ALL AMERICAN LOGISTICS INC

CARRIER INFORMATION FORM

This Carrier Information Form is completed and submitted by Carrier in connection with, and as a companion to, the Broker-Carrier Transportation Agreement between Carrier and All American Logistics Inc ("Broker"). Carrier shall keep the information below current and shall promptly notify Broker in writing of any changes.

Carrier Identification

Carrier Name: _____

Company Address: _____

DOT / MC #: _____

Website Address: _____

Federal Tax ID / EIN (or SSN if sole proprietor):
_____

Authority Type (Common / Contract): _____

Date Operating Authority Was Granted: _____

Authorized Signer Name (for agreements and rate confirmations):
_____

Authorized Signer Title, Phone, and Email: _____

Company History

List any other trucking, brokerage, or transportation companies that Carrier's owners or principals have owned, operated, or held an ownership interest in, whether currently or in the past (include company name, MC/DOT number if known, and approximate dates):

_____

_____

_____

Safety and Compliance

Current DOT Rating: _____

Any SMS Safety Alerts? _____

Describe any actions taken to improve your DOT safety rating and any safety procedures or programs currently in place (e.g., driver training, maintenance programs, ELD compliance, corrective action plans):

_____

_____

Fleet Information

Number of Trucks (Total): _____

Number of Company-Owned Trucks: _____

Number of Owner-Operator Trucks: _____

Number of Trailers: _____

Type of Trailers: _____

Hazmat Endorsement (Y/N): _____

Tanker Endorsement (Y/N): _____

TWIC Card on File (Y/N): _____

Team Drivers Available (Y/N): _____

Liftgate Equipped (Y/N): _____

Reefer Temperature Range (if applicable): _____

Oversized / Permit Load Capability (Y/N): _____

Drivers Classified As (Employees / 1099 Independent Contractors / Mixed):
_____

Most Recent MCS-150 Filing Date: _____

MCS-150 Reported Power Units (from most recent filing):
_____

MCS-150 Reported Annual Mileage (from most recent filing):
_____

Contact Information

Company Telephone Number: _____

Dispatch Telephone Number: _____

Dispatch Email Address: _____

After-Hours / Emergency Number: _____

Accounting Telephone Number: _____

Accounting Email Address: _____

Claims Contact Person: _____

Claims Email Address: _____

Claims Telephone Number: _____

Technology & Safety Systems

ELD Installed on Equipment? (Y/N): _____

If yes, name the provider (e.g., Samsara, Motive, etc.):

_____

Dash Camera Installed? (Y/N): _____

If yes, name the provider:

_____

Supports Electronic Load Tracking? (Y/N): _____

If yes, name the tracking platform/app used (e.g., Macropoint, FourKites, project44):

_____

Does Carrier maintain a formal driver training/onboarding program? (Y/N):
_____

If yes, name the training platform/LMS used and briefly describe frequency and topics covered:

_____

_____

Operating Preferences

Operating Radius (Regional / OTR / Both): _____

Preferred Lanes or Regions: _____

States Serviced: _____

Payment and Factoring Information

Preferred Payment Method (Direct Deposit / Quick Pay / Factoring):
_____

Factoring Company Name (if applicable): _____

Factoring Company Contact Name: _____

Factoring Company Phone: _____

Factoring Company Email: _____

Notice of Assignment (NOA) on File with Broker? (Y/N):
_____

Note: Do not write bank account, routing, or credit card numbers on this form. Direct deposit and payment account details are set up through a separate, secure process.

References

Provide your top 3 brokers/shippers you haul for.

Reference 1 – Company Name: _____

Reference 1 – Contact Name, Phone, Email: _____

Reference 2 – Company Name: _____

Reference 2 – Contact Name, Phone, Email: _____

Reference 3 – Company Name: _____

Reference 3 – Contact Name, Phone, Email: _____

Ownership and Management Contacts

Owner / Principal

Name: _____

Title: _____

Phone: _____

Email: _____

Owner / Principal

Name: _____

Title: _____

Phone: _____

Email: _____

Management Contact

Name: _____

Title: _____

Phone: _____

Email: _____

Current Insurance Agent Information

Insurance Agency Name: _____

Agency Phone: _____

Agency Email: _____

Agent Name: _____

Agent Phone: _____

Agent Email: _____

Insurance Coverage Details

Auto Liability Coverage Limit: _____

Auto Liability Deductible: _____

List any exclusions in liability coverage (e.g., specific commodities, regions, drivers, non-reported equipment/drivers, or activities not covered):

_____

_____

Cargo Liability Coverage Limit: _____

Cargo Liability Deductible: _____

List any exclusions in cargo coverage (e.g., specific commodities, refrigeration breakdown, theft, mold/spoilage, etc.):

_____

_____

General Liability Coverage Limit (if applicable): _____

Certification

I certify that the information provided in this Carrier Information Form is true and accurate to the best of my knowledge, and I agree to promptly notify Broker in writing of any changes to this information.

Carrier further certifies that all drivers and equipment dispatched under this Carrier Information Form and any resulting Broker-Carrier Transportation Agreement operate exclusively under Carrier's own DOT/MC operating authority, and that no subhauling, interlining, or double-brokerage of freight tendered by Broker shall occur without Broker's prior written consent. Carrier agrees to make financial statements available to Broker upon reasonable request for verification purposes, and acknowledges that Broker may cross-reference telematics-connected unit counts against Carrier's insurance schedule and MCS-150 filings as part of Broker's ongoing carrier monitoring program.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

This form is a companion document to the Broker-Carrier Transportation Agreement and does not by itself constitute a binding contract.