



# HAMPTON LUMBER SALES COMPANY

9600 SW Barnes Road  
Suite 200  
Portland, OR 97225-6666  
www.hamptonaffiliates.com

To:  
# of pages sent: 5

ATTN:  
Date:

We want to thank you for your interest in being added to our carrier base, a group of carriers that are committed to Hampton Affiliate's continued growth. We at Hampton Affiliates have made a commitment to maintain a group of quality carriers to meet our transportation needs. Our compliance program ensures that our growing team of carrier partners meet all of our legal and liability requirements. For our permanent files we need the following returned **before** a load confirmation can be tendered to your organization.

***Please use the checklist provided below to ensure all required documents are returned.***

- A copy of your authority (MC#) and a copy of your USDOT number.
- A completed carrier profile (included in this packet)
- Insurance Certificate that meets the guidelines outlined in the attached requirements document. This needs to be faxed directly from your insurance agent. (To assure compliance, forward guidelines to your agent).
- A completed and signed Worker Compensation liability page. (included in this packet)
- A certificate of Worker Compensation coverage forwarded by your insurance agent.

Return the information via fax. Attn: compliance coordinator - **Fax number: 503-291-5500**

If you have any questions, please call Joanna Luft at 503-203-6506 or send email inquiries to:  
joannaluft@hamptonaffiliates.com

Once all your documents have been received and compliance guidelines met, you will be added to our carrier base. You will be notified when you are added or if we need additional information. We look forward to working with you.



# CARRIER PROFILE

## GENERAL INFORMATION

Company Name : \_\_\_\_\_  
 Remittance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Toll Free Phone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Alt. Phone: ( ) \_\_\_\_\_ Fax : ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

## COMPANY PROFILE

Hours of Operation: \_\_\_\_\_ After hours Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Please check all that apply:  Contract Carrier  Common Carrier  Broker  Freight Forwarder  
 Do you have brokerage authority under another company or name? \_\_\_\_\_  
 ICC/MC# \_\_\_\_\_ US DOT# \_\_\_\_\_  
 Insurance Agent Telephone: ( ) \_\_\_\_\_  
 Agent: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Coverage Amounts & Expiration Date:  
 Gen. Liability: \$ \_\_\_\_\_ Exp: \_\_\_\_\_ Auto Liability: \$ \_\_\_\_\_ Exp.: \_\_\_\_\_  
 Cargo: \$ \_\_\_\_\_ Exp: \_\_\_\_\_ Worker Comp.: Exp.: \_\_\_\_\_

## OPERATIONS / DISPATCH

Dispatch Contact Person: \_\_\_\_\_ Region: \_\_\_\_\_  
 Dispatch Contact Person: \_\_\_\_\_ Region: \_\_\_\_\_  
 Billing Contact: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Do you use a factoring company?  If yes, name & phone: \_\_\_\_\_  
 Base State: \_\_\_\_\_  
 Traffic Lanes:  48 States  East of Mississippi  11 Western  7 Western  I-5  I-5 & ID  
 OR & WA  Intra State only  Other \_\_\_\_\_  
 Number of: Drivers: \_\_\_\_\_ Teams: \_\_\_\_\_ Owner/Operators: \_\_\_\_\_  
 How Many: Flats: Semi \_\_\_\_\_ Tarps \_\_\_\_\_ Maxi \_\_\_\_\_ Tarps \_\_\_\_\_  
 Tautliner/Cutrain Van: Semi \_\_\_\_\_ Maxi \_\_\_\_\_  
 Roll Top: Semi \_\_\_\_\_ Maxi \_\_\_\_\_ Other: \_\_\_\_\_

Please explain your system of providing timely and accurate tracing of loads:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Satellite Equip: Y / N Mobile Phones: Y / N Pagers: Y / N

Please add any information that will allow us to better serve you:  
 \_\_\_\_\_



## Insurance Requirements

### HAMPTON LUMBER SALES COMPANY AND AFFILIATES

To be added to our carrier base you must provide us with a Certificate of Insurance showing the following coverage prior to commencing work on our property, a load being dispatched to your company or a load being loaded on your truck.

Please request your agent provide a certificate that meets all of the following requirements:

- Commercial General Liability Coverage** including Premises Operations, Personal Injury Liability, Products Liability and Completed Operations with limits of not less than \$ 1,000,000 per occurrence.
- Automobile Liability Coverage** arising out of the ownership, maintenance or use of any motor vehicles with limits of not less than \$1,000,000 per occurrence.
- Cargo Liability Coverage** - Broad Form - with limits of not less than \$ 50,000 per auto
- Worker's Compensation Coverage** – See following page for specifics

**THE ABOVE LIABILITY COVERAGE SHALL CONTAIN AN ADDITIONAL INSURED BROADFORM ENDORSEMENT NAMING HAMPTON LUMBER SALES COMPANY AND AFFILIATES AS REQUIRED.**

#### Please note the following inclusions to your Certificate of Insurance:

- The name of the insured must be the same as the legal registered name shown on the USDOT and Motor Carrier Authority Certificates.
- Description of operations/location shown on the certificate should read "All Operations"
- The certificate shall require that the insurance company not cancel the policy without sending thirty (30) days prior written notice to Hampton Lumber Sales Company. The phrases "*endeavor to*" and "*but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives*" shall be deleted from the certificate.
- Mail certificate to:**  
Hampton Lumber Sales Co. & Affiliates  
9600 S.W. Barnes Road Suite 200  
Portland, OR 97225
- Fax Certificate to:** 503-203-6606 Attention: Compliance Coordinator



# Worker's Compensation Statement

## HAMPTON LUMBER SALES COMPANY AND AFFILIATES

**Registered Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

I, the above signed, acknowledge to Hampton Lumber Sales Company and Affiliates (Hampton), that we, the above named, are acting as an independent contractor (Carrier) in moving freight for Hampton and this agreement shall become part of my permanent carrier file with Hampton. And that as an independent contractor (Carrier), Hampton or it's customers, consignors, consignees named in the Bill of Lading, or the beneficial owner of the goods would not carry Worker's Compensation insurance covering my activities as an independent contractor (Carrier). I agree to hold harmless Hampton from any liability that may incur by reason of their reliance on this document. I also agree that Hampton's customers, consignor, consignee and/or beneficial owner of the goods are third-party beneficiaries of this agreement and may rely on it to seek recovery of claims from independent contractor (Carrier) or in defending any claims made against them.

### Please check the boxes that apply:

- I do not employ driver(s) on my truck(s).
- I use Owner Operators who provide their own coverage. Please have Owner Operator complete the attached liability statement.
- I do employ driver(s) on my truck(s). **If you check this box:**  
Arrange to have a Worker's Compensation Certificate sent to us.  
Mail to: Hampton Lumber Sales Co. & Affiliates  
9600 S.W. Barnes Road Suite 200  
Portland, OR 97225

Fax to: (503) 203-6606 Attention: Compliance coordinator

Policy Exp. Date: \_\_\_\_\_

My agent's name is: \_\_\_\_\_

Phone number is: \_\_\_\_\_

If you are a Washington Contractor please include Stop Gap Coverage.

- I do employ driver(s) but do not carry Worker's Compensation Insurance.



# Owner Operator Worker's Compensation Statement

## HAMPTON LUMBER SALES COMPANY AND AFFILIATES

**Registered Name:** \_\_\_\_\_

Hauling for: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

I, the abovesigned, acknowledge to Hampton Lumber Sales Company and Affiliates (Hampton), that we, the above named, are acting as an independent contractor (Carrier) in moving freight for Hampton and this agreement shall become part of my permanent carrier file with Hampton. And that as an independent contractor (Carrier), Hampton or it's customers, consignors, consignees named in the Bill of Lading, or the beneficial owner of the goods would not carry Worker's Compensation insurance covering my activities as an independent contractor (Carrier). I agree to hold harmless Hampton from any liability that may incur by reason of their reliance on this document. I also agree that Hampton's customers, consignor, consignee and/or beneficial owner of the goods are third-party beneficiaries of this agreement and may rely on it to seek recovery of claims from independent contractor (Carrier) or in defending any claims made against them.

**Please check the boxes that apply:**

- I am an Owner Operator and do not provide coverage on myself.
- I do not employ driver(s) on my truck(s).
- I employ driver(s) on my truck(s).
- I am an Owner Operator and have coverage.

**If you have coverage and/or employ drivers :**

Arrange to have a Worker's Compensation Certificate sent to us.

Mail to: Hampton Lumber Sales Co. & Affiliates  
9600 S.W. Barnes Road Suite 200  
Portland, OR 97225

Fax to: (503) 203-6606 Attention: Compliance coordinator

Policy Exp. Date: \_\_\_\_\_

My agent's name is: \_\_\_\_\_

Phone number is: \_\_\_\_\_

**If you do not understand this agreement please call Joanna @ (503)203-6506**