

Date: _____

TO: Drivers & Owner/Operators

FROM: Safety Department

SUBJ: Worker Compensation Requirements

As your state of residence currently does not require any Worker's Compensation requirements, The company would like to reaffirm with you that the agreement signed between you, the "Contractor, and the "Company" denotes you as an Independent Contractor and not an employee of The company, and any driver supplied by Contractor will be an employee of the Contractor. As such" you would not hold the "Company" responsible in the event of an occupational accident incurred by you or one of your drivers.

I, _____, know and understand the above statement (signature) _____ concerning my status as an independent contractor or as an employee of an independent contractor

(Printed Name) _____ (Date) _____

(Tractor#) _____