

**SLH Partner Carrier On Boarding Template**

Please provide responses below

Date:	
<b>Contact Information</b>	
Legal Name of Carrier (include dba name, if applicable):	
Partner Carrier Code:	
Company's Physical Address:	
City/ State:	
Zip / Postal Code:	
Company's Phone Number:	
Company's Mail to address (if different):	
City/ State:	
Zip / Postal Code:	
Company's Remit to address:	
City/ State:	
Zip / Postal Code:	
Please provide your company's web address, if applicable:	
Full Name of Person: Operations Manager	
Title:	
Email Address:	
Phone Number:	
Fax:	
Full Name of Person : Director of Finance/CFO	
Title:	
Email Address:	
Phone Number:	
Fax:	
Full Name of Person : President/CEO	
Title:	
Email Address:	
Phone Number:	
Fax:	
Full Name of Person : Accounts Receivable	
Title:	
Email Address:	
Phone Number:	
Fax:	
<b>Profile</b>	
CVOR Safety Rating	
CSA Safety Rating	
Dot # (if available)	
Motor Carrier Number (MC#)	
Customs Bonded	
SCAC Code	
Broker SCAC Code	
Registration Program IRP (Based Plated in)	
ACE-E Manifest #	
Is Company CSA approved?	
Is Company FAST approved?	
Is Company C-TPAT Certified?	
Is Company PIP Certified?	
HazMat certification ? (Authority #)	
Is Company a member of the SmartWay Program?	
Is Company a member of the FleetSmart Program?	
Is your company a member of the Responsible Care Partners?	
Highway Watch Partner?	
Do you have continuity of service plan?	
Do you have an emergency recovery plan?	
Do you have your own FSC program ? If yes, please send copy of matrix.	
<b>Financial Information</b>	
<i>Please complete and return Financial Statement Questionnaire provided.</i>	
What is your Dun & Bradstreet number?	
USA - Federal ID # or TIN # ?	

Canadian - BN or GST # ?	
Can you provide recent Financial statements for the last 2 years upon request	
total Revenue, for most recent fiscal year, and one year prior	
Current Assets, for most recent fiscal year, and one year prior	
Current Liabilities, for most recent fiscal year, and one year prior	
Total Assets, for most recent fiscal year, and one year prior	
EBIT, for most recent fiscal year, and one year prior	
Total Liabilities, for most recent fiscal year, and one year prior	
<b>Insurance Information</b>	
Transport Providers Insurance Values - Answer Yes or No	<i>Please provide copies to support</i>
General Liability Insurance (\$1,000,000M or >)	
Auto Insurance (\$1,000,000 M or >)	
Cargo Insurance (\$100,000 or >)	
General Liability Insurance (\$1M or >)	
Name SLH Transport Inc as Additional Insured for General Liability & Auto	
Based on your answers to the above; is any of the above coverage self insurance	
<b>System Information</b>	
<b>Indicate system and equipment capabilities</b>	
Is Company EDI Capable ?	
If Yes, types of EDI Transactions? (204, 210, 214 ,990 ,997)	
Do you have automated dispatch, routing? What type of system	
Satellite Tracking for Power Units	
Trailer Tracking (if so, how many units?)	
<b>What Type of Company</b>	
<b>Indicate type of business company is involved in</b>	
Carrier	
Broker	
Freight Forwarder	
Intermodal	
Air	
Ocean	
Other (Please list all)	
<b>Equipment</b>	
<b>Indicate Equipment Types your company owns or leases</b>	
Power Units/Tractors	
24' dry van	
24' Straight van	
48' dry van	
48' Flatbed	
53 ' dry van	
53' Flatbed	
Supervan (drop frame)	
Dropdeck	
Double Drop trailer	
Dump trailers	
Extendable trailer	
Hopper	
Intermodal	
Soft Sided	
Step Deck trailer	
Tankers	
Temperature Controlled van	
Other (Please list all)	
Which types of communication devices do you require your carriers to utilize? (i.e. On-board satellite tracking devices, cell phone, other)?	
<b>Please indicate, by responding yes or no to the following, if your company can comply:</b>	
Does your equipment meet a cleanliness level IE Food Grade interior must be free of any debris , odor or material.	
Do you have specific equipment (i.e. tie down, strapping, brace bars, load bars, dollies, hose as applicable) to load, stow, and unload FSC's customers shipments.	
<b>Service Area</b>	
Do you do business in and out of Mexico?	
Do you have an interchange agreement with a Mexican provider? If yes, name of company it is with.	

Do you do business in and out of Canada?	
Please indicate the <b>ORIGIN</b> areas you service (List specific state name or entire region):	
South West - AR, LA, NM, OK, TX	
South East - AL, FL, GA, MS, NC, SC, TN	
West - AZ, CA, NV	
Mid Atlantic - DE, DC, MD, NJ, PA, VA, WV	
North East - CT, MA, ME, NH, NY, RI, VT	
Great Lakes - IA, IL, IN, KY, MI, MN, MO, WI, OH	
Rocky Mountains - CO, KS, ND, NE, SD, WY	
North West - ID, MT, OR, UT, WA	
Western Canada - BC, AB	
Central Canada - SK, MB	
Ontario - Ontario	
Eastern Canada - PQ, PE, NF, NS, NB	
Please indicate the <b>DESTINATION</b> areas you service (List specific state name or entire region):	
South West - AR, LA, NM, OK, TX	
South East - AL, FL, GA, MS, NC, SC, TN	
West - AZ, CA, NV	
Mid Atlantic - DE, DC, MD, NJ, PA, VA, WV	
North East - CT, MA, ME, NH, NY, RI, VT	
Great Lakes - IA, IL, IN, KY, MI, MN, MO, WI, OH	
Rocky Mountains - CO, KS, ND, NE, SD, WY	
North West - ID, MT, OR, UT, WA	
Western Canada - BC, AB	
Central Canada - SK, MB	
Ontario - Ontario	
Eastern Canada - PQ, PE, NF, NS, NB	
<b>Services</b>	
Please indicate if you can provide the following information / services for SLH by responding yes or no to the following questions:	
Personnel available 7 days a week, 24 hours per day, 365 days per year to pick-up, process, deliver and track shipments and answer questions that arise.	
Provide late evening and weekend (including holidays) pick-up and delivery service.	
After Hours Contacts	
After Hours emergency phone number	
Carrier required to notify SLH of known damages prior to delivery.	
Track every shipment tendered and report any delays in transit (within 1 hour of shipments delivery) to customer. When reporting delays, carrier must provide information on revised shipment routing and the new estimated time of arrival for the shipment prior to delivery.	
P.O.D.s provided to SLH within 24 hours of request.	Utilize Trip Pak Envelope OR Imaging Fax Server #
Schedule delivery appointments or provide notification to consignee before shipment is delivered.	
Provide primary and back up contacts for escalation process when account representatives are unable to resolve issues with service or billing related activities.	
<b>Performance</b>	
What is your On Time Delivery Percentage	
Claims Ratio (to total loads)?	
<b>Freight Payment</b>	
<i>All freight bills must be sent to the following address:</i>	
<b>Communication Systems</b>	
Please identify the communication system (s) that your company supports (Lotus Notes, Internet Email, other)?	
What is the name of your internet service provider (ISP)?	
EDI communications mode :	