



Mover's Choice Program
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**LONG HAUL SUPPLEMENTAL
QUESTIONNAIRE**

This supplemental questionnaire is necessary for accounts that operate on their own authority over a 250 mile radius, or on accounts responsible for primary coverage under Van Line authority. Please provide the last 4 quarters of International Fuel Tax Agreement (IFTA) reports. If these reports are not available, complete the Zone Operations Chart below.

GENERAL INFORMATION

Applicant: _____

Total Annual Mileage for all operations including short hauls: _____

Number of Units dedicated to the Van Line Fleet (any unit used at least 90% of the time): _____

What percentage of Long Haul Units are:

Employee Driven: _____%

Owner/Operator Driven: _____%

Do any Long Haul Drivers have less than two years 'over the road' experience? Y N
If YES, please identify each driver: _____

Are there any Long Haul Drivers under the age of 25? Y N
If YES, please identify each driver: _____

Provide a general description of the Long Haul Operations including any regular routes, special contracts, hauling under other authority, etc.: _____

****Complete this section ONLY if IFTA reports are NOT provided****

Zone Operations			
Estimate % of Long Haul Operations in Each Region			
Pacific Coast (40) California Oregon Washington	%	Gulf zone (46) Alabama Louisiana Mississippi	%
Mountain Zone (41) Arizona Colorado Idaho New Mexico Utah Montana Nevada Wyoming	%	South East Zone (47) Florida Georgia North Carolina Virginia South Carolina	%
Mid West Zone (42) Iowa Kansas Nebraska North Dakota Missouri South Dakota Minnesota Wisconsin	%	Eastern zone (48) Delaware Pennsylvania Maryland New York New Jersey	%
Southwest Zone(43) Arkansas Oklahoma Texas	%	New England Zone (49) Connecticut Rhode Island Maine Vermont Massachusetts New Hampshire	%
North Central Zone (44) Michigan Illinois Indiana Ohio	%	Alaska Zone Alaska	%
Mid East Zone (45) Kentucky Tennessee West Virginia	%	TOTAL (Must equal 100%)	%