

WHITE ♦ RIVER TRANSPORTATION

DRIVER QUALIFICATION PACKAGE

THE FOLLOWING
PAGES ARE FOR
DRIVERS
ONLY

TO BE COMPLETED
AFTER PRE-QUALIFICATION
PROCESS IS COMPLETED

COMPANY: WHITE RIVER TRANSPORTATION, LLC

TERMINAL: _____

DATE OF APPLICATION: _____ TIME: _____

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If prior to entering into a lease agreement, you are uncertain as to whether you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and if contacted, request additional information for our personnel. A conditional lease arrangement may be made: thereafter, you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to Transportation Safety Dept. is strictly confidential and will be used only for the purposes allowed by the Dept. of Transportation. This pre-lease agreement form requests information, which the DOT requires motor carriers to obtain.

TRUCK INFORMATION- To Be Completed by Equipment Owner or Driver		
Year _____	Wheel Base _____	Size, Length and Number of Chains _____
Make _____	5 th wheel-Height from Ground _____	Number of Chain Binders _____
C.O.E. _____	Tire Size _____	Number of Straps/winchers _____
Conv. _____	Size of Tarps _____	Headache Rack- Yes or No _____
Sleeper _____		

Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink (please print).

Applications that are incomplete, not signed on last page, or filled out in pencil may be rejected.

DRIVER'S PERSONAL INFORMATION		
Name: _____	Date: _____	
First _____	Middle _____	Last _____
Home Phone: _____	Area code _____	Leave Messages At: _____
Present Address: _____	Street _____	City _____ State _____ Zip _____ How Long? _____
(Address for _____	Street _____	City _____ State _____ Zip _____ How Long? _____
past 3 years) _____	Street _____	City _____ State _____ Zip _____ How Long? _____
Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / _____	
Have you ever been known by another name (maiden, nickname, etc.)? IF yes, list name: _____		

EQUIPMENT OWNER/DRIVER Do you have the legal right to work in the U.S.A.? _____

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?

Relative (not spouse):	Name	Relationship	Address	City/State	Telephone
Minister:	Name	Relationship	Address	City/State	Telephone
Friend:	Name	Relationship	Address	City/State	Telephone

**WHITE RIVER TRANSPORTATION, LLC
DRIVER'S MOTOR VEHICLE RECORD QUALIFICATIONS**

List all driver licenses held within the past 5 years (include multiple licenses if you have them):

State	License number	Type	Expiration Date

DRIVER'S ACCIDENT RECORD

List all accident involvements with any other motor vehicle for the past 5 years regardless of fault. If none, please indicate.

Date	Type Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were you at fault?	Were you Ticketed?	# Of Fatalities	# Of Injuries	Amt of Damage

DRIVER'S TRAFFIC CONVICTIONS

I certify that the following is a true and complete list of traffic violations (other than parking) which I have been convicted or forfeited bond or collateral during the past 5 years.

Date	Location (State)	Type of Offense	Type of Vehicle Operated

Note: If NO VIOLATIONS are listed above, I certify that I have not been convicted or forfeited bond on any violation required to be listed during the past 5 years.

Date of Certification: _____

Do you currently hold a CDL issued by State of Residence _____ * With a HazMat Endorsement? _____
* A Safety Compliance Dept, Requirement

- Have you ever been convicted of a felony? Yes No Date: _____
- Are you currently on probation or parole? Yes No Date: _____
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Date: _____
- Has any license, permit or privilege ever been suspended or revoked? Yes No Date: _____
- Have you ever been convicted, or are any charges pending for reckless or careless driving of a motor vehicle? Yes No Date: _____
- Have you ever been convicted, or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof? Yes No Date: _____
- Have you ever been convicted, or are any charges pending for possession, sale or use Of a narcotic drug, amphetamines or derivatives thereof? Yes No Date: _____

DRIVER'S REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors. DO NOT us relatives or former employers.

Name	City, State	Phone	Known for how long?
Place of Employment	Occupation		
Name	City, State	Phone	Known for how long?
Place of Employment	Occupation		

WHITE RIVER TRANSPORTATION, LLC

COMPLETE ALL BLANKS

DRIVER'S PAST ASSOCIATIONS WITH THIS COMPANY

Have you ever provided driving services to this Company? _____
Location and Date

Have you ever previously contracted with this Company? _____
Location and Date

DRIVER'S MILITARY SERVICE RECORD

Have you ever served in the U.S. armed forces? _____ Branch _____ Dates of service _____
 Highest rank achieved? _____ Rank at discharge _____

DRIVER'S EDUCATION AND TRAINING

Circle highest year completed:

Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Do you have: _____ High School Diploma _____ G.E.D. (Graduate Equivalency Diploma) _____ Neither

Last date attended High School; _____ / _____ / _____

List any training program presently attending or completed (truck driving schools, service schools, etc.)
 (School Name, City, State, Phone, Date Attended)

DRIVER'S NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Date FROM	Date TO	Approximate # of Miles	States Operated
Tractor with flatbed					
Tractor with van					
Tractor with reefer					
Tractor with tank					
Straight truck					
Other (specify)					
Other (specify)					

MINIMUM DRIVER QUALIFICATIONS

- ✓ Must present a clean, well-groomed appearance.
- ✓ Minimum of 25 years of age
- ✓ Minimum of two (2) years verifiable over-the-road experience on applicable equipment with DOT regulated carrier
- ✓ Good references from past employers (10 years)
- ✓ No falsifications or incorrect information on application. Application must accurately reflect all periods of employment, self-employment, training, military, and unemployment for the past ten years.
- ✓ No DWI or DUI convictions within the past five years
- ✓ No reckless driving convictions within the past five years
- ✓ No convictions for possession, sale or use of any illegal drugs
- ✓ Not more than three (3) citations for moving violations in the past three (3) years
- ✓ No truck abandonment ever
- ✓ No major preventable accident within the past twelve months.
- ✓ Must successfully pass DOT physical and drug alcohol screen, along with a company certified road test.
- ✓ Must supply social security card and a copy of birth certificate and state license with photograph

WHITE RIVER TRANSPORTATION, LLC

DRIVER'S CONSENT TO DAC TO RELEASE INFO CONCERNING USE OF CONTROLLED SUBSTANCES

TO EXPEDITE PROCESSING, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

1. DOT physical
2. Motor vehicle report
3. Accident report (if accident occurred in the last three years)
4. School certificate or transcripts (if attended in the last three years)

TO BE READ AND SIGNED BY EQUIPMENT OWNER/OPERATOR

I understand that the information used in this application will be used and that prior employers will be contacted for purposes of investigation as required by §351.23 of the Motor Carrier Safety Regulations. The Civil Rights Act of 1964 prohibits discrimination in contracting because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the contractor or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not and applicant releases contractor and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his contract file.

If a lease agreement is entered into, this application DOES NOT constitute a contract of employment between the equipment owner/driver and the motor carrier which is leasing the equipment.

It is agreed and understood that this application, in no way, obligates the motor carrier to enter into a lease agreement with the equipment owner.

It is agreed and understood that if the equipment owner/driver and the motor carrier to enter into a lease agreement, the equipment owner/driver may be on a probationary period during which time the motor carrier may terminate the lease agreement without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____

Equipment Owner's/Driver's Signature _____

EQUIPMENT OWNER/DRIVER RELEASE

A. I hereby give my consent for DAC Services, any previous employer, their agent, or Medical Review Officer or their agent to release the following information concerning any of my past controlled substances tests. I also authorize you to obtain the following information from past controlled substances tests:

1. The types of controlled substances testing for which I submitted a urine sample.
2. The date of such collection
3. The location of such collection
4. The identity of person or entity:
 - i. performing the collection (ii) analyzing the specimens and (iii) serving as the Medical Review Officer
5. Whether the test finding was "positive" or "negative", and if "positive" the controlled substances identified in any positive test.

B. I understand and voluntarily consent to submit to urine testing if requested by you in conformance with 49 CFR part 40. I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such sample for the purpose of conducting a drug use test to determine if I have engaged in the use of controlled substances as defined in 49 CFR part 40.

I give permission for you, your Medical Review Officer or your designated agent to release the above information from such test to DAC services, 4110 S. 100th E. Ave, Suite 200, Tulsa, Oklahoma 74146, 916-854-9991. I hereby authorize you, your medical review office or DAC Services to release this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express, written permission.

I hereby knowingly and voluntarily release any person or entity from any and all claims or liabilities for releasing information as provided in the preceding paragraph. I certify that I have read and understand the above release and agree to the stipulations of the release.

In connection with my application to you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and for information from various states agencies which maintain records concerning traffic offenses, accidents, etc. As well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC and agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

IF LEASED BY YOU, FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE, DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY AGREEMENT AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.

Signature _____ Date _____

Name _____ Social Security Number _____

(please print)

FOR OFFICE USE ONLY

START	END	REASON FOR LEAVING

Remarks: _____

WHITE RIVER TRANSPORTATION, LLC

DRIVER'S PERSONAL HISTORY FOR PAST 10 YEARS

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

Leave NO blanks or gaps in time for past 10 years.

PRESENT OR MOST RECENT JOB	DATES (mth/yr) From: _____ to: _____		Position Held	
	Company		Avg. Weekly Earnings	
	Address		Reason for Leaving	
	City	State	Zip	If experienced, Type of Trailer Pulled
	Telephone ()		Type Equip. Driven	
	Supervisor	Number of Accidents	Total Miles	
	Full or Part-Time	Hours or Miles/Week	States/Regions You Drove In	

May we contact your present employer/Lessor (if any) to verify your work record? Yes No
 Period of unemployment (If any) Dates (mth/yr): From: _____ To: _____

NEXT MOST RECENT JOB	DATES (mth/yr) From: _____ to: _____		Position Held	
	Company		Avg. Weekly Earnings	
	Address		Reason for Leaving	
	City	State	Zip	If experienced, Type of Trailer Pulled
	Telephone ()		Type Equip. Driven	
	Supervisor	Number of Accidents	Total Miles	
	Full or PartTime	Hours or Miles/Week	States/Regions You Drove In	

Period of unemployment (If any) Dates (mth/yr): From: _____ To: _____

NEXT JOB	DATES (mth/yr) From: _____ to: _____		Position Held	
	Company		Avg. Weekly Earnings	
	Address		Reason for Leaving	
	City	State	Zip	If experienced, Type of Trailer Pulled
	Telephone ()		Type Equip. Driven	
	Supervisor	Number of Accidents	Total Miles	
	Full or PartTime	Hours or Miles/Week	States/Regions You Drove In	

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

NEXT JOB	DATES (mth/yr) From: _____ to: _____		Position Held	
	Company		Avg. Weekly Earnings	
	Address		Reason for Leaving	
	City	State	Zip	If experienced, Type of Trailer Pulled
	Telephone ()		Type Equip. Driven	
	Supervisor	Number of Accidents	Total Miles	
	Full or PartTime	Hours or Miles/Week	States/Regions You Drove In	

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

NEXT JOB	DATES (mth/yr) From: _____ to: _____		Position Held	
	Company		Avg. Weekly Earnings	
	Address		Reason for Leaving	
	City	State	Zip	If experienced, Type of Trailer Pulled
	Telephone ()		Type Equip. Driven	
	Supervisor	Number of Accidents	Total Miles	
	Full or PartTime	Hours or Miles/Week	States/Regions You Drove In	

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled
	Telephone (_____)	Type Equip. Driven
	Supervisor	Number of Accidents _____ Total Miles _____
	Full or PartTime _____ Hours or Miles/Week _____	States/Regions You Drove In _____
Period of unemployment If any) Dates (mth/yr): From: _____ To: _____		

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled
	Telephone (_____)	Type Equip. Driven
	Supervisor	Number of Accidents _____ Total Miles _____
	Full or PartTime _____ Hours or Miles/Week _____	States/Regions You Drove In _____
Period of unemployment If any) Dates (mth/yr): From: _____ To: _____		

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled
	Telephone (_____)	Type Equip. Driven
	Supervisor	Number of Accidents _____ Total Miles _____
	Full or PartTime _____ Hours or Miles/Week _____	States/Regions You Drove In _____
Period of unemployment If any) Dates (mth/yr): From: _____ To: _____		

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled
	Telephone (_____)	Type Equip. Driven
	Supervisor	Number of Accidents _____ Total Miles _____
	Full or PartTime _____ Hours or Miles/Week _____	States/Regions You Drove In _____
Period of unemployment If any) Dates (mth/yr): From: _____ To: _____		

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled
	Telephone (_____)	Type Equip. Driven
	Supervisor	Number of Accidents _____ Total Miles _____
	Full or PartTime _____ Hours or Miles/Week _____	States/Regions You Drove In _____
Period of unemployment If any) Dates (mth/yr): From: _____ To: _____		

**WHITE RIVER TRANSPORTATION, LLC and/or Workforce QA
DRIVER'S CONSENT TO CONTACT PRIOR LESSOR/EMPLOYER**

WHITE RIVER TRANSPORTATION, LLC
200 BUSINESS PARK CIRCLE
SUITE 117
ST AUGUSTINE, FL 32095

Previous Employer: _____

DRIVER: _____ **SOCIAL SECURITY NUMBER:** _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S)/CARRIERS FOR ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA. WorkForce QA

DATE: _____ **DRIVER SIGNATURE:** _____

1. Was this Applicant subject to FMCSR regulations while employed with you? YES [] NO []
 - a. This applicant lists dates of contract with your firm: _____
2. Is this correct? YES [] NO []
3. If no, please explain _____
4. What kind of work did he/she do? Driver [] Dock [] Office [] Shop [] Other - specify _____
5. If contracted as a driver, please indicate the type of equipment driven. Tractor trailer [] Straight truck [] Bus [] Other-specify _____
6. **ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown below, or check [] if there is no accident register data for this driver.

1.	Date	City, State	Description	# of injuries	# of fatalities	HMT spill	Preventable?
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
7. Would you contract with this person? YES [] NO [] - please explain _____
8. Did the lessee have log/maintenance compliance issues: _____

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to US Logistics, LLC or to Compliance Safety Systems.

Applicant's signature _____ **Date** _____

IF DRIVER WAS NOT SUBJECT TO DEPT OF TRANSPORTATION TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE []

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	[]	[]
2. Has this person tested positive for a controlled substance?	[]	[]
3. Has this person adulterated or substituted a test specimen for controlled substances?	[]	[]
4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	[]	[]
5. Has this person committed other violations of Subpart B of Part 382 or Part 40?	[]	[]
6. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including a return-to-duty and follow-up tests? (If yes, please send backup documentation with this form)	[]	[]
7. If this driver successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?	[]	[]

Please include any required DOT drug and alcohol testing information obtained from former employers in the past three (3) years prior to the application date shown above.

Company Street City, State, Zip

X _____ X _____ X _____
Page 7 of 12

DRIVER QUALIFICATION

DRIVER'S STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(i)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

DAY	1	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all-on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer? Yes [] No []

At this time do you intend to work for another employer while still employed by this company? Yes [] No []

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity,

Driver's Signature Date

Witness: _____
Company Representative Date

WHITE RIVER TRANSPORTATION, LLC
RISK INSURANCE SERVICES OF INDIANA LLC
OCCUPATIONAL ACCIDENT PROGRAM
TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE DRIVER ENROLLMENT FORM
OneBeacon Insurance Company – Policy #: 216-000-282 Effective 08/01/09
US 1 Industries, Inc.

SUMMARY OF BENEFITS SELECTED

Occupational Accident

Accidental Death & Dismemberment (Paralysis Included.)	\$ 50,000 (Lump Sum)
Survivor's Benefit – Spouse & Dependents	\$ 200,000 (1% month for 100 months)
Accidental Dismemberment	\$ 250,000 (Principal Sum)
Accident Medical Expense:	\$1,000,000 (maximum)
Commencement Period	90 days
Hernia / Hemorrhoid (each)	\$10,000
Deductible	\$0
Temporary Total Disability:	70% of wkly. earnings - \$200 minimum / \$700 maximum per week
Waiting Period	7 days
Duration	104 weeks
Commencement Period	90 days
Continuous Total Disability: (after TTD maximum is reached)	70% of wkly. earnings - \$200 minimum / \$700 maximum per week
Waiting Period	104 weeks
Duration	To 70 th birthday
Combined Single Limit / Pol. Aggregate Occupational:	\$2,000,000 / \$4,000,000

Remarks: OneBeacon Assistance Services Please call 866-670-6693

Non Occupational

Accidental Death & Dismemberment	\$15,000
Accident Medical Expense	\$5,000 (52 week benefit period)
Temporary Total Disability	70% of wkly. earnings - \$200 minimum / \$400 maximum per week
Waiting Period	7 days
Benefit Period	90 days
Commencement Period	30 days
Combined Single Limit / Pol. Aggregate Non-Occupational:	\$15,000 / \$30,000

DRIVER INFORMATION

Name _____ Social Security # _____
Street Address _____ City _____ State _____ Zip _____
Age _____ Date of Birth _____ Phone # _____
Beneficiary Name _____ Relationship _____
Address of Beneficiary _____

I accept the insurance provided by the group insurance plan and authorize the deduction from my earnings of the required contribution toward the cost of the insurance. I understand that coverage will begin upon receipt and acceptance by US 1 Industries, Inc. of my completed and signed enrollment form.

I hereby understand and acknowledge that I am an independent contractor and not an employee, and that this coverage is not workers' compensation or sickness insurance coverage and it does not provide coverage authorized or required under the Workers' Compensation Act, and is not intended to be a substitute for workers' compensation coverage. I also understand and acknowledge that I am not eligible for workers' compensation benefits and that filing for workers compensation benefits in the event that I am injured while engaged in my occupation as a contracted truck driver may invalidate this insurance coverage. I also understand that motor carrier administrative charges are included in the cost of this insurance coverage.

Signature of Driver _____ Date _____

The previous information is only a brief description of coverage. Certain exclusions and limitations do apply. For complete details, please refer to your policy. In the event of any conflict between this brochure and the actual policy, the insurance policy will govern in all cases. Certain coverages may not be available in every state.

WHITE RIVER TRANSPORTATION, LLC

**DRIVER'S CONCURRENCE THAT HE/SHE IS NOT COVERED
UNDER COLONIAL 1 LOGISTICS, LLC'S WORKMAN'S COMPENSATION INSURANCE**

Under Indiana's workman's compensation statutes, an owner-operator is defined as an independent contractor rather than as an employee. Indiana code 22-3-6-1(b) (8). Therefore, I, the undersigned, acknowledge that my status with WHITE RIVER TRANSPORTATION, LLC is that of an independent contractor, WHITE RIVER TRANSPORTATION, LLC does not extend workman's compensation insurance coverage to me, that I am not covered by workman's compensation insurance, and that I am not eligible to collect any benefits that such insurance would provide. Further, if I am not an owner-operator, but am a driver employed by an owner-operator, I acknowledge that the owner-operator by whom I am employed is required to provide workman's compensation insurance for me. And that such insurance is the responsibility of the equipment owner or the lessor.

owner-operator signature

date

printed name

driver signature (if different from above)

printed name

DRIVER'S CONCURRENCE WITH COMPANY POLICIES

382.601 SUBSTANCE ABUSE POLICY RECEIPT - I have received a copy of WHITE RIVER TRANSPORTATION, LLC's drug and alcohol policy.

DRIVER SIGNATURE DATE

PASSENGER POLICY – No passengers are allowed without prior approval from the Safety Dept. in Valparaiso, IN. NO PASSENGERS ALLOWED UNDER THE AGE OF 18.

DRIVER SIGNATURE DATE

ACCIDENT POLICIES - I have received a copy of WHITE RIVER TRANSPORTATION, LLC's accident procedures.

DRIVER SIGNATURE DATE

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:
Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it with in 30 days to 1) your employing motor carrier and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

DRIVER SIGNATURE DATE

CAMERA RECEIPT – I have received a camera to be used to record any damages in the event of an accident.

DRIVER SIGNATURE DATE

§ 391.23(j)(1) – REQUEST FOR CORRECTION OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION – I understand that I have the right to request copies of employment information provided by previous employers & correction of erroneous information pursuant to paragraph (i) of this section and that I must send the request for the correction to the previous employer that provided the records to the prospective employer.

DRIVER SIGNATURE DATE

WHITE RIVER TRANSPORTATION, LLC

PREVIOUS PRE-EMPLOYMENT, CONTRACTOR ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer or carrier, you must also ask the employee, or independent contractor, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer, or carrier, to which the employee, or independent contractor, applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years. If the employee, or independent contractor, admits that he or she had a positive test or a refusal to test, you must not use the employee, or independent contractor, to perform safety-sensitive functions for you, until and unless the employee, or independent contractor, documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

ENTERPRISE POWER ONLY, US 1 INDUSTRIES AND ALL AFFILIATES 336 W. US 30, STE 201 VALPARAISO, IN 46385

Prospective Employee, Independent Contractor Name (print)

ID Number (social security #)

The prospective employee, independent contractor, is required by Sec. 40.25(j) to respond to the following questions:

1) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer or Carrier to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: [] YES [] NO

2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: [] YES [] NO

3) Have you ever tested positive, or refused to test, on any random drug or alcohol test administered by an employer or Carrier for which you were doing safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: [] YES [] NO

4) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: [] YES [] NO

I certify that the information provided on this document is true and correct.

Prospective Employee, Contractor, Signature

Date

Witness by (signature)

Date

Authorization for Disclosure of Information

I hereby authorize all of the following, without limitation, to disclose information about me to a consumer reporting agency such as HireRight, Inc. ("HireRight"), and its agents in connection with its preparation of background reports on me for _____ (the "Company"):

- law enforcement and all other federal, state and local agencies;
- learning institutions (including public and private schools, colleges and universities);
- testing agencies;
- information service bureaus;
- credit bureaus;
- record/data repositories;
- courts (federal, state and local);
- motor vehicle records agencies;
- my past or present employers;
- the military; and
- all other individuals and sources with any information about or concerning me.

The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ **First Name:** _____ **Middle:** _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

*Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.