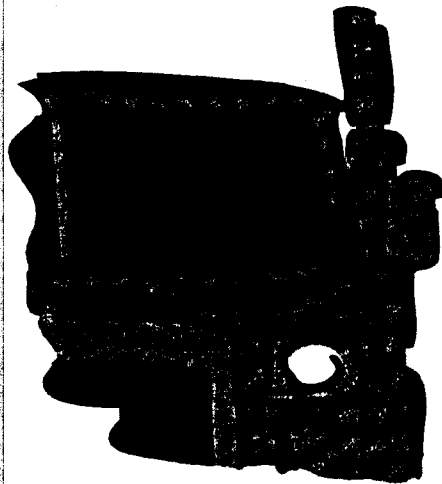


**AMERICA 1 LOGISTICS, LLC**

**THE FOLLOWING  
PAGES ARE FOR  
DRIVERS  
ONLY**



**TO BE COMPLETED  
AFTER PRE-QUALIFICATION  
PROCESS IS COMPLETED**

**DRIVER QUALIFICATION PACKAGE - 14 PAGES FOLLOW**

COMPANY: AMERICA 1 LOGISTICS, LLC  
 ONLY

FOR OFFICE USE

Unit Number	_____
Date Received	_____
Date Approved	_____
Date Rejected	_____
Date Qualified	_____

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 <sup>th</sup> wheel-Height _____	Number of Chain Binders _____
C.O.E. _____	from Ground _____	Number of Straps/winches _____
Conv. _____	Tire Size _____	Headache Rack- Yes or No _____
Sleeper _____	Size of Tarps _____	

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 Ph1: _____	Leave Messages At: _____
Area code _____	area code _____
Present Address: _____	How Long? _____
Street _____ City _____ State _____ Zip _____	
(Address for _____	How Long? _____
Street _____ City _____ State _____ Zip _____	
past 3 years) _____	How Long? _____
Street _____ City _____ State _____ Zip _____	
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	Teleph1
Minister:	_____	_____	_____	_____	_____
Friend:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**AMERICA 1 LOGISTICS, 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 n1, 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 _____	Ph1 _____	Known for how long? _____
Place of Employment _____	Occupation _____		
Name _____	City, State _____	Ph1 _____	Known for how long? _____
Place of Employment _____	Occupation _____		

# AMERICA 1 LOGISTICS, 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, Ph1, 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

# AMERICA 1 LOGISTICS, 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. 100<sup>th</sup> 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 \_\_\_\_\_

(please print)

Social Security Number \_\_\_\_\_

#### FOR OFFICE USE ONLY

START	END	REASON FOR LEAVING

Remarks: \_\_\_\_\_

# AMERICA 1 LOGISTICS, 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
	Teleph1 ( )		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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Teleph1 ( )		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
	Teleph1 ( )		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
Teleph1 ( )		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
	Teleph1 ( )		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: _____			

# AMERICA 1 LOGISTICS, LLC

## DRIVER'S PERSONAL HISTORY FOR PAST 10 YEARS - CONTINUED

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
	Teleph1 ( )	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
	Teleph1 ( )	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
	Teleph1 ( )	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
	Teleph1 ( )	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
	Teleph1 ( )	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: _____			

AMERICA 1

DRIVER'S CONSENT TO CONTACT PRIOR LESSOR/EMPLOYER

FROM: Prospective Lessor

TO: Previous Lessor

Company America 1 Logistics, LLC
Street 200 Business Park Circle #117
City St. Augustine St. FL Zip 32095

Company
Street
City St. Zip

The person named below has applied to this company for contract. Your firm is listed by the applicant as a past contractor. Kindly reply to this inquiry respecting this applicant. This information is being requested in compliance with §40.25 and §391.23. WORKFORCEQA FAX (469) 621-1840 Thank you.

Name of Applicant Social Security #

- 1. Was this Applicant subject to FMCSR regulations while employed with you? YES [ ] NO [ ]
2. This applicant lists dates of contract with your firm from to Is this correct? YES [ ] NO [ ] If no, please explain
3. What kind of work did he/she do? Driver [ ] Dock [ ] Office [ ] Shop [ ] Other - specify
4. If contracted as a driver, please indicate the type of equipment driven. Tractor trailer [ ] Straight truck [ ] Bus [ ] Other-specify
5. 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.

Table with 5 columns: 1. date, location, # of injuries, # of fatalities, hazmat spill. Rows 1, 2, 3.

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies

- 6. Why did the lessee leave your company? RESIGNED [ ] DISCHARGED [ ] LAID OFF [ ]
7. Would you contract with this person? YES [ ] NO [ ] - please explain

Remarks

signature of person supplying information title date

WAIVER

I hereby authorize you to release all information concerning my contract, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents), which may request such information in connection with my application for lease with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above-mentioned company.

Applicant's signature

Date



AMERICA 1

DRIVER'S DRUG AND ALCOHOL HISTORY

\*\*TO BE COMPLETED BY PREVIOUS EMPLOYER\*\*

I hereby authorize that

Previous employer
Street
City, State, Zip

records to Workforce QA for Salt Lake City, UT

AMERICA1 LOGISTICS, LLC
ph1 (801) 503-3451 FAX (469) 621-1840

Independent Contractor/Driver (print) Social Security Number
Independent Contractor/Driver (signature) Date

This information is being requested in compliance with § 40.25(g) and § 391.23.

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

Table with 2 columns: Question, YES, NO. Contains 7 questions regarding alcohol and drug testing history.

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

Company Street City, State, Zip
X Signature X Title X Date

TO BE COMPLETED BY PROSPECTIVE COMPANY

Interviewed by Date
Interview method: ph1 fax mailed
If mailed, date received back

# AMERICA 1 LOGISTICS, LLC

## 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

Time

\_\_\_\_\_  
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 1)

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

**RISK INSURANCE SERVICES OF INDIANA LLC  
 OCCUPATIONAL ACCIDENT PROGRAM  
 TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE DRIVER ENROLLMENT FORM  
 OneBeacon Insurance Company – Policy #: 216-000-282 Effective 8/1/09**

**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 <sup>th</sup> 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.

AMERICA 1 LOGISTICS, LLC

CONTRACT DRIVER'S ACKNOWLEDGMENT THAT HE/SHE IS NOT COVERED  
UNDER AMERICA 1 LOGISTICS, LLC 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 **AMERICA 1 LOGISTICS, LLC** is that of an independent contractor. I acknowledge that **AMERICA 1 LOGISTICS, 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. Furthermore, if I am not an owner-operator, but I am a driver employed by an equipment owner, I acknowledge that the equipment owner by whom I am employed is required to provide workman's compensation insurance for me. Such insurance is the responsibility of the equipment owner or the lessor.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contract Driver Signature (if Different from above)

\_\_\_\_\_  
Printed Name

---

**Please select what class of driver you are by circling the class:**

1. Class 1: Owner Operators; e.g. you own the equipment and sign the lease agreement with our company.
2. Class 2: Contract Driver; e.g. drive for an equipment owner and receive a 1099 from the equipment owner. (Must fill out the Independent Contractor agreement)
3. Class 3: Employee Driver; e.g. fleet driver for an equipment owner that gets paid via W-2 and is not required to be covered under the fleet owner's workers compensation.

AMERICA 1 LOGISTICS, LLC

DRIVER'S CONCURRENCE WITH COMPANY POLICIES

**382.601 SUBSTANCE ABUSE POLICY RECEIPT** - I have received a copy of FREEDOM 1, LLC's drug and alcohol policy.

\_\_\_\_\_  
DRIVER SIGNATURE DATE

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

\_\_\_\_\_  
DRIVER SIGNATURE DATE

**ACCIDENT POLICIES** - I have received a copy of AMERICA 1 LOGISTICS, 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 1 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 ERR1OUS SAFETY PERFORMANCE HISTORY INFORMATION** – I understand that I have the right to request copies of employment information provided by previous employers & correction of err1ous 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

AMERICA 1 LOGISTICS, 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 1:  YES  NO

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

Check 1:  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 1:  YES  NO

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

Check 1:  YES  NO

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

\_\_\_\_\_  
Prospective Employee, Contractor, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness by (signature)

\_\_\_\_\_  
Date

# AMERICA 1 LOGISTICS, LLC

E-VERIFY

## RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release US 1 Industries, Inc. its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through, but not limited to the following sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, personal interviews, personal references, motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer reports(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ Gender (check one):  Male  Female

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Number and Name City State Zip Dates

List Any other Addresses that you have used in the last 7 years:

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Are you applying for a position in California, Minnesota, or Oklahoma? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, would you like a copy of any consumer reports requested sent to you? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.

# REGISTRANT INFORMATION



ACC NOTES:  - NEW  - RENEWAL /  - TWIC CONFIRMED  - TWIC RECEIPT  
 OTHER: \_\_\_\_\_

LAST NAME:		SUFFIX:	FIRST NAME:	MIDDLE NAME:	REGISTRATION DATE:
ALIAS / MAIDEN NAME:		DATE OF BIRTH:		RACE:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HEIGHT:	WEIGHT:	EYE COLOR:		HAIR COLOR:	
HOME ADDRESS:		APT. / LOT #	CITY:	STATE:	ZIP CODE:
PRIMARY PHONE #:	ALTERNATE PHONE #:	DRIVERS LICENSE # / LD.:		STATE:	

### NATION OF BIRTH:

I understand that Federal Law provides for Imprisonment and / or Fines for False Statements or use of False Documents in connection with the completion of this form. I attest, under penalty of perjury that I am (check one of the following):  
 A Citizen of the United States  
 ALIEN REGISTRATION # \_\_\_\_\_  
 A Lawful Permanent Resident EAD # \_\_\_\_\_  
 An Alien with EAD  
 EXPIRATION DATE: \_\_\_\_\_

If you are a non - U.S. Citizen, you must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application.

### FULL DISCLOSURE CERTIFICATION

I certify that I currently have or will receive the required USCG MARSEC 33 CFR 105 -215 Security Awareness Training and understand my responsibilities as a non-security worker. I understand that providing false information on this document may constitute a Security Violation and therefore, my JAXPORT access may be suspended. I understand that within 24 hours of termination of employment, I am required to return my JAXPORT ID Credential to my former employer or directly to the JAXPORT Access Control Center, 9620 Dave Rawis Blvd, Jacksonville, FL 32226.  
 Applicant's Full Name: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employer / Sponsor shares equal responsibility to notify the JAXPORT ACC within 24 hours of employee termination.

<b>EMPLOYER:</b> (To be completed by Employer)  I certify that the information provided by this registrant is true.	BUSINESS NAME:	AMERICA 1 LLC
	EXECUTIVE NAME (PRINTED):	WESLIE HARMON
	EXECUTIVE SIGNATURE:	<i>Weslie Harmon</i>
	POSITION TITLE:	Ops. Mgr.
	PHONE:	904-695-1002
E-MAIL:	WHARMON@FREEDOM1LLC.COM	
<b>SPONSOR:</b> <input type="checkbox"/> SAME AS ABOVE A company currently registered to do business at JAXPORT must sponsor each registrant. I certify that the information provided by this registrant is true.	SPONSORING BUSINESS NAME:	
	EXECUTIVE NAME (PRINTED):	
	EXECUTIVE SIGNATURE:	
	POSITION TITLE:	
	PHONE:	
E-MAIL:		

### FOR OFFICIAL USE ONLY / REQUIRED DOCUMENTS

NEW - W/ TWIC  NEW - TWIC PENDING - 30 DAY ACCESS  RENEWAL - W/ TWIC  LOST TWIC - 30 DAY ACCESS  CNC  
 PASSPORT # : \_\_\_\_\_  MMD  MMC  TRIBAL ID CARD  COMPANY SIGNATURE AUTHORIZATION FORM  
 BADGE TYPE:  GREEN  WHITE  RED  BLUE  YELLOW - TWIC EXEMPT (FEDERAL OFFICIALS ONLY)  
 JAXPORT ID EXPIRATION DATE: \_\_\_\_\_ JAXPORT ID #: \_\_\_\_\_  
 REGISTRATION VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_