

Agency Application

Great Canadian Van Lines Ltd

#203, 669 Ridley Place, Delta, B.C. V3M 6Y9

Phone: 604 540-6683, 1 800 665-0055

Website: www.greatcanadianvanlines.com

Email: info@greatcanadianvanlines.com

Questionnaire for New Prospective Agents

Date: _____

I. General Information

A. Name of Firm: _____

Are you a corporation, a partnership, or sole proprietor? _____

Street Address: _____ E Mail: _____
 City: _____ Website: _____
 Province: _____
 Postal Code: _____
 Phone Number: _____
 Fax Number: _____

List owners, partners, executives, and managers.

Name	Title	Home Address	Phone Number

B. Branch offices (if any):

1. Branch Name: _____
 Address: _____
 City: _____ Phone: _____
 Province: _____ Postal: _____

2. Branch Name: _____
 Address: _____
 City: _____ Phone: _____
 Province: _____ Postal: _____

II. Qualifications for Agency

A. Life of Organization

(Date founded or chartered) _____

Experiences of principals in the moving business:

B. Staff

Rates & Tariffs: _____
Billing (Documentation): _____
Accounting: _____
Sales & Promotion: _____
Number of Drivers: _____
Number of Warehousemen: _____
Number of Office Personnel: _____
Number of Movers: _____
Number of Packers: _____

C. Warehouse

Address: _____
(if not same as office): _____
Size in Square Feet: _____ Type of Construction: _____
Type of Security: _____ Ceiling Height: _____
Number of loading doors: _____ Door Sizes: _____
Palletized? (Yes/No): _____ Dock Height: _____
Warehouse Insurance Value _____ Sprinklered? (Yes/No) _____

Secondary Warehouse:

Address: _____
(if not same as office): _____
Size in Square Feet _____ Type of Construction _____
Type Of Security _____ Ceiling Height _____
Number of unloading doors _____ Door Sizes _____
Palletized? (Yes / No) _____ Dock Height _____
Warehouse Insurance Value: _____ Sprinklered? (Yes/No) _____

D. Amount and type of equipment

Year	Type	Make	Capacity	Condition	Colour & Size of Space for GCVL Logo

Total: Straight Trucks: _____ Tractors: _____ Trailers: _____

E. Insurance Coverage

Agent's vehicular liability insurance carrier: _____
 Amount: \$ _____

Agent's cargo insurance carrier: _____
 Amount: \$ _____

Please Note - GCVL requires "Additional Assured" endorsement to protect GCVL when Agent's equipment is carrying GCVL registered shipments.

F. Financial Qualifications (attach a copy of financial statements)

1. Bank References

Name	Address	City / Province	Phone

2. Business References

3. Personal Credit References

4. Have the company's principals ever filed for bankruptcy?

Yes No

G. Sales Organization and Qualifications

1. Sales Promotion

Number of Salespeople: _____

Names of Salespeople: _____

2. Sales Volume (attach printout from present carrier)

National Accounts	_____ %	_____ \$
C.O.D.	_____ %	_____ \$

Comments: _____

3. Telephone Directory Advertising (attach copy of current advertisement) and any other advertising such as radio, direct mail, newspaper, etc.

III. Motor Transport Information (attach copy of certificate)

A. Intra Provincial

Yes _____ No _____ Where? _____ Certificate # _____

B. Extra Provincial

Yes _____ No _____ Where? _____ Certificate # _____

C. Other provinces & states (list)

D. ICC

Yes _____ No _____ Certificate # _____

E. Name in which certificate issued - copy exactly as it appears on certificate.

F. Have you been denied motor transport authority in the past 3 years?

G. Present and prior van lines represented - past three (3) years.
(show present secondary carrier, if any) **Accurate information is required.**

Van Line	From / To	Reason for Leaving

Carriers with military agreements in effect:

H. Date of termination letter to or from former prime carrier (attach copy):

I, the undersigned, certify that in applying for an agency agreement with Great Canadian Van Lines, I am not currently encumbered by any long term agreement with my present carrier at this location, or any other location.

Attached is a copy of a termination letter to or from my previous carrier. My agency interest with Great Canadian Van Lines is for a (check one) agent:

Hauling Agent _____ **Booking Agent** _____

Authorized Name (print) _____

Authorized Signature _____

Title _____

List of required items to be attached to this application:

Please insure all items listed below are attached to this application.

1. Volume (sales) printout from present or latest van line carrier _____
2. Telephone Directory advertisements (Yellow Pages) _____
3. WCB (WSIB) Clearance Form _____
4. All motor transport authorities and certificates, National Safety Code _____
5. Copy of Corporation Documents & Business License _____
6. Copy of current Insurance Certificates _____
7. Copy of BBB or CAM Membership (if a member) _____
8. Copy of your Bill of Lading (moving contract) _____