



8794 Gap Newport Pike Avondale, PA 19311 dispatch@palumbofoods.com www.PalumboFoods.com

Carrier Requirements

Thank you for your interest in becoming an approved vendor for Palumbo Foods, LLC! Please complete and sign this form and kindly send it back to dispatch@palumbofoods.com with the required documents. The information provided will remain confidential.

Company Information

Company Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____

Email: _____ Cell: _____

MC#: _____ DOT#: _____ Federal ID # _____

Required Documents

- Completed & Signed Carrier Agreement
- Operating Authority / Carrier Documents **UPLOAD HERE:**
 - FMCSA Permit
 - DOT Registration
 - MC Registration
 - W9
 - NOA (with ACH Instructions) or Voided Check
- Certificate of Insurance listing Palumbo Foods, LLC as the certificate holder or additional insured.
 - Auto Liability: Minimum of \$1,000,000 **UPLOAD HERE:**
 - Cargo Liability: Minimum of \$100,000
 - Trailer Interchange: Minimum of \$30,000
 - Please use the following address for certificate holder name:
 - ▪ Palumbo Foods LLC
 - 8794 Gap Newport Pike
 - Avondale, PA 19311

Carrier Equipment / Lane Profile

of Tractors _____ # of Trailers - Vans _____

of Trailers - Flatbeds _____ # of Trailers - Reefers _____

Other _____

Total # of Drivers _____ # of Power Only _____

of Solo Drivers _____ # of Team Drivers _____

GPS Tracking: YES NO

Preferred Destinations

City _____ State _____

City _____ State _____

City _____ State _____

City _____ State _____

References

Company Name	Contact Name	Phone #	Email

CARRIER PAYMENT FORM

Carrier Name _____

MC# _____ DOT# _____

Factoring Company YES NO Factoring Company Name _____

Accounting Contact Name _____

Remit Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax _____

Email _____

Desired Payment Terms: Standard Pay – **Standard Pay 30 Days**

****All terms are effective from receipt and confirmation of signed bols***

Desired Payment Method: Check Mailed to Address Above - **FREE**

Bank Name _____

Bank Address _____

Routing # _____ Account # _____

Account Type: Checking Savings

Please upload a copy of a voided check here:

Authorized Signature

Print Name

Date

Trucker Tools Tracking Agreement

_____ I understand that all loads hauled for Palumbo Foods must be tracked via Trucker Tools
Read and Initial

_____ I understand that it is our responsibility to ensure the drivers are successfully enabled.
Read and Initial Trucker Tools on their cell phone for the duration of the trip

_____ I understand that if we are having issues with Trucker Tools or the Trucker Tools mobile app,
Read and Initial that it is our responsibility to call 703-955-3560 for assistance immediately.

_____ I understand that if we fail utilize Trucker Tools or have issues utilizing Trucker Tools, it is our
Read and Initial responsibility to call, email, or manually update our drivers' location every 4 hours until the load is delivered.

_____ I understand that if Palumbo Foods is unable to track the load at any point during the
Read and Initial duration of the trip, due to the driver not enabling tracking via Trucker Tools, that we will be fined up to \$250.00 depending on the length of the haul.

I as an Authorized Representative, on behalf of the Carrier listed below, agree to ensure that ALL loads hauled for Palumbo Foods are tracked via Trucker Tools. Should tracking via Trucker Tools fail to work, our company will notify the appropriate Palumbo Foods representative immediately. If we fail to comply with the Trucker Tools tracking guidelines, it is understood that Palumbo Foods will deduct up to \$250.00 from our rate for said load.

Carrier Name

DOT # / MC #

Authorized Carrier Representative – Print Name

Authorized Representative - Signature

Carrier Compliance

Palumbo Foods values its relationship with its carriers and carrier safety is of utmost importance. Please read each of the below statements and verify that your company is fully compliant with all items listed.

_____ I can verify that our company complies with all DOT/FMCSA rules and regulations.
Read and Initial including but not limited to the Hours of Service, Electronic logging, Drug and Alcohol Testing Program, etc.

_____ I can verify that all of our equipment; tractors, trailers, refrigeration units, etc., are all
Read and Initial regularly maintained, and I can provide verification documents if requested.

_____ I can confirm that all motor vehicles and equipment used by our company are designed,
Read and Initial maintained, and cleaned so that they are able to prevent the product from being adulterated during transport.

_____ I can verify that our refrigeration units are no older than 5 years old and that they are in
Read and Initial good working condition. I can also verify that, if requested, we can perform a "Reefer Download" to verify the temperature of the trailer during its entire transit.

I as an Authorized Representative, on behalf of the Carrier listed below, agree that all of the statements above are accurate and true. If at any time, these fail to be accurate, I will report them to Palumbo Foods, LLC immediately and not book to haul any loads until I receive written notification that we are again an approved carrier.

Carrier Name

DOT # / MC #

Authorized Carrier Representative – Print Name

Authorized Representative - Signature

Waiver of Workers' Compensation Insurance

Do you have Worker's Compensation Insurance? YES NO

If YES, please provide a certificate of insurance as proof.

If NO, please read and complete the section below:

The CARRIER hereby represents and warrants that under the Workers' Compensation laws of the State of

_____ , it does not have any employees subject to Workers' Compensation insurance and is not required to purchase such insurance. CARRIER also represents and warrants that it has elected not to purchase Workers' Compensation insurance. If CARRIER becomes subject to compliance with Workers' Compensation laws, or elects to comply with said laws, it shall immediately provide Palumbo Foods, LLC a Workers' Compensation insurance certificate evidencing compliance.

Carrier Legal Name

MC #

DOT #

Authorized Signature

Printed Name

Title

Date