

**Phone:** (972) 637 - 7770 **Fax:** (855) 965 – 6464

www.truckincs.com

### **DISPATCH CARRIER PROFILE**

#### **DEAR CARRIER PARTNER,**

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

## PLEASE EMAIL ALL PAPERWORK TO:trucklncs@gmail.com

### **REQUIRED DOCUMENTS**

- ✓ Copy of Workmen's Compensation and or Occupational/Accidental Policies
- ✓ I.C.C. Operating Authority
- ✓ IRS W9 Signed / Dated
- ✓ Certificate of Canadian Authority
- ✓ Signed Carrier Contract
- ✓ Completed Carrier Profile
- ✓ Completed Safety
  Evaluation Form (Unrated Carriers)
- ✓ New Entrant Safety Audit Report <u>Unrated Carriers</u>)
- ✓ CARB Compliance Certificates.

# Minimum Insurance Coverage

for Motor Carriers is:

**CARGO** - \$100,000 **BI / PD** - \$1,000,000

CARRIER PROFILE		
Legal Company Name	DBA	
Physical Address		
City	State	7:n
City	State	Zip
Tolonbono	() Facsimile	-
Telephone	racsimile	
Do you <b>FACTOR</b> your receivables through a 3 <sup>rd</sup> party factoring		
company? Yes $\square$ No $\square$ . If "YES" please list contact		
information below.	reo picase iisi	Contact
inomation bolow.		
Factoring Company Name	Contact	
( ) -	( )	-
Telephone	Facsimile	
Physical Address		
City	State	Zip
LIST THE FOLLOWING CONTACTS		
	(	
Owner (After Herre)	()	-
Owner (After Hours)	Telephone	
MC #	DOT#	
IVIC #	DO1#	
SCAC Federal ID #		
OOAO	T Caciai ID #	
Equipment List		
-4		
Van Reefer FI	ats SD	DD / RGN
	- <del>-</del>	· -