



KHD LLC • Transportation Specialists

1259 Route 46 East, Bldg #1, Suite 125, Parsippany, NJ 07054 Ph. 973-316-1680 Fx.973-316-1687

Please email completed form to: csum@khdllc.com

Company Name: _____ DOT# _____ MC# _____

Company Owner name: _____

1. Address: _____ City: _____ State _____ Zip _____

2. Phone # () _____ - _____ Fax# () _____ - _____

3. Email: _____@_____ Web Site: www._____

4. Tax ID _____ # Years in Business _____

5. Gross Revenue: Last 12 months: _____ Next 12 Months: _____

6. Do you have a warehouse and/or loading dock? _____ Square Feet: _____

7. # of Trucks _____ # of Trailers _____ # of Company Cars _____

8. Garage address _____

9. Please provide a copy of Cargo and Truck Liability Declaration pages

VEHICLE LIST

Year	Make	VIN #	GVW	Value	Owned	Leased
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*attach additional vehicle list if space provided above is not sufficient

DRIVER LIST

Name	License/State	DOB	Yrs Exp	Owner Op?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*attach additional driver list if space provided above is not sufficient

Do you hire drivers younger than 24 or over 65? Yes No

*****Please provide any Lien Holder Information*** (attach a separate list if space below is not sufficient)**

Do you require Physical Damage on any of the vehicles? Yes No

Please specify which ones by including a value on your vehicle list.

Deductible desired for physical damage: \$500 \$1,000 \$2,500 \$5,000

Do you do pier work? Yes No

Radius of operations in miles: 0 –150 ____% 150 – 300 ____% 300 – 500 ____% >500 ____%

Commodities Hauled and % of total:

_____%
_____%
_____%
_____%
_____%

Coverage Limits required

Trucking

Bodily Injury / Property Damage \$ _____
Uninsured/Under Insured \$ _____
Trailer Interchange \$ _____
Cargo \$ _____

PRIOR INSURANCE

Truck Liability

1. Company _____
Policy # _____ Years _____
2. Company _____
Policy # _____ Years _____
3. Company _____
Policy # _____ Years _____

Cargo

1. Company _____
Policy # _____ Years _____
2. Company _____
Policy # _____ Years _____
3. Company _____
Policy # _____ Years _____

******* Please submit at least 3 previous years of loss runs. (Not applicable if new venture)*******

******* Please submit your last 4 quarters of IFTA Reports (not applicable if new venture) *******

What certificates and filings are needed for your operation? _____

Total # of Employees _____

Total # of Owner Operators _____

What Coverage do you require? (Please check all that apply)

Auto/Truck Liability Cargo Physical Damage Workers Comp (State _____)
 General Liability Property Bond Warehouse Legal Liability

Please submit any contracts, leases and/or interchange agreements, etc or any additional information.

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