

SILVERLINE LOGISTICS, LLC
7209 E WT Harris Blvd. Ste J #203
Charlotte, NC 28227
704-529-1192 Office 704-333-3399 Fax
info@silverlinetransportation.com

CARRIER APPLICATION

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Please complete and return to Silverline Logistics, Inc.

DATE: _____

COMPANY: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL: _____

OWNER: _____

FEDERAL ID#: _____

DOT: _____ MC#: _____

IF YOU USE A FACTORING COMPANY, PLEASE FURNISH THE FOLLOWING:

CO NAME: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

ARE YOU CURRENTLY LEASED TO ANY COMPANY AT THIS TIME? IF SO,
PLEASE WRITE THE COMPANY NAME, ADDRESS, CONTACT PERSON, AND
PHONE NUMBER BELOW.

CO NAME AND
PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

REFERENCES

PLEASE LIST REFERENCES BELOW (CARRIERS, BROKERS AND CUSTOMERS YOU HAVE HAULED FOR AND LENGTH OF TIME YOU HAVE HAULED FOR THEM)

(MUST INCLUDE PHONE & FAX NUMBER FOR REFERENCE IN ORDER TO PROCESS)

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____
PHONE: _____ FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____
PHONE: _____ FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____
PHONE: _____ FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____
PHONE: _____ FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____
PHONE: _____ FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT: _____ HOW LONG HAULED? _____

PHONE: _____ FAX: _____

DRIVER AND EQUIPMENT INFORMATION

DRIVER INFORMATION (LARGER FLEETS, PLEASE GIVE NUMBER OF DRIVERS OR DRIVER FOR THIS LOAD INSTEAD OF LISTING):

DRIVER: _____

DRIVER: _____

DRIVER: _____

DRIVER: _____

DRIVER: _____

DRIVER: _____

DRIVER: _____

DRIVER: _____

(PLEASE LIST ADDITIONAL DRIVERS ON A SEPARATE PAGE AND ATTACH)

EQUIPMENT INFORMATION (LARGER FLEETS, PLEASE GIVE TYPES OF MAJORITY OF EQUIPMENT):

TRUCK(S):

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

TRAILER(S):

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

MAKE : _____ YEAR: _____

CARRIER EQUIPMENT INFORMATION FOR DISPATCH

CARRIER/DRIVER: _____
CONTACT: _____ PHONE: _____

1) TYPE OF EQUIPMENT AND **AMOUNT OF WEIGHT YOU CAN HAUL:**

VAN: # _____ Length/Width/Height: _____ Load Weight: _____
REEFER: # _____ Length/Width/Height: _____ Load Weight: _____
DUMP: # _____ Length/Width/Height: _____ Load Weight: _____
OPEN TOP: # _____ Length/Width/Height: _____ Load Weight: _____
FLATBED: # _____ Length/Width/Height: _____ Load Weight: _____
TANK: # _____ Length/Width/Height: _____ Load Weight: _____
LOW BOY: # _____ Length/Width/Height: _____ Load Weight: _____

- 2) CAN YOU DO LOADS WITH PALLET EXCHANGE ?Yes _____ No _____
3) DO YOU HAVE HAZMAT ENDORSEMENT? Yes _____ No _____
4) DO YOU OPERATE: SINGLE DRIVER: _____ TEAMS: _____
5) PLEASE INDICATE THE AREA(S) YOU PREFER OR NEED TO RUN:

AL AZ AR CA CO CT DE FL GA ID IL IN IA KS KY
LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY
NC ND OH OK OR PA RI SC SD TN TX UT VT VA
WA WV WI WY ALL 48

- 6) WHERE DO YOU NEED LOADS FROM AND /OR TO ON A REGULAR BASIS: _____

- 7) DO YOU HAVE ANY RESTRICTIONS? Yes _____ No _____
Please indicate the restrictions or add ant special comments below:

Thank you for giving Silverline Logistics, LLC the opportunity to provide you with top quality service. We are proud partner with your company and look forward to a long working relationship together.

INSURANCE CERTIFICATE REQUIREMENTS

TO: ALL CARRIERS AND OWNER OPERATORS

FROM: SILVERLINE LOGISTICS, LLC

Your current certificate of insurance must have the following information and limits prior to Silverline Logistics, LLC dispatching your truck to load. Payment of your settlement for loads hauled will be held until your certificate is current. Thank you in advance for your cooperation.

* GENERAL LIABILITY	\$1,000,000.00
* AUTO LIABILITY	\$1,000,000.00
* CARGO	\$ 100,000.00 (Per Vehicle)
* MECHANICAL (If Applicable)	REFEER BREAKDOWN (Include on Cert along with limit)
* ADDITIONAL INSURED	ADDITIONAL INSURED (Silverline Logistics, LLC listed as)
* WORKERS COMP	(CERTIFICATE / OR EXEMPT WC AFFIDAVIT)

CERTIFICATE MUST INCLUDE ANY EXCLUSIONS (INCLUDED RADIUS/MILEAGE RESTRICTIONS) AND/OR ENDORSEMENTS.

*NOTE : If you are exempt from having worker's compensation insurance certificate, please complete the following exempt affidavit form, have it notarized, and return to Silverline Logistics, LLC

CERTIFICATE HOLDER NEEDS TO READ THE FOLLOWS:

SILVERLINE LOGISTICS, LLC
7209 E WT Harris Blvd. Ste J #203
CHARLOTTE, NC 28227

FAX: 704-333-3399

info@silverlinetransportation.com

IF YOU HAVE ANY QUESTIONS PLEASE CALL: 704-529-1192

I, _____ of _____
Authorized Officer (Please Print) *Carrier Name (Please Print)*

hereby authorize the release of all items listed above to be included on/with Certificate of Insurance issued to Silverline Logistics, LLC.

By: _____ *(Authorized Officer Signature)*

AFFIDAVIT

EXEMPT STATUS FROM WORKER'S COMPENSATION

NOTE: CLAIM EXEMPTION, YOU MUST HAVE LESS THAN THE NUMBER OF EMPLOYEES MANDATED BY THE STATE IN WHICH YOU ARE DOMICILED.

The following company and its officers have chosen to be exempted from Worker's Compensation since the inception of the corporation or company.

COMPANY: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

OFFICERS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

- Note: Please also list any additional officers on the reverse side.

AUTHORIZED OFFICER SIGNATURE	TITLE	DATE
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STATE OF: _____

COUNTY OF: _____

_____, the undersigned officer, personally appeared before me, a Notary Public in and for said County and State. I am personally acquainted with or have satisfactory proof of, the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

I hereto set my hand and official seal on this the _____ day of _____, 20____

Notary Public:

My Commission Expires: _____

*NOTE: If no notary is available please provide a valid ID and two witnesses sign below.

ID Information (Valid driver's license etc): _____

Witness 1: (Signature) _____ (Print Name) _____

Witness 2: (Signature) _____ (Print Name) _____