

CARRIER PROFILE TEMPLATE

INTRODUCTION

The e4score Carrier Profile is the **most comprehensive** Carrier Profile available in the industry. It offers the following unique features:

- **Real-Time Entry:** The Carrier (asset-based Carrier, Broker, or Private Fleet) enters and maintains their own information (no “middle man”). This ensures that the information is accurate and current.
- **Security:** The Carrier controls the disclosure of their information.
 - Some fields are **optional**; the Carrier can choose to leave it blank (but they will be included in more searches if they fill it in).
 - Or, the Carrier can designate any of Categories 3 through 13 as **Confidential**. A Shipper can only view a Confidential category after requesting and receiving permission from the Carrier in e4score.
- **Powerful Search Engine:** The Shipper can search the Carrier Profile Database on any of 50 search attributes to find the best carriers for their needs and lanes.
- **Unique Tools:** No other Carrier Profile offers:
 - Strategic relationship management information
 - Lane matching, and
 - Images of the Carriers actual Operating Docs (including Authorities, Insurance, and W9 Tax Cert)

Scroll down to view a template of the e4score Carrier Profile.

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CATEGORY 1: COMPANY CONTACT INFORMATION

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Text Box	No (Default) (Yes will not be accepted)	Yes	
Company Name	Text Box	Pre-populated by e4score	Yes	
Operating Company Name	Text Box	Pre-populated by e4score	Yes	Yes
Address Line 1	Text Box	Pre-populated by e4score	Yes	
Address Line 2	Text Box	Pre-populated by e4score		
City	Text Box	Pre-populated by e4score	Yes	
State/Province	Text Box	Pre-populated by e4score	Yes	
Postal Code	Text Box	Pre-populated by e4score	Yes	
Country	Drop Down Box	Pre-populated by e4score	Yes	
Company Phone	Text Box	Pre-populated by e4score	Yes	
Company Fax	Text Box	Pre-populated by e4score	Yes	
Company E-mail Address	Text Box	Pre-populated by e4score	Yes	
Company web-site URL	Text Box	Pre-populated by e4score		
Contacts (Primary and Secondary)				
Salutation	Dropdown box	Mr. Mrs. Ms. Miss	Yes	
Name	Text		Yes	
Title	Text		Yes	
Phone	Text		Yes	
Fax	Text		Yes	
E-Mail	Text		Yes	
Mailing Address (Line 1)	Text		Yes	
Mailing Address (Line 2)	Text			
City	Text		Yes	
State/Province	Dropdown box	US, Canada, and Mexico states and provinces	Yes	
Postal Code	Text		Yes	

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CATEGORY 2: GENERAL COMPANY INFORMATION

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Text Box	No (Default) (Yes will not be accepted)	Yes	
Submission/Revision Date	Date	Populated by e4score on Submission	Yes	Yes
Primary SCAC	Text Box	Pre-populated by e4score	Yes	Yes
Other SCAC's	Text Box	Pre-populated by e4score		
Annual Operating Revenue (Sales) Bracket (2003, million US\$)	Dropdown box	Pre-populated by e4score <ul style="list-style-type: none"> • less than \$5 • \$5 to 10 • \$10 to 20 • \$20 to 40 • \$40 to 80 • \$80 to 120 • \$120 to \$250 • \$250 to 500 • \$500 to 1,000 • Greater than \$1,000 (\$1 billion) 	Yes	Yes
Geographic Scope of Operations	Multi-select dropdown box	<ul style="list-style-type: none"> • Northeast US • Southeast US • South US • West US • Northwest US • North US • Eastern Canada • Western Canada • Mexico 	Yes	Yes
Market Verticals Scope of Operations	Multi-select dropdown box	<ul style="list-style-type: none"> • Aerospace and Defense • Automotive • Chemicals • Consumer Packaged Goods • Durables • Food & Beverages • High Tech/Electronics • Retail • Healthcare/Pharmaceutical • Industrial Products 	Yes	Yes
Operating Ratio Bracket (%)	Dropdown box	<ul style="list-style-type: none"> • Greater than 100% • 95 to 100% • 90 to 95% • 85 to 90% • 80 to 85% • Less than 80% 		Yes

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MC/MX Number (Motor Carrier Operating Authority) Or Freight Forwarder Number [Note: Operating Authority document must be included in Category 13.]	Text Box	Pre-populated by e4score	Yes	Yes
US DOT Number (if applicable)	Text Box	Pre-populated by e4score	Yes	Yes
DUNS Number (D&B) (if available)	Text Box	Pre-populated by e4score		Yes
Federal ID Tax No.	Text Box		Yes	
Please list any related companies such as affiliates and subsidiaries (up to 5).				
Company	Text			
Relationship	Dropdown box	<ul style="list-style-type: none"> • Parent/Holding Company • Affiliate • Subsidiary 		
Is your company woman, minority, or disadvantaged- owned?	Dropdown box	Yes No	Yes	Yes

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CATEGORY 3: FINANCIAL INFORMATION

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Annual Operating Revenue (Sales)	Text	Pre-populated by e4score	Yes	
Operating Ratio (%)	Text			
Net Assets	Text			
Liabilities	Text			
Equity	Text			
Capital Expenditures	Text			
Cash on Hand	Text			
Who performed the audit on your information above, if applicable?	Text			
Has your company been involved in any bankruptcy proceedings in the last two years?	Dropdown box	Yes No		
If yes, what is the current status of the proceedings?	Text			
Please allocate your truckload shipment revenue among the following verticals (%):				
Aerospace and Defense	Text			Yes
Automotive	Text			Yes
Chemicals	Text			Yes
Consumer Packaged Goods	Text			Yes
Durables	Text			Yes
Food & Beverages	Text			Yes
High Tech/Electronics	Text			Yes
Retail	Text			Yes
Healthcare/Pharmaceutical	Text			Yes
Industrial Products	Text			Yes

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CATEGORY 4: INSURANCE

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
How much cargo liability insurance do you currently carry? (US\$) [Note: Any changes must be updated in e4score within 15 days.]	Text			Yes
How much general liability insurance do you currently carry? (US\$) [Note: Any changes must be updated in e4score within 15 days.]	Text			Yes
What was your claims ratio in the prior calendar year (% claims paid/revenue)?	Text			Yes
How many loss and damage claims did you pay as a percentage of total shipments in the prior calendar year?	Text			
How many days does it currently take you to resolve a loss and damage claim?	Text			Yes
What was your percentage of loss and damage claims filed versus your total number of shipments in the prior calendar year?	Text			
Insurance Certificate must be attached in Category 13.			Yes	

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CATEGORY 5: SERVICES AND PERFORMANCE

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Which of the following services do you offer?	Multi-select Drop Down Box	<ul style="list-style-type: none"> • For-Hire Truckload • For-Hire LTL • Freight Brokering • Freight Forwarding • Partial TL (multi pick-ups) • Trailer pools • Detention management • Expedited service (teams) • Yard management • Temperature control/protection • Refrigerated • HazMat • Weekend/Holiday service • (Un)Loading (lumper services) • Storage • Pallets • Pallet management • Other 		Yes
What percentage of loads do you broker? [Asset-based carriers only.]	Text			Yes
What is your percentage of on-time pick-ups?	Text			
What is your percentage of on-time delivery	Text			Yes
What percentage of shipment tenders do you typically accept?	Text			Yes
What is the typical time from tender accept to appointments scheduled?	Text			
What is your typical proof of delivery turn around time in days?	Text			Yes
What is your billing accuracy percentage? (# of correct bills/# of total bills x 100)	Text			Yes
Please describe contingency plans for transport failures.	Text			

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Please describe any innovative services that differentiate you from your competitors.	Text			
Please list a few samples of recognition (awards, etc.) you have received recently.	Text			
Do you currently provide continuous move service for any of your customers?	Dropdown box	Yes No		
If so, what percentage of your shipments are parts of continuous moves?	Text			
If so, please describe how you currently identify these opportunities and schedule them, and how successful you feel they are at creating value for you and your customers.	Text			

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CATEGORY 6: CAPACITY AND CAPABILITIES

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
How many loads do you handle per year?				
Short Haul (Up to 250 miles)	Text			Yes
Long Haul (Over 250 miles)	Text			Yes
Tractor Information				
Number of tractors operated	Text			Yes
What is the average age of the tractors?	Text			
How many of the tractors have tracking equipment installed (%)?	Text			
Trailer Information				
Available Equipment Types	Multi-select Drop Down Box	<ul style="list-style-type: none"> • 48' Vans • 53' Vans • 48' Reefer • 53' Reefer • 20' IM Box • 40' IM Box • Stack Box • Flatbeds • Stepdeck • Autorack • Beverage • Cement • Chassis • Dump • Tank • Hopper • Horse Van • Livestock • Logging • Lowboy • Opentop 	Yes	Yes
Number of trailers operated	Text			
Number of dry van trailers operated	Text			
Number of refrigerated trailers operated	Text			
Trailer to Tractor Ratio	Text			Yes
What is the average age of the trailers?	Text			
How many of the trailers are insulated?	Text			
Driver Information				
Number of Company	Text			

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Drivers				
Number of Owner Operators	Text			
What percentage of your drivers are hazardous material certified?	Text			Yes
Please list your quality certifications	Multi-Select Drop Down Box	<ul style="list-style-type: none"> • ISO 9000 • ISO14000 • Other • None 	Yes	Yes
Certification (for each)	Text			
Date Obtained (for each)	Text			

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CATEGORY 7: TECHNOLOGY

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
EDI capabilities	Multi-select dropdown box	<ul style="list-style-type: none"> • EDI 204-Tender • EDI 210-Invoice • EDI 214-Shipment Status • EDI 990-Response to Tender • All • None 	Yes	Yes
Other capabilities	Multi-select Drop down box	<ul style="list-style-type: none"> • Web-Based Load Acceptance • Auto-Accept via the Internet (for regular loads in specific lanes) • Internet-based tracking/tracing • Imaging (Proof of Delivery, Invoice) • Satellite GPS Tractor Tracking • Satellite GPS Trailer Tracking 	Yes	Yes
What technologies do you use for capacity management?	Text			

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If you are able to support EDI, please answer the following questions (prior calendar year)				
What is your EDI reject rate as a percentage?	Text			
What is your EDI timer withdraw (time out or no response) rate?	Text			
What is your average time from scheduling a delivery appointment to the transmission of an EDI 214 in hours?	Text			
What is your average time from when the shipment physically arrives at the destination to the transmission of an EDI 214 in hours?	Text			
What is your average time from when the shipment is physically unloaded to the transmission of an EDI 214 (in hours)?	Text			

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CATEGORY 8: GROWTH AND IMPROVEMENT

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Do you seek to grow?	Dropdown box	Yes No		Yes
If Yes, what is the strategy for achieving growth?	Multi-select dropdown box	<ul style="list-style-type: none"> • Increase share with core customers • Enter new regions • Enter new vertical markets • By acquisition • By internal, organic growth • Other 		Yes
If Yes to "Enter new vertical markets", which Vertical Markets?	Multi-select dropdown box	<ul style="list-style-type: none"> • Aerospace and Defense • Automotive • Chemicals • Consumer Packaged Goods • Durables • Food & Beverages • High Tech/Electronics • Retail • Healthcare/Pharmaceutical • Industrial Products 		Yes
Do you need more capacity (tractors, drivers) to grow?	Dropdown box	Yes No		
If yes, how do you plan to grow you plan to acquire the capacity?	Multi-select dropdown box	<ul style="list-style-type: none"> • Acquisition (of a carrier) • Purchase • Lease • Increase productivity of existing assets • Other 		
Please describe your continuous improvement philosophy and programs	Text			
Please describe your programs for increasing operational efficiency	Text			

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CATEGORY 9: SAFETY

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
What is your current DOT Safety Rating? [Note: Any changes must be updated in e4score within 15 days.]	Dropdown box	Satisfactory Unsatisfactory	Yes	Yes
Date of current DOT Safety Rating?	Date		Yes	
When was your last DOT safety inspection?	Date		Yes	
Do you provide 24/7 contact coverage for emergencies?	Dropdown box	Yes No	Yes	
Please provide the following information for prior calendar year				
What is the total dollar amount of accident claims paid as a percentage of revenue?	Text			Yes
What is your accident to shipment ratio (%)?	Text			
How quickly is the shipper notified of accidents (in hours)?	Text			
To what company, if any, do you outsource emergency response services for hazardous materials?	Text			
Describe your equipment inspection and maintenance programs.	Text			

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CATEGORY 10: FACILITIES

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Please list your terminal facilities in North America. Check all boxes that apply.				
City	Text			
State/Province	Text			
Postal Code (5-digit)	Text			Yes (at 3 and 5 digit levels)
Trailer Lot Size	Text			
Secure	Checkbox			
Terminal	Checkbox			
Drop Yard	Checkbox			

CATEGORY 11: NETWORK BALANCE

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Please list all Postal Codes with a capacity imbalance (minimum of 3-digits) [NOTE: Carrier must update as often as is required to keep data current.]				
Postal Code	Text			Yes
Imbalance Type (loads needed for...)	Dropdown Box	<ul style="list-style-type: none"> • Inbound (Headhaul) • Outbound (Backhaul) 		Yes
Imbalance Quantity (typical number of empty trucks per week)	Text			Yes

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CATEGORY 12: CUSTOMERS

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
Enter your top-10 customers (shippers).	Text Boxes			
Please provide three to five customer references, including at least one who you are no longer doing business with.				
Company Name				
Contact Name				
Title				
Telephone				
Current	Dropdown box	Yes No		
Percentage of revenue				

CATEGORY 13: ADDITIONAL INFORMATION AND OPERATING DOCS

Field Label	Field Type	Field Values	Required?	Search (Index) Field?
Carrier Confidential	Dropdown Box	No Yes	Yes	
I have inserted images of all current and in force Operating Documents into the attached file [Authorities, Insurance Certificates, W9 Tax ID Certificate, and (if available) standard Contract are required]	Dropdown Box	No Yes	Yes	Yes
MS PowerPoint Presentation (saved as an Adobe pdf or as Webpages)	File (max 10 mb)			

**** Note: The following documents must be included as the last four or more pages in the Power Point file. Scan and save the documents as .tiff or .jpg images, and then cut and paste them into the PowerPoint file. Save the PowerPoint as an Adobe .pdf file.**

- o **Operating Authority (Interstate or Intrastate)**
- o **Contract**
- o **W9 Federal Tax ID Certificate**
- o **Insurance Certificates: (must include Agents Name, Phone, and Fax #)**
- o **TL Carriers and Freight Forwarders: Cargo and General Liability**
- o **Freight Brokers: Supplemental and Errors and Omissions Insurance**