

# Little Buddy Trucking, LLC



## **New Carrier Information**

Thank you for your interest in Little Buddy Trucking, LLC. We look forward to working with you. As a new carrier for us, we need information from you that is required to be on file with our company. Please provide us with the following:

- A signed W-9 form with your Federal ID or SSN
- A current Certificate of Authority
- Completed Broker/Carrier Agreement (or Co-Brokerage Agreement)
- Completed Carrier Profile Form (included)
- A Certificate of Insurance listing us directly from your insurance agent showing Little Budding Trucking, LLC as the certificate holder using the address listed here:

Little Buddy Trucking, LLC  
166 Hill Castle Drive  
Columbia, IL 62236

### **Insurance requirements are as follows:**

- Auto Liability and Worker's Compensation and Employers' Liability      \$1,000,000
- General Liability      \$ 100,000
- Broad Form Cargo

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## **Carrier Profile**

Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

After Hours Contact: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Do you require a 1099: \_\_\_\_\_

MC# \_\_\_\_\_ US DOT: \_\_\_\_\_

What types of trailers do you have available? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date