

CHURCHILL FREIGHT SERVICES  
P.O. BOX 08148 DETROIT, MI 48208  
MC#274553

Phone 800-333-5555 Fax 313-896-6247 Frank Butler, Mgr. Ext. 839

**CARRIER PROFILE**

Completed by \_\_\_\_\_

*We need all of the following information to update our files or add you to our carrier base*

CARRIER NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS

MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner's Name \_\_\_\_\_

Number of years by current ownership? \_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Watts \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail address \_\_\_\_\_

Federal ID # \_\_\_\_\_ Hazmat Certified? YES / NO

DOT / MC # \_\_\_\_\_ What is your DOT rating? \_\_\_\_\_

Hours of operations: M - F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Holidays: \_\_\_\_\_

Do you have 24 hour / 7 day Manned Dispatch? YES / NO. If no, describe operations? \_\_\_\_\_

\_\_\_\_\_

After hours phone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Type of Authority US \_\_\_\_\_ Ontario \_\_\_\_\_ Quebec \_\_\_\_\_

**INSURANCE**

Cargo Ins. Carrier \_\_\_\_\_ Amount \_\_\_\_\_ Expiration Date \_\_\_\_\_

Agents Name \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Liability Ins. Carrier \_\_\_\_\_ Amount \_\_\_\_\_ Expiration Date \_\_\_\_\_

Agents Name \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PERSONNEL**

Operations Manager \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Afternoon Supervisor \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Midnight Supervisor \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Chief Dispatchers Name(s) \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DRIVER INFORMATION ( indicate number of each )**

Owner Operators \_\_\_\_\_ Company Drivers \_\_\_\_\_ Singles \_\_\_\_\_ Teams \_\_\_\_\_

Total number of drivers with Hazmat? \_\_\_\_\_

Do you have forced dispatch? YES / NO

How do you select a driver for a load? \_\_\_\_\_

How do you monitor hours of service and truck availability? \_\_\_\_\_

**EQUIPMENT INFORMATION ( indicate number of each )**

Company Trucks : \_\_\_\_\_ Vans : \_\_\_\_\_ Size : \_\_\_\_\_

Owner Operators : \_\_\_\_\_ Flats : \_\_\_\_\_ Size : \_\_\_\_\_

Total Tractors : \_\_\_\_\_ Reefers : \_\_\_\_\_ Size : \_\_\_\_\_

Drop Decks : \_\_\_\_\_ Size : \_\_\_\_\_

**DRIVER COMMUNICATION With Your Dispatch ( indicate the number of each )**

Pagers \_\_\_\_\_ Cell Phone \_\_\_\_\_ Satellite Tracking: \_\_\_\_\_

Name of Satellite Provider \_\_\_\_\_

Do you use Satellite Communications to Dispatch your trucks? YES / NO

Do you use Satellite Communications to Track your trucks? YES / NO

Who *monitors driver progress* with a load? \_\_\_\_\_

How often is each driver monitored? \_\_\_\_\_

**TRAFFIC LANES**

List primary locations where you operate, specific lanes, regions, states, providence, etc.

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**REFERENCES**

Please list three customer references

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Please visit our website at [www.churchilltrans.com](http://www.churchilltrans.com)

Thank you,

Ed Swartout / President