HAUL INFORMATION QUESTIONNAIRE

1.	Do you have your own authority		[] YES		[] NO		
	If yes, what is your USDOT #						
2.	How many trucks do you currently own	1?					
3.	Is this truck a replacement or an additi	onal?	[] Replacement	[]	Additional		
4.	If you do <u>NOT</u> have your own authority who will you haul for?						
	Carrier's Name:						
5.	Please confirm the kind of cargo you will carry. CHECK ALL that applies:						
	[] General Freight	[] Commodities Dry Bulk					
	[] Fresh Produce/Refrigerated Foo	[] Household Goods					
	[] Containers []Ports or []Other	[] Metals					
	[] Motor Vehicles	[] Drive/Tow away	y				
	[] Lumber	[] Building Materia	als				
	[] Liquids/Gases		[] Oilfield Equipme	ent			
	[] Utilities		[] Livestock				
	[] Grain Feed/Hay		[] US Mail				
	[] Chemicals/Hazardous Materials	5	[] Paper Products				
	[] Construction	[] Water, Agriculture/Farm Supplies					
6.	How many years of driving experience	do you have?					
	How many years as Owner Operator?						
	What is your business entity type?	[] Sole Prop	[] Partnership	[]	Corp	[] LLC	
	What is your legal business name?						
	Estimated average weekly mileage to b	oe driven					
	Estimated average weekly mileage pay						
	Please confirm your route:	[] Regional	[]	Long Haul			
	Do you have a dedicated route?	[] Local	[]YES	[]	NO		
	If YES, list the States you think you	are going to rur					
14.	Will you be driving the truck yourself?		[] YES	[]	NO		
	If not, who will be driving it?						
15	What impact has the Covid-19 virus ha						
10	What impact has the device 25 three his	,					