

Motor Carrier Profile

DEAR CARRIER PARTNER,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

Email all paperwork to: Dispatchinfo@swishdispatch.com REQUIRED DOCUMENTS **CARRIER PROFILE** ✓ Copy of Workmen's Compensation and or DBA Legal Company Name Occupational/Accidental **Policies Physical Address** ✓ I.C.C. Operating Authority ✓ IRS W9 - Signed / Dated City State Zip ✓ Certificate of Canadian Authority ✓ Signed Carrier Contract Telephone Facsimile ✓ Completed Carrier Profile ✓ Completed Safety Evaluation Do you <u>FACTOR</u> your receivables through a 3rd party factoring company? Form (Unrated Carriers) Yes ☐ No ☐ If "YES" please list contact information below. ✓ New Entrant Safety Audit Report <u>Unrated Carriers</u>) CARB Compliance Factoring Company Name Contact Certificates. Telephone Facsimile Minimum Insurance Coverage for Motor Carriers is: Email CARGO - \$100,000 / \$250,000 BI / PD - \$1,000,000 Physical Address City State Zip **LIST THE FOLLOWING CONTACTS** Amber: Office Toll Free: 866-259-4241 Swish Dispatch Office: 832-569-1050 Ext 1 Dispatch Telephone Cell Cell: 954-825-7000 Swish Dispatch Aswisher@swishdispatch.com Dispatch (After Hours) Telephone Clay: MC# DOT# Toll Free: 866-259-4241 Office: 832-569-1050 Ext 2 **SCAC** Federal ID# Cell: 954-861-7753 Cswisher@swishdispatch.com **Equipment List** Van Reefer Flats SD DD / RGN