



Paul Hanson Partners
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**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:					
% 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 owner operator? YES NO

c. Are owner operator fleets utilized? YES NO

If yes, approximately how many drivers are fleet drivers? _____

d. Do any of the owner operators' 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 contract drivers? YES NO
If YES, please attach a copy of lease contract.

b. Is the contract driver responsible for the maintenance of the truck? YES NO

c. Does the contract driver 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 contract driver responsible for hiring and supervising necessary personnel to operate the truck, who shall themselves be independent contractors or employees of the contract driver? YES NO

e. Is compensation to the contract driver 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 contract driver responsible for selecting the methods and means of performing the services required under contract? YES NO



8. DO YOU CURRENTLY REQUIRE:

- a. Occupational Accident coverage for the contractor? YES NO
- b. Workers' Compensation coverage for the contractor? YES NO
- c. Statutory Workers's Compensation coverage for casual hire helpers? YES NO
- d. Non-Trucking Liability YES NO
- e. Passenger Accident YES NO

9. PROGRAM INFORMATION:

	# of Owner Operators	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 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 CONTRACT DRIVERS 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/Owner Operator 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/Owner operators under contract (Question #10)