interstate* contractors hauling under **your INTERSTATE** authority: \_\_\_\_\_
- d. # of *interstate* contractors hauling under **van line INTERSTATE** authority: \_\_\_\_\_

5. 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

6. 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?  
\_\_\_\_\_

7. 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



Mover's Choice Program  
 800-852-1968  
[www.paulhanson.com](http://www.paulhanson.com)

**SPONSORING MOTOR CARRIER APPLICATION**

**8. DO YOU CURRENTLY REQUIRE:**

- a. Occupational Accident coverage for the independent contractor?  YES  NO
- b. Workers' Compensation coverage for the independent contractor?  YES  NO
- c. Statutory Workers's Compensation coverage for casual hire helpers?  YES  NO
- e. Passenger Accident  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. PLEASE PROVIDE A LIST OF INDEPENDENT CONTRACTORS, INCLUDING THE FOLLOWING FOR EACH:**

- 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 interstate
- i. Legal entity type: sole proprietor, partnership, or corporation

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

PLEASE SIGN: (Representative from Sponsoring Motor Carrier)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE BROKER INFORMATION:**

Brokerage Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHECKLIST OF ITEMS TO BE INCLUDED WITH YOUR SUBMISSION:**

- Sample of your Independent Contractor Lease Agreement (Question #7)
- Currently valued loss history from insurance company (ies) providing coverage for the past 4 years. Loss history needs to be segregated by coverage type (ie. 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)
- Empire Inland marine Non-Trucking Liability and Physical Damage application