

# **Buchanan Hauling & Rigging, Inc.**

**4625 Industrial Road \* Fort Wayne, IN 46825**

**(260) 471-1877 \* (888) 544-4285**

## **AGENT APPLICATION INFORMATION REQUEST**

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NAME OF AGENCY

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AGENCY ADDRESS

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PHONE NUMBER OF AGENCY

FAX NUMBER OF AGENCY

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CELL PHONE / ALT LINE

EMAIL ADDRESS

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

IS THIS BUSINESS: \_\_\_\_\_ A SOLE PROPRIETORSHIP  
\_\_\_\_\_ A PARTNERSHIP  
\_\_\_\_\_ A CORPORATION, INC. IN THE STATE OF : \_\_\_\_\_

LENGTH OF TIME IN BUSINESS: \_\_\_\_\_

LENGTH OF TIME AT LOCATION: \_\_\_\_\_

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PREVIOUS ADDRESS OF BUSINESS IF LESS THAN 1 YEAR

IF A CORPORATION, FEDERAL ID NO.: \_\_\_\_\_

NAME AND HOME ADDRESS OF CARRIERS AGENCY IS CURRENTLY REPRESENTING: \_\_\_\_\_

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CARRIERS AGENCY HAS REPRESENTED IN PAST 5 YEARS NOT LISTED ABOVE: \_\_\_\_\_

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IF A PARTNERSHIP, PLEASE LIST THE NAMES OF ALL PARTNERS AND THE PERCENTAGE OF OWNERSHIP OF EACH PARTNER: \_\_\_\_\_

**PRINCIPAL'S INFORMATION (IF A PARTNERSHIP PLEASE LIST INFORMATION REQUESTED ON A SEPARATE SHEET OF PAPER FOR EACH PARTNER)**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

POSITION WITH AGENCY: \_\_\_\_\_

LENGTH OF TIME AT AGENCY: \_\_\_\_\_

**IF ASSOCIATED WITH AGENCY LESS THAN 2 YEARS, PLEASE LIST FORMER EMPLOYMENT INFORMATION (ACCOUNT FOR A TOTAL OF 3 YEARS)**

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE LEFT : \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

**PLEASE LIST THREE CREDIT REFERENCES (ONE MUST BE CURRENT BANK)**

BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

2<sup>ND</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

3<sup>RD</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

WHAT BUSINESS INSURANCE COVERAGE DOES THE AGENCY HAVE IN  
FORCE? SPECIFY POLICY NO., INSURANCE CO., TYPE OF COVERAGE AND  
COVERAGE LIMITS: \_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE NAME, ADDRESS, AND PHONE NO., OF YOUR BUSINESS  
AGENT: \_\_\_\_\_

\_\_\_\_\_

**LIST THREE PERSONAL REFERENCES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

2<sup>nd</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

3<sup>rd</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BUSINESS ACCOUNT OR PERSONAL ACCOUNT: \_\_\_\_\_

WHAT BUSINESS INSURANCE COVERAGE DOES THE AGENCY HAVE IN  
FORCE? SPECIFY POLICY NO., INSURANCE CO., TYPE OF COVERAGE AND  
COVERAGE LIMITS: \_\_\_\_\_

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PLEASE GIVE NAME, ADDRESS AND PHONE NO. OF YOUR INSURANCE  
AGENT: \_\_\_\_\_

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**LIST 3 PERSONAL REFERENCES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

2<sup>ND</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

3<sup>RD</sup> REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**RELEASE**

APPLICANT HAS ANSWERED ALL THESE QUESTIONS TO THEIR BEST ABILITY, AND UNDERSTANDS THAT ANY MISREPRESENTATION WILL MEAN POSSIBLE TERMINATION OF ANY AGREEMENT. APPLICANT ALSO UNDERSTANDS THAT CARRIER WILL MAKE INQUIRIES TO ALL REFERENCES GIVEN AND BY SIGNING THIS RELEASE GIVES CARRIER PERMISSION TO MAKE INQUIRIES AS TO CREDIT WORTHINESS, PREVIOUS WORK REFERENCES, AND GENERAL REPUTATION IN THE COMMUNITY. SPECIFIC PERMISSION IS ALSO GIVEN TO OBTAIN BUSINESS AND PERSONAL CREDIT REPORTS FROM ANY AGENCY WITH SUCH INFORMATION AVAILABLE ON BOTH THE BUSINESS AND ITS PRINCIPAL.

SIGNED: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**FLEET OWNER/TERMINAL/AGENCY PARTNERSHIP, PROSPECT DETAIL  
PLEASE COMPLETE, SIGN, FAX TO CHAD BUCHANAN @ 260-399-4409**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS / COMPLETE CITY, STATE, ZIP:

\_\_\_\_\_  
\_\_\_\_\_

PHONE – LOCAL: \_\_\_\_\_

WATS: \_\_\_\_\_

HOME: \_\_\_\_\_

OWN AUTHORITY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, MC# \_\_\_\_\_

CARRIER/CARRIERS NOW REPRESENTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# OWNED TRUCKS: \_\_\_\_\_ # LEASED TRUCKS: \_\_\_\_\_

# OWNER OPERATORS: \_\_\_\_\_

# TRAILERS: \_\_\_\_\_ # FLATS: \_\_\_\_\_ # STEPS: \_\_\_\_\_

# DROP DECKS: \_\_\_\_\_ # VANS: \_\_\_\_\_

CURRENT DOLLAR VOLUME – MONTHLY \$ \_\_\_\_\_

ANNUAL \$ \_\_\_\_\_

PRINCIPAL CUSTOMERS / BILLED TO PARTIES NAME / ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINCIPAL COMMODITIES HANDLED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION REQUESTED: \_\_\_\_\_