

CARRIER SURVEY

Thank you for your interest in becoming an Asset Carrier for Albertsons Companies. Please complete the document in its entirety; accurate information will permit us to use your services most effectively.

***Required Fields - If required fields are not filled out, we will count the survey as incomplete.**



RESPONDENT DETAILS – WHO ARE WE GOING TO CONTACT AFTER REVIEWING OVER THIS SURVEY WITH A DECISION?		
*Contact Name		
*Email Address		
COMPANY CONTACT INFORMATION		
*Company Full Name		
*Street Address		
*City	*State	*ZIP
*Phone	Fax	
*Principle Name		
*Title		
*Street Address (if different from Company address)		
*City	*State	*ZIP
*Company Headquarters Location		
REGISTERED NUMBERS		
SCAC Code	Site http://www.nmfta.org/Pages/Scac.aspx	
*Common Carrier MC#		
Broker MC#	<i>Please note, we are unable to setup any Broker unless otherwise approved. Albertsons Companies is moving forward with assets only.</i>	
Freight Forward (FF) MC#		
*DOT #		
*MacroPoint Membership? (REQUIRED for Setup) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Smartway Partner Membership? (REQUIRED for Setup) YES <input type="checkbox"/> NO <input type="checkbox"/> *Please provide updated certificate.		
Are you familiar with Truckers Against Trafficking (TAT)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If so, are your drivers TAT trained? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CARRIER QUESTIONS		
*1. Which states do you service? (be specific and list all)		
*Are you willing to provide service to Albertsons in all these states? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, which states are you willing to service?		
*2. Do you own your equipment? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*Number of <u>asset</u> trucks?	Albertsons Companies Corporate Traffic Use Only SAFER: Vehicle# _____ Driver# _____	
What # of your fleet is owner operator (<u>not</u> including the # of asset trucks)?		
Are those owner operators running under your company's authority? (if yes ¹ needs to be provided)		YES <input type="checkbox"/> NO <input type="checkbox"/>

¹ If you are selected to move forward with a carrier setup and you have owner operators running under your company's authority, we would then require one of the following:

- A) Provide a copy of each signed agreement you have with those drivers plus an example copy of your agreement for our records.
- B) Provide a signed letter from a representative of your company stating all listed drivers are running under your company's authority. This list will need to have the driver's names plus an example copy of your agreement for our records.

CARRIER QUESTIONS (CONTINUED)

***3.** Is your equipment Carb compliant? YES NO
 *Please provide certificate

***What percentage of your fleet is carb compliant?**

What is your ARB identification number?

***4.** What are your current insurance levels? Please provide certificate.

***5.** Do you have Team Drivers? YES NO If yes, on what lanes are they available?

6. Are rates available on electronic medium? YES NO If yes, in what format are they available?

***7.** Which of the following types of equipment can you provide to serve Albertsons? Quantity per week - each type?

48 ft dry trailer YES NO # Available Weekly for Albertsons

53 ft dry trailer YES NO # Available Weekly for Albertsons

48 ft refrigerated YES NO # Available Weekly for Albertsons

53 ft refrigerated YES NO # Available Weekly for Albertsons

48 ft frozen YES NO # Available Weekly for Albertsons

53 ft frozen YES NO # Available Weekly for Albertsons

Ice Cream trailers YES NO # Available Weekly for Albertsons

Vented Van trailers YES NO # Available Weekly for Albertsons

LTL (Dry) YES NO # Available Weekly for Albertsons

LTL (Reefer) YES NO # Available Weekly for Albertsons

High Cube Trailers YES NO # Available Weekly for Albertsons

40 ft containers YES NO # Available Weekly for Albertsons

20 ft containers YES NO # Available Weekly for Albertsons

Heavyweight YES NO # Available Weekly for Albertsons

List any restrictions:

8. Are you equipped with Internet access? YES NO

9. Company Web Address?

***10.** Are you a One Network member? YES NO

If yes, what is your OneNetwork Company Partner Name?

***11.** EDI capabilities? YES NO

***12.** Do you have a satisfactory safety score in the Motor Carrier SMS? YES NO

Albertsons Companies Corporate Traffic Use Only
 SAFER OOS: Vehicle % _____ Driver % _____
 Rating _____

***13.** Do you currently use ELD/EOBRD/AOBRD? YES NO

***14.** What percent of your fleet is currently ELD compliant?

***15.** Which ELD provider is, or will be, used?

CARRIER QUESTIONS (CONTINUED)

*16. Contact person or group for Customer Service issues? YES NO

Name, phone, email address

*17. Do you have a contact for load acceptances? YES NO

Name, phone, email address

Weekend Contact Name, phone, email

*18. Do you have a contact for RFQ/RFP bids?
 (request for quotes/prices) YES NO

Name, phone, email address

Name, phone, email address

Please list any additional contacts on a separate document and attach...

19. Diversity Program - Our program exists to assist minority, women and other diverse-owned businesses who seek to do business with our Company. Among other things, our program connects diverse businesses with decision makers who can determine whether our Company will offer their products for sale or purchase their services.

- African American
- Asian American
- Hispanic
- LGBT
- Native American
- Service Disabled Veteran
- Woman

For more information on this section – please see the attached Albertsons Companies – Supplier Diversity Program document.

REFERENCES

Company Name	Company Name
Contact Name & Title	Contact Name & Title
E-Mail	E-Mail
Company Name	Company Name
Contact Name & Title	Contact Name & Title
E-Mail	E-Mail

THANK YOU

Thank you for your time; we look forward to working with you in the future. Please, feel free to attach any pertinent information. If you have any questions, feel free to direct them to our group e-mail listed below.

Please return survey and documents in PDF format along with any other certificates and documents.

Please see Albertsons's Supplier Website for our Fuel Bulletin and other information:

<http://suppliers.safeway.com/transportation.asp> .

Thank You,
 Carrier Development
 Albertsons Companies
Info.Carrier.Development@albertsons.com

*Carrier Contact
 Printed Name

Date of Survey ____/____/____



ALBERTSONS COMPANIES -- SUPPLIER DIVERSITY PROGRAM

Albertsons Companies Supplier Diversity Program

Our program exists to assist minority, women and other diverse-owned businesses who seek to do business with our Company. Among other things, our program connects diverse businesses with decision makers who can determine whether our Company will offer their products for sale or purchase their services.

What is a “diverse business”?

At least 51% owned and controlled/operated by a U.S. citizen and one of the following categories or ethnicities, and certified as described below:

- African American
- Asian American
- Hispanic
- Lesbian, Gay, Bisexual & Transgender
- Native American
- Service-Disabled Veteran
- Woman

Certifications Required

NMSDC – If the business is minority-owned, we recommend certification with the National Minority Supplier Development Council or one of its regional affiliates at www.nmsdcus.org

WBENC - If the business is woman-owned, we recommend certification with the Women’s Business Enterprise National Council at www.wbenc.org

NGLCC - If the business is gay, lesbian, bisexual or transgender-owned, we recommend certification with the National Gay and Lesbian Chamber of Commerce at www.nglcc.org

U.S. Dept. of Veteran Affairs - If the business is a service-disabled veteran owned, we ask that they contact the USDVA for documentation to verify their status at www.va.gov

To register with our program or for additional information

Contact us at supplierdiversity@albertsons.com