



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