



Agency Application

Today Date: _____

Thank you for your interest in exploring business opportunities with Arpin Van Lines, Inc. To be considered, Arpin Van Lines requires that you complete the information on the following pages and include the items listed below. If you have any questions, please feel free to contact the Agency Development Department at 800-343-3500 or email info@arpin.com. Thank you.

| | | | | |
|--------------------------|-------------------|-------------|------|--|
| Complete Company Name: | | | | |
| D/B/A (if applicable): | | | | |
| Physical Street Address: | | | | |
| City: | County: | ST: | Zip: | |
| Mailing Address: | | | | |
| Telephone #: | Fax#: | Emergency#: | | |
| Email Address: | Web Site Address: | | | |

Checklist

All of the following items **must** be sent in with the application in order for consideration:

| | | | |
|--|--|---|--|
| Current Financials: | | Certificates of Insurance: Note: Upon acceptance, Arpin requires an "Additional Insured" endorsement) | |
| Balance Sheet | | General Liability | |
| Income Statement | | Workers Compensation | |
| Cash Flow | | Automobile | |
| Previous 3 Years Financials: | | Cargo | |
| Balance Sheet | | Pictures: | |
| Income Statement | | Inside & Outside of Office | |
| Cash Flow | | Inside & Outside of Warehouse | |
| Accountant's Report | | Inside & Outside of Equipment | |
| Previous 3 Years Income Tax Returns | | Copy of Building Lease/Deed | |
| Certified Copies (one of the following - (a), (b), or (c)) | | | |
| (a) Corporations - Article of Incorporation • Current By-Laws • Corporate Secretary's Certificate - Incumbency of Corporation Officers | | (b) Limited Liability Companies - Articles of Organization • Operating Agreement • Manager's or Member's Certificate Identifying Authorized Managers or Members | |
| (c) Limited Partnership - Limited Partnership Agreement | | | |
| Certificate of Good Standing | | Certificate of Tax Good Standing (State Taxing Authority) | |
| Copy of Current Agency Agreement / Addendum & Letter of Release | | | |
| Copy of Interstate Authority | | Copy of Carrier Booking Report | |
| Copies of LOIs (if military approved) | | | |
| Previous 3 years Loss Runs on PL/PD (Property Loss/Property Damage) coverage (This information can be obtained from your insurance carrier) | | | |

Operations Authority

| | | | |
|--|--|--|------------------------|
| Interstate Authority?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Indicate MC #: | |
| | | If Yes, Extent of Authority: | |
| | | If Yes, Tariff Association: | |
| Intrastate Authority in States of: | | | |
| Certificate No.: | | Rates on File With: | |
| Will Agent Shelve Authority Upon Joining Arpin?: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, specify reason: |
| | | | |

Equipment List

(list additional information on a separate sheet)

| Make | Serial Number | Year | Length |
|------|---------------|------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Drivers

(list additional information on a separate sheet)

| Name | Age <small>(for insurance purposes)</small> | HHG Experience |
|------|--|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Sales and Marketing Information

| Interstate Linehaul: | Projected | Last Year | Previous Year |
|----------------------|-----------|-----------|---------------|
| COD | | | |
| Account | | | |
| Military | | | |
| Logistics | | | |
| TOTAL | | | |

Affiliated Companies / Subsidiaries

Does your company have any other affiliate companies or subsidiaries? Yes No

Please list all moving & storage companies owned, controlled, or in which any officer or immediate family member of your company has an interest.

| | | | |
|------------------------------------|--------------------------------------|--|--------------------------------------|
| Name/Title: | | | |
| Legal Name: | | | |
| Operating Name: | | | |
| Physical Street Address: | | | |
| City: | | ST: | Zip: |
| Company is a: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| Interstate Carrier/Agreement Type: | | | |
| Interstate Authority & Name: | | | |
| Interstate Authority & Name: | | | |

| Officers | Name | Percentage Owned |
|----------------|------|------------------|
| President | | |
| Vice President | | |
| Secretary | | |
| Treasurer | | |

Contractual Relations Statement

Agreement Contract Date Expires: _____

There are severe penalties which may be associated with claims of interference with contractual relations. It is essential, therefore, that you disclose to Arpin Van Lines, Inc. any and all written agreements in effect between your agency and any carrier or van line. Please sign below acknowledging receipt of this notice and your confirmation that there does not exist any contracts or agreements, oral or written, long term or otherwise, between your company and any carrier or van line or any agreement whatsoever which may affect the rights of your company to enter into an agency agreement with Arpin Van Lines, Inc. which have not been disclosed. You also agree to make available to Arpin Van Lines, copies of any and all agreements and addenda that your agency has between any carrier or van line. You also agree to advise Arpin Van Lines should your agency status change between today and your affiliation date. In consideration of the above promises and warranties, Arpin Van Lines will process your agency contract application.

ACKNOWLEDGED & CONFIRMED:

Name: _____

Title: _____

Company: _____

Date: _____

I hereby authorize Arpin Van Lines, Inc. to seek information and confirm facts, and hold harmless all persons and companies from whom they seek information about my company and management which will assist Arpin Van Lines, Inc. in determining actions they take with respect to my application. I hereby waive any privilege personal to me and hereby make and give Arpin Van Lines, Inc. and said persons and companies full release and discharge to all damages, claims and injuries of any kind resulting from such disclosures.

I certify that the foregoing information is true and correct to the best of my knowledge, and has been taken from the books, records and files of said company.

Officer / Owner Signature & Title

Date