



## LTL Carriers Customer Value Report Questionnaire 2<sup>nd</sup> Edition

Company Name _____
Division Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Name _____ Direct Line _____
Title _____
Telephone (    ) _____

### 1.a Which best describes your role in working with LTL carriers?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I am primarily a shipper | <input type="checkbox"/> I am primarily a consignee of the freight           | <input type="checkbox"/> I work primarily at a bill to or paying location (Ask if they can refer to a person that is involved then <b>TERMINATE THE INTERVIEW</b> ) |
| <input type="checkbox"/> I am all of the above    | <input type="checkbox"/> I work for a 3 <sup>rd</sup> party logistic company | <input type="checkbox"/> I have no involvement with LTL shipments (Ask if they can refer to a person that is involved then <b>TERMINATE THE INTERVIEW</b> )         |

### 1.b When selecting between LTL carriers would you consider your role to be:

- |  |   |
|--|---|
| <input type="checkbox"/> I am the primary decision maker (i.e., leads the selection process, negotiates contracts, etc.) | <input type="checkbox"/> I have some influence or give input in the decision process (i.e., part of decision team or purchasing team, etc.) |
|--|---|

**2a. What is your average number of LTL shipments per week?**

Average shipments per week \_\_\_\_\_

2 or less [TERMINATE]

3-10

11-25

More than 25

**2b. For how many locations do you personally arrange shipping?**

One Location

Multiple Locations (*ask 2c*)

**2c. How many locations does your company ship from? \_\_\_\_\_**

**3. Which LTL carriers have you used in the past 12 months, and what is the number of shipments per week for each carrier?**

1) \_\_\_\_\_ # of shipments per week

2) \_\_\_\_\_ # of shipments per week

3) \_\_\_\_\_ # of shipments per week

4) \_\_\_\_\_ # of shipments per week

5) \_\_\_\_\_ # of shipments per week

6) \_\_\_\_\_ # of shipments per week

**4. What percentage of your LTL shipments are made to the following locations based on distance? (must = 100%)**

\_\_\_\_\_% International

\_\_\_\_\_% < 600 Miles

\_\_\_\_\_% 600 – 1,200 Miles

\_\_\_\_\_% > 1,200 Miles

5. If your company ships using methods other than LTL, what percentage of your total shipping costs would you estimate is for?

- 1) LTL \_\_\_\_\_%
- 2) Truckload \_\_\_\_\_%
- 3) Rail \_\_\_\_\_%
- 4) Package \_\_\_\_\_%
- 5) Air Freight \_\_\_\_\_%

6. Besides price, what is the most important factor that you use to select one LTL carrier over another?

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Which LTL carrier performs best on this factor? \_\_\_\_\_

Why is that? \_\_\_\_\_

Which LTL carrier performs the lowest on this factor? \_\_\_\_\_

Why is it that? \_\_\_\_\_

7a. This next section will allow you to rate the LTL carrier(s) you listed above on a few attributes. You will also be asked to rate the importance of each attribute as a recipient of LTL services. We ask that you use the following 10 pt. scale. It is important that you use the whole scale. The scale is:

**Performance Scale:**

*1=Poor    5=Average    10=Excellent    or    N/A=Not Applicable*

For example, if one of your LTL carriers performs average on an attribute please rate them a 5.

**Importance Scale**

*1 = Not important at all    5 = Average Importance    10= Critically important*

When asking each importance question please begin with, **“When choosing between LTL carriers(s) how important is”**

Comparative Parameters		Importance	1)	2)	3)	4)	5)
			_____	_____	_____	_____	_____
<b>LTL Supplier Names:</b>							
1.	How would you rate each carriers OVERALL PERFORMANCE						
2.	How likely would you be to recommend this carrier to a friend or colleague? (Scale: 1 - 10 with 10 being the most likely)						
<b>Service Offering</b>							
3.	Shipments picked up when promised.						
4.	Shipments delivered when promised						
5.	Shipments delivered with no shortages or damage.						
6.	Speed of transit.						
7.	Broad range of services. (e.g. guaranteed & expedited svc.)						
<b>Customer Service</b>							
8.	Timely and accurate invoices and statements.						
9.	Proactive communications ( e.g. notification of problems).						
10.	Effective problem resolution.						
11.	Customer service personnel are courteous and professional.						
12.	Effective technology and tracking systems (available, accurate, easy to use).						
13.	Knowledgeable and helpful sales representatives.						
14.	Willing to be flexible when needed.						
15.	Drivers are courteous and professional.						
16.	Pricing terms are easy to understand.						
<b>Company Image</b>							
17.	Trucks and facilities look clean and safe.						
18.	Financial strength and stability.						
19.	Strong positive corporate image and reputation.						
20.	Is a highly trusted supplier.						
<b>Pricing Factors</b>							
21.	Competitive pricing						

7b. Ask after Question #21: Of the companies you rated, if you had to pick one and only one, who would you say is the best and why and who would you say is the worst and why?

Best: \_\_\_\_\_

Why: \_\_\_\_\_

Worst: \_\_\_\_\_

Why: \_\_\_\_\_

8. What % weight would you assign to price vs. non-price factors when selecting between LTL carriers? (total should = 100%)

Price \_\_\_\_\_% vs. non-price factors \_\_\_\_\_%

9. Based on the price you paid for LTL services in the last 12 months, would you say (enter supplier name) price is average, higher than average or lower than average than other carriers? By what percent? (Read the suppliers and encourage respondents to provide opinions on all suppliers) Insert suppliers from question 2.)

Carrier 1 _____	About Average	Above Average %_____	Below Average %_____
Carrier 2 _____	About Average	Above Average %_____	Below Average %_____
Carrier 3 _____	About Average	Above Average %_____	Below Average %_____
Carrier 4 _____	About Average	Above Average %_____	Below Average %_____
Carrier 5 _____	About Average	Above Average %_____	Below Average %_____
Carrier 6 _____	About Average	Above Average %_____	Below Average %_____

**10. If you could change one thing about any of your carriers (insert carrier), what would it be and to which carrier does it apply?**

Carrier 1 -

Carrier 2 -

Carrier 3 -

Carrier 4 -

Carrier 5 -

Carrier 6 -

**11. What technology solutions should your LTL carrier(s) provide to make your life easier?**

Carrier 1 -

Carrier 2 -

Carrier 3 -

Carrier 4 -

Carrier 5 -

Carrier 6 -

**12. Would you like to receive a free emailed copy of the Index once the study is published?**

Yes \_\_\_ No \_\_\_

E-mail  
Address \_\_\_\_\_

**Thank you for your time and input!!!!**