

UNIVERSAL TRUCKLOAD INC.

12755 EAST NINE MILE WARREN, MI 48089

CONTRACTOR DATA SHEET

			TERMINAL NUMBER _____
NAME _____	BIRTH DATE _____		
LAST	FIRST	MIDDLE	
SOCIAL SECURITY NUMBER _____		PHONE NUMBER (____) _____	
CELLULAR NUMBER (____) _____		E-MAIL ADDRESS _____	
EMERGENCY CONTACT NAME _____		PHONE (____) _____	

ADDRESSES FOR THE LAST 10 YEARS:

PRESENT ADDRESS _____ HOW LONG? _____

PREVIOUS ADDRESS _____ HOW LONG? _____

DO YOU HAVE A TRANSPORTATION WORKER IDENTIFICATION CREDENTIAL (TWIC) CARD? YES NO

HAVE YOU EVER TAKEN A TRUCK DRIVING COURSE? YES NO DATE: _____

NAME OF COURSE (ATTACH CERTIFICATE) _____

DO YOU HAVE A FREE & SECURE TRADE (FAST) CARD FOR BORDER CROSSINGS? YES NO

DRUG AND ALCOHOL TESTING

DID A D.O.T. ALCOHOL TEST, CONDUCTED WITHIN THE LAST TWO YEARS, CONFIRM A B.A.C OF 0.04 OR GREATER?
 YES NO

DID A D.O.T. CONTROLLED SUBSTANCE TEST WITHIN THE LAST TWO YEARS RESULT IN A CONFIRMED "POSITIVE" RESULT?
 YES NO

HAVE YOU EVER REFUSED TO BE TESTED AS REQUIRED BY D.O.T. REGULATIONS?
 YES NO

IF NO TO ALL OF THE ABOVE, GO TO DRIVING HISTORY ON NEXT PAGE

IF YES ON ANY OF THE ABOVE, WHAT WAS THE DATE OF THE POSITIVE TEST OR REFUSAL _____

TYPE OF TEST: ALCOHOL CONTROLLED SUBSTANCE BOTH

DID YOU RETURN TO DUTY WITH YOUR COMPANY FOLLOWING EVALUATION BY A SUBSTANCE ABUSE PROFESSIONAL (SAP)? YES NO

SUBSTANCE ABUSE PROFESSIONAL'S NAME _____

SUBSTANCE ABUSE PROFESSIONAL'S PHONE _____

WAS FOLLOW-UP TESTING REQUIRED AND PERFORMED? YES NO

DRIVING HISTORY- LIST ANY LICENSE YOU HAVE HELD IN THE LAST 10 YEARS.

_____	_____	_____	_____	_____
CDL LICENSE	STATE	EXPIRATION DATE	CLASS	ENDORSEMENTS
_____	_____	_____	_____	_____
CDL LICENSE	STATE	EXPIRATION DATE	CLASS	ENDORSEMENTS

Have any of these licenses been revoked, suspended, restricted or denied? Yes No

If yes explain: _____

ACCIDENTS- LIST ANY YOU HAVE BEEN INVOLVED IN FOR THE LAST 3 YEARS.

_____	_____	_____	_____	_____	_____
DATE	CITY/STATE	INJURIES/DEATHS	DRIVING A TRUCK?	RESPONSIBLE?	DESCRIBE
_____	_____	_____	_____	_____	_____
DATE	CITY/STATE	INJURIES/DEATHS	DRIVING A TRUCK?	RESPONSIBLE?	DESCRIBE

MOVING VIOLATIONS- LIST ANY YOU HAVE HAD IN THE LAST 3 YEARS.

_____	_____	_____	_____
DATE	CITY/STATE	MOVING VIOLATION	DISPOSITION
_____	_____	_____	_____
DATE	CITY/STATE	MOVING VIOLATION	DISPOSITION
_____	_____	_____	_____
DATE	CITY/STATE	MOVING VIOLATION	DISPOSITION

EXPERIENCE:

_____	_____	_____	_____
TYPE OF EQUIPMENT (VAN, FLATBED, OTHER)	O.T.R. OR LOCAL	NUMBER OF YEARS?	TYPE OF FREIGHT HAULED
_____	_____	_____	_____
TYPE OF EQUIPMENT (VAN, FLATBED, OTHER)	O.T.R. OR LOCAL	NUMBER OF YEARS?	TYPE OF FREIGHT HAULED
_____	_____	_____	_____
TYPE OF EQUIPMENT (VAN, FLATBED, OTHER)	O.T.R. OR LOCAL	NUMBER OF YEARS?	TYPE OF FREIGHT HAULED

WORK HISTORY: Give a COMPLETE and consecutive history of your employment for the last 10 years, starting with the present

or most recent employer. Please account for all months.
REMEMBER- AN INCOMPLETE DATA SHEET WILL PREVENT PROCESSING

MOST RECENT EMPLOYER:

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____

Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____
Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____
Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____
Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____
Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____
City & State _____ Dates _____ To _____
Position _____ Reason for leaving _____
O.T.R. or Local? _____ Van, Flatbed or other? _____
Were you subject to FMCSRs while employed? Yes No
Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____

City & State _____ Dates _____ To _____

Position _____ Reason for leaving _____

O.T.R. or Local? _____ Van, Flatbed or other? _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

Company _____ Phone (____) _____ Contact _____

City & State _____ Dates _____ To _____

Position _____ Reason for leaving _____

O.T.R. or Local? _____ Van, Flatbed or other? _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCOUNT FOR ANY PERIOD BETWEEN JOBS- Include dates (month & year) and reason _____

CERTIFICATION: – I verify that all questions asked in this application have been answered truthfully, accurately, and completely to the best of my knowledge. Furthermore, I understand that any incorrect or false statement or misinformation furnished by myself intended or otherwise, will subject me to cancellation at any time. In addition, I certify that this application was completed by me.

WAIVER: I understand that by signing this application I am consenting to and have authorized the company, and/or its authorized agents to collect, use and disclose personal information. I hereby authorize this company, as required by the Federal Motor Carrier Safety Administration (FMCSA) regulations section 391.23, to investigate and compile a complete history of my former work history together with any other information concerning my ability, personal character, credit, and arrest record. I do hereby authorize any present and past employers or lessor to furnish my previous work history record with them, with any reason for my separation; and any/all information which said company may have concerning me to the company's investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results as required by sections 382.405(f) and 382.413 of the FMCSA regulations. I hereby authorize any local, state, or federal law enforcement agency to furnish any and all information regarding arrests or convictions listed under my name which might be in file, to the company's investigative agency. I hereby release all present and past employers, lessors and law enforcement agencies from any and all liability for damages whatsoever which may result from furnishing any information requested concerning me to the company's investigative agency. I understand that I have the following rights concerning the investigative information that is being provided by a prior employer: (1) the right to review information provided by the previous employer, (2) the right to have errors in the information corrected by the previous employer and for the corrected information to be sent to the prospective employer and (3) the right to have a rebuttal statement attached to the alleged erroneous information if I and the previous employer cannot agree on the accuracy of the information provided.

Applicant Signature

Date

Applicant Printed Name

In connection with your application for employment with the following UNIVERSAL subsidiaries: **Universal Truckload Inc., Universal Intermodal Services Inc., Universal Dedicated Inc., Universal Specialized Inc., and Universal Logistics Solutions Canada Ltd.,** Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a state, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Universal Truckload Inc., Universal Intermodal Services Inc., Universal Dedicated Inc., Universal Specialized Inc., and Universal Logistics Solutions Canada Ltd. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Printed Name

****Notice: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.**

9/2016

Disclosure and Authorization to Obtain Investigative Consumer Report

In connection with your pending qualification as an independent contractor with the Company or to determine modification or continuance of your contract (if you already are an independent contractor), the Company or its subsidiaries or related companies may request and obtain an investigative consumer reports (as defined by the Fair Credit Reporting Act) from an investigative consumer reporting agency such as HireRight.

The scope of the report will be limited to public records, such as criminal conviction records, Department of Motor Vehicle records, military records and school records, etc., from Federal, State, and other agencies, which maintain such records.

A summary of your rights under the fair credit reporting act has been included for your review. You may request that the nature and scope of the requested consumer report be disclosed to you by submitting the request in writing to: Investigative Reports at 12341 E. Nine Mile Warren, MI 48089

By signing below, you hereby authorize the preparation of such reports as described above at any time in connection with your prospective or continued contract. You also grant permission to all parties to release information regarding previous or current military service, employment, education, criminal, or other matters including information which may be deemed negative, in order to complete these reports.

California, Minnesota and Oklahoma Applicants Only:

I wish to receive a copy of any consumer report or investigative consumer report which is prepared.

By your signature, you authorize the Company or its agent to obtain a consumer report or an investigative consumer report and acknowledge that you have received and read the applicable notices contained or referenced in this form.

Signature

Date

Name (Please Print)

CALIFORNIA APPLICANTS ONLY

Summary of Your Rights under California Civil Code 1786.22

An investigative consumer reporting agency hereinafter referred to as "Agency" will supply files and information that you have a right to inspect during normal business hours and on reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code 1786.10.

The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

One other person of your choice may accompany you when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to:**

Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws.

In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

MANDATORY ORIENTATION TRAINING AGREEMENT

I understand that I must attend a day long orientation program within 7 days of being signed on. If possible I will be scheduled at the time of sign-on, otherwise I will be scheduled through the safety director. Should I not comply with this policy, I understand I will be ineligible for dispatch.

Driver Signature: _____ Date: _____

Driver Name: _____ Terminal # _____
(Please print)

NOTICE REGARDING FEDERAL BAN ON USE OF HAND-HELD MOBILE TELEPHONES

The Federal Motor Carrier Safety Regulations prohibit the use of a hand-held mobile telephone by drivers operating commercial motor vehicles ("CMVs"). The rule prohibits the following actions while driving a CMV:

- Using at least one hand to hold a mobile telephone to conduct a voice communication;
- Dialing or answering a hand held mobile telephone by pressing more than a single button; or
- Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with federal regulations that has been adjusted in accordance with the manufacturer's instructions.

For purposes of the rule, "driving" means operating a CMV on a highway, including while temporarily stopped in traffic because of a traffic control device or other momentary delays. "Driving" does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary (please note, however, that pulling to the side of a highway may not, in some instances, be allowed under applicable law). The rule is in addition to the existing federal ban on texting while driving a CMV.

Violations can result in a civil penalty against the driver of up to \$2,750, and against the carrier of up to \$11,000. In addition, drivers convicted of violating this rule twice in a three-year period are subject to disqualification by state or federal authorities from driving a CMV for 60 days. Three violations of this rule in any three-year period result in disqualification for 120 days. Additionally, violation of state or local rules restricting or prohibiting the use of hand-held mobile telephones while driving can also result in disqualification.

ACKNOWLEDGEMENT: By signing below, the undersigned driver acknowledges receipt of this notice, agrees to comply with the limitations set forth herein and will comply with any and all applicable federal, state and local laws regarding use of mobile technology while operating a cmv. **Driver further acknowledges that violation of federal, state and local laws, rules, regulations, or ordinances regarding use of mobile technology while operating a cmv may trigger obligations (if appropriate) under contractor's agreement with the company, including, but not limited to, hold harmless and indemnity obligations.** In addition to the foregoing, failure to comply with such prohibitions or limitations may result in disqualification of the driver involved and/or termination of contract.

Driver Signature

Owner Signature

Driver Name (Printed)

Date

Owner Name (printed)

Date

APPLICATION FOR GROUP OCCUPATIONAL ACCIDENT INSURANCE

Office Use Only Contractor Name	Company/Division	ID number	Contract Date	Unit Number
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Last Name	First Name	Middle Name
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Street Address	City, State	Zip Code
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Home Phone Number	Social Security Number	Date of Birth
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Beneficiary Name for Accidental Death Benefit	Beneficiary's Relationship to You
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ELECTION TO PURCHASE:

This group policy provides Occupational Accident, Death and Disability Insurance. IT IS NOT STATUTORY WORKERS' COMPENSATION INSURANCE, AND IT IS NOT A SUBSTITUTE FOR STATUTORY WORKERS' COMPENSATION INSURANCE. The coverage and benefits for which I am applying to purchase under this group plan may not equal benefits called for by various state Workers' Compensation Statutes.

I understand that I am electing to purchase insurance under this group plan and I understand that this is not a Workers' Compensation Insurance Policy.

I recognize that, as an Independent Contractor, I am not eligible for, and cannot be covered by, State Workers' Compensation Statutes, and my election to be covered under this group policy is an acknowledgement that State Workers' Compensation programs do not apply to me. I also recognize that as an Independent Contractor, I am not an employee of the trucking company for which I provide services and therefore, I am not entitled to Workers' Compensation Insurance from the trucking company.

ACCEPTANCE:

I request that this coverage be issued as I am qualified and eligible Independent Contractor, actively performing services on the above contract date. I authorize the trucking company listed above to deduct the premium payable to the insurance company from my settlement account. I understand that the trucking company is neither the insurance company, nor the insurance agent, and receives no compensation for this service. I hereby appoint, authorize and grant the insurance company the right to cancel this insurance on the date my Independent Contractors' Agreement with the trucking company shown above is no longer in force.

Independent Contractor Signature

___/___/_____
Date

**THIS IS NOT STATUTORY WORKERS' COMPENSATION INSURANCE
THIS IS NOT GROUP ACCIDENT AND HEALTH INSURANCE**