

# ALBERTSONS, COMPANIES

## Carrier Survey



Thank you for your interest. Please fill out the entire survey. Please type or print the following as accurately as possible. Accurate information will permit us to use your services most effectively. All information is required.

### CONTACT INFORMATION

|   |  |       |  |     |
|---|--|-------|--|-----|
| Company Full Name                                     |  |       |  |     |
| Street Address  |  |       |  |     |
| City  |  | State |  | ZIP |
| Phone   |  | Fax   |  |     |
| Principle Name  |  |       |  |     |
| Title   |  |       |  |     |
| Street Address<br>(if different from Company address) |  |       |  |     |
| City  |  | State |  | ZIP |
| Company Headquarters Location                         |  |       |  |     |

### REGISTERED NUMBERS

|   |  |      |   |
|---|--|------|---|
| SCAC#<br><small>The Standard Carrier Alpha Code</small> |  | Site | <a href="http://www.nmfta.org/Pages/Scac.aspx">http://www.nmfta.org/Pages/Scac.aspx</a> |
| Common Carrier MC #                                     |  |      |   |
| Broker MC#  |  |      |   |
| Freight Forward MC#                                     |  |      |   |
| DOT #   |  |      |   |

Smartway Partner Membership? (REQUIRED)    \*YES     No   
 \*if Yes, please provide certificate

### QUESTIONS

**1. Which states do you service?**

Are you willing to provide service to Albertsons in all these states?    YES     NO

If no, which states are you willing to service?    YES     NO

**2. Do you own your equipment?**    YES     NO

If Yes, number of asset trucks?

If no, what percentage of your fleet is owner operator?

**3. Is your equipment Carb compliant? (Fax Certificate) Required**    YES     NO

What percentage of your fleet is carb compliant?

What is your ARB identification number?

**4.** What are your current insurance levels?

*Please attach certificate*

**5.** Does your company offer 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? If so, quantity per week - each type?

|                     |                              |                                    |  |  |
|---------------------|------------------------------|------------------------------------|--|--|
| 48 ft dry trailer   | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 53 ft dry trailer   | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 48 ft refrigerated  | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 53 ft refrigerated  | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 48 ft frozen        | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 53 ft frozen        | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| Ice Cream trailers  | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| Vented Van trailers | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| Double trailers     | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| High Cube trailers  | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| Pup trailers        | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 40 ft containers    | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| 20 ft containers    | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |
| Heavyweight         | YES <input type="checkbox"/> | # Available to Albertsons (weekly) |  |  |

List any restrictions:

**8.** Are you equipped with Internet access?

YES

NO

**9.** Are you a One Network member?

YES

NO

If Yes, under what name?

*Required for Albertsons load acceptance*

**10.** Company Web Address?

YES

NO

If Yes, what is the address?

**11.** EDI capabilities?

YES

NO

EDI Integration platform with One Network EDI (electronic data integration)

**12.** Do you have a satisfactory safety score in SMS

YES

NO

The Motor Carrier Safety Measurement System (SMS)

<http://ai.fmcsa.dot.gov/SMS/Default.aspx>

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

Name, phone, email address

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

Name, phone, email address

Name, phone, email address

Name, phone, email address

Weekend Contact Name, phone, email

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

Name, phone, email address

Name, phone, email address

Name, phone, email address

**REFERENCES**

|              |  |              |  |
|--------------|--|--------------|--|
| Company Name |  | Contact Name |  |
| Phone        |  | Title        |  |
| E-Mail       |  |              |  |
| Company Name |  | Contact Name |  |
| Phone        |  | Title        |  |
| E-Mail       |  |              |  |
| Company Name |  | Contact Name |  |
| Phone        |  | Title        |  |
| E-Mail       |  |              |  |

**THANK YOU**

Thank your 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 at: [Info.carrier.development@safeway.com](mailto:Info.carrier.development@safeway.com). 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, Inc.  
[Info.carrier.development@safeway.com](mailto:Info.carrier.development@safeway.com)

Printed Name Date