

[Newspaper Logo]

## Independent Contract Newspaper Carrier Questionnaire

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Social Security Number or Federal Tax ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Desired Delivery Area: \_\_\_\_\_

List Delivery Vehicles (Year/Make): \_\_\_\_\_

\_\_\_\_\_

Automobile Insurance Carrier: \_\_\_\_\_

Automobile Policy Limits: \_\_\_\_\_

Please provide the following information:

Driver's license number: \_\_\_\_\_ State of license: \_\_\_\_\_

Have you ever been bonded? Yes No If yes, with what company? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a bond declined or canceled? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been an independent contract newspaper carrier? Yes No

If yes, for what publication(s)? \_\_\_\_\_

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Business References**

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

The above information will be used to make contracting decisions and thus will be reviewed for accuracy. Any discrepancies or omissions may have an impact on the contracting process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date