

## 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? \_\_\_\_\_