

EASTERN EXPRESS, INC
312 W. 35TH AVE
GRIFFITH, IN 46319

DRIVER NAME: _____ DATE: _____

OWNER NAME: _____

NEW HIRE SIGN ON CHECKLIST

All of the following forms must be read, completed, signed and sent to the Safety Department. **There must be no blank or missing forms sent in packets or they will be returned.** If there are any questions, please ask them prior to sending the application to the Corporate Office for processing.

DRIVER INFORMATION TO BE RETURNED TO CLEVELAND

- ___ Four page contractor application
- ___ Certificate of Violations
- ___ Substance Abuse Policy Receipt
- ___ Receipt page from Regulation Handbook
- ___ Log instruction sheet
- ___ 7 previous log sheet
- ___ Clear copy of CDL
- ___ Copy of original **Long-Form physical and card** – physical less than 1 year old
- ___ W-9 Form
- ___ 180 Day termination provision
- ___ Cargo Accident claims form
- ___ Occupational accident form
- ___ Receipt from Orientation Manual

TRACTOR/TRAILER INFORMATION TO BE RETURNED TO CLEVELAND

- ___ Current registration on both tractor and trailer
- ___ FHWA Inspection-performed within the last 30 days on both tractor and trailer
- ___ Proof of Non-trucking Insurance-tractor
- ___ Information sheet-filled out and permits circled
- ___ W-9 Form for Owner

TO BE RETAINED BY DRIVER

- ___ FMCSR (regulation) handbook
- ___ Orientation manual
- ___ Accident Kit
- ___ Post accident drug and alcohol kit

EASTERN EXPRESS, INC.
6600 Bessemer Avenue, Cleveland, OH 44127

CONTRACTOR APPLICATION

In compliance with Federal and State laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Name: _____ Date of Birth: _____
Last First Initial MO DAY YEAR

Address: _____
Street City State Zip

Address for _____
previous 3 _____
years *Street City State Zip*

_____ *Street City State Zip*

Social Security Number: _____ - _____ - _____ Telephone Number: (_____) _____ - _____

Do you have a cell phone or pager _____ Cell or Pager Number: (_____) _____ - _____ PIN _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name & Address: _____

Telephone (_____) _____ - _____ Relationship: _____

How were you referred to Eastern? _____

Have you ever been a qualified driver with Eastern Express, Inc? _____ YES _____ NO

If YES, please give the dates & reason for leaving: _____

After qualification, can you submit evidence that you are at least 23 years of age? _____ YES _____ NO

Is there any reason you might be unable to perform the functions of the job for which you have applied?

DRIVING EXPERIENCE/RECORD: (List all driver licenses held during the last 3 years.)

STATE	LICENSE #	ENDORSEMENTS	EXPIRATION
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All applicants to drive in inter/interstate commerce must provide the following information on all companies worked for during the preceding 10 years. Add another sheet as necessary.

DATES

EMPLOYER NAME & ADDRESS

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

From: _____ Position: _____

To: _____ Supervisor: _____

Telephone # (____) _____ - Reason for Leaving: _____

Description of Duties: _____ Commodity Hauled: _____

ADD ANOTHER SHEET AS NECESSARY

PREVIOUS 3 YEARS DRIVING RECORD -Please list any accidents within the prior 3 years. (391.27)

Month/Year	Type of accident	Type of Vehicle	Injuries or Fatalities

TRAFFIC CONVICTIONS & FORFEITURES for previous 3 years (other than parking violations)

Month/Year	Location	Charge	Penalty

Has your license been revoked or suspended during the previous 3 years? YES NO

If yes, give circumstances: _____

EDUCATION & MILITARY STATUS

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 or GED College/Trade 1 2 3 4

Have you served in the U.S. Armed Forces? Branch: _____ Dates: _____

Reserve Status: _____ Rank at Discharge: _____

ADDITIONAL INFORMATION & EDUCATION:

Add any additional information you regard as pertinent to the position for which you have applied.

CLASS OF EQUIPMENT TYPE OF EQUIPMENT DATES: From / To APPROX # OF MILES

Tractor & Trailer	_____	_____	_____
Tractor & Doubles	_____	_____	_____
Light Weight	_____	_____	_____
Other	_____	_____	_____

CFR 49 PART 382.413 - This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you tested positive for controlled substances in the previous 3 years? YES NO

Have you tested at .02 or higher alcohol concentration in the previous 3 years? _____ YES _____ NO

Have you refused to submit to a controlled substance or alcohol test in the previous 3 years? _____ YES
_____ NO

Have you tested positive or refused a pre-employment drug or alcohol test? _____ YES _____ NO

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

Have you ever been convicted of, forfeited bond or collaborated upon, any of the following charges:

	YES	NO
A felony?	_____	_____
A felony, the commission of which involved the use of a motor vehicle?	_____	_____
A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?	_____	_____
Operating a motor vehicle under the influence of drugs or alcohol?	_____	_____
Leaving the scene of an accident resulting in personal injury or death?	_____	_____

If the answer to any of the above is "YES", explain in detail, giving dates, etc.: _____

TO BE READ AND SIGNED BY THE APPLICANT:

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge.

I authorize EASTERN EXPRESS (including DAC and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification and or cancellation of my lease agreement. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

This application for an Independent Contractor position with EASTERN EXPRESS, INC. is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

Date

Contractor / Applicant's Signature

10/09

REQUEST FOR REFERENCE

TO: _____

FROM: EASTERN EXPRESS, INC

312 W.35 TH ST.

GRIFFITH, IN

PHONE: 216-341-2465 EXT. 143

FAX: 216-803-1934

Dear Personnel Manager:

The individual named below has applied at Eastern Express to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax to 216-803-1934 as soon as possible or if mailing, to the above address. Thank you in advance for your cooperation!

EASTERN EXPRESS INC.

NAME OF APPLICANT: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

CDL LICENSE # _____ STATE OF LICENSE: _____

Please provide this individuals dates of employment. : FROM: _____ TO: _____

Was this individual a Commercial Motor Vehicle Driver while with your Company? [] YES [] NO

What kind of equipment was driven: [] Tractor Trailer [] Straight Truck [] Other: _____

Trailer Type: [] Flatbed [] Container [] Van [] Reefer [] Other: _____

What type of commodities were transported? _____ Trailer size: _____

Was he/she qualified as: [] Owner/Operator [] Driver for an Independent Contractor [] Company Driver

[] Other: _____ [] Full Time [] Part Time [] Casual

Were there any accidents? _____ If so, how many were preventable? _____

Date and description _____

Is this driver knowledgeable of DOT Regulations? _____ Hazardous Materials? _____

Were there any repeated or severe Company Policy Violations? _____ Hours of Service or logging violations? _____

Reason for leaving: [] Discharged [] Resigned [] Lay off [] Other: _____

Is he/she eligible for rehire? _____ If NO, please explain: _____

In accordance with 382.413, please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:

Has this driver/applicant ever tested positive for controlled substances? [] YES [] NO

Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level? [] YES [] NO

Has this driver/applicant ever refused a controlled substance or alcohol test? [] YES [] NO

If yes to any of the above, was this driver referred to a Substance Abuse Professional? [] YES [] NO

Name of person supplying information: _____ Date: _____

Signature: _____ Title: _____

I hereby authorize this company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history and alcohol testing history, controlled substance history, to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release this company from any and all liability of any type as result of providing the above information for the undersigned.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

Applicant's Signature: _____

Witness' Signature: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

EASTERN EXPRESS, INC GRIFFITH, IN

CONTRACTOR INFORMATION:

NAME OF OWNER: _____

ADDRESS: _____

SSN OR FID # _____

PHONE #: () _____

TRACTOR INFORMATION: Number: _____

MAKE: _____ YEAR: _____

SERIAL NUMBER: _____

TAG #: _____ STATE: _____

TAG EXPIRES ON: _____

EMPTY WGT: _____ TYPE: COE / CONV / HOTSHOT

WHEEL BASE _____ COLOR _____

TIRE SIZE: _____ X _____

TRAILER INFORMATION: Number: _____

OWNER NAME: _____

MAKE: _____ YEAR: _____

SERIAL NUMBER: _____

OF AXLES: _____ TYPE: TDM _____ SPD _____

FIXED Y/N _____ SIDES: Y/N _____ HEIGHT: _____

LENGTH _____ EXTENDS TO _____

TAG #: _____ STATE: _____

EMPTY WT: _____ WIDTH _____

RENTAL TRL # _____ CO: _____

COLOR: _____ BULKHEAD Y/N _____

TYPE: flatbed, Drop Deck, Double Drop, Low Boy,
Gooseneck, stretch, pole, dry box, reefer, other (please circle)

TIRE SIZE: _____ X _____

DRIVER INFORMATION:

NAME OF DRIVER: _____

ADDRESS: _____

PHONE NUMBER:

() _____

LOCAL [] OVER-THE-ROAD []

PERMIT INFORMATION

STATE	IFTA	UCR	HUT	INTRA	MPSC	OWT
AL	X	X				
AZ	X	X				
AR	X	X				
CA	X	X				
CO	X	X				
CT	X	X				
DE	X	X				
FL	X	X				
GA	X	X				
ID	X	X				
IL	X	X				
IN	X	X		X		
IA	X	X				TOLL X
KY	X	X				X
KS	X	X				
LA	X	X				
ME	X	X				
MD	X	X				
MA	X	X				
MI	X	X			X	
MN	X	X				
MS	X	X				
MO	X	X				
MT	X	X				
NE	X	X				
NV	X	X				
NH	X	X				
NJ	X	X				
NM	X	X	X			
NY	X	X	X			
NC	X	X				
ND	X	X				
OH	X	X		X		X
OK	X	X				
OR	X	X				
PA	X	X				
RI	X	X				
SC	X	X				
SD	X	X				
TN	X	X				
TX	X	X		X		
UT	X	X				
VT	X	X				
VA	X	X		X		
WA	X	X				
WV	X	X				
WI	X	X				
WY	X	X				

**PERMITS REQUESTED - PLEASE CIRCLE ANY
ADDITIONAL PERMITS THAT YOU WILL NEED.
ALL NEW DRIVERS WILL BE CHARGED \$50.00
PHYSICAL/DT CHARGE**



We are in the process of updating our records and want to make sure that we have your most current information. Please fill out the form below and mail back in the SASE provided with this letter. If you have any questions, please feel free to speak to our safety department at 800-352-2848 (option 2 then 7).
We thank you for taking the time to complete this form.

Contractor Contact Information

Home Phone • _____ Cell Phone _____

Home Address _____

Mailing Address _____

Email Address _____

Contractor Emergency Contact Information

Name _____ Home Phone _____

Address _____ Cell Phone _____

_____ Email _____

Equipment Information (additional equipment can be added on the back of this form)

Tractor Unit #	Tractor Color	Tractor Light Weight
Tractor Make	Tractor Model	Tractor Year
Trailer Unit #	Trailer Size (i.e. 48x102)	Side Kit (please circle) YES NO
Trailer Make	Trailer Model – Trailer Light Weight	Trailer Year # of Axles

Insurance

What company do you have your bobtail insurance policy through and their phone number? _____

Do you have physical damage insurance on your equipment? _____ YES _____ NO

If so, what company is your policy through and the phone #? _____

Equipment Information

<u>Tractor Unit #</u>	<u>Tractor Color</u>	<u>Tractor Light Weight</u>
<u>Tractor Make</u>	<u>Tractor Model</u>	<u>Tractor Year</u>
<u>Trailer Unit #</u>	<u>Trailer Size (i.e. 48x102)</u>	<u>Side Kit (please circle)</u> YES NO
<u>Trailer Make</u>	<u>Trailer Model-Trailer light weight</u>	<u>Trailer Year</u> # of Axles

<u>Tractor Unit #</u>	<u>Tractor Color</u>	<u>Tractor Light Weight</u>
<u>Tractor Make</u>	<u>Tractor Model</u>	<u>Tractor Year</u>
<u>Trailer Unit #</u>	<u>Trailer Size (i.e. 48x102)</u>	<u>Side Kit (please circle)</u> YES NO
<u>Trailer Make</u>	<u>Trailer Model-Trailer light weight</u>	<u>Trailer Year</u> # of Axles

<u>Tractor Unit #</u>	<u>Tractor Color</u>	<u>Tractor Light Weight</u>
<u>Tractor Make</u>	<u>Tractor Model</u>	<u>Tractor Year</u>
<u>Trailer Unit #</u>	<u>Trailer Size (i.e. 48x102)</u>	<u>Side Kit (please circle)</u> YES NO
<u>Trailer Make</u>	<u>Trailer Model-Trailer light weight</u>	<u>Trailer Year</u> # of Axles



All Newly Qualified Eastern Express Drivers:

All original paperwork (signed proofs of delivery, delivery receipts, container tickets, etc.) must be turned in to the corporate office no later than five days after delivery. The corporate office can supply each and every driver with Prepaid Envelopes to mail paperwork in without incurring postage fees. Eastern is more than willing to pay drivers off of faxed copies, however, many loads require originals to bill our customers. Without that original paperwork, we cannot get paid. It is only fair that drivers send their paperwork in as quickly as Eastern pays their drivers. That being said, once a driver has any paperwork over five days old that cannot be billed, they will not be paid until that paperwork is received. The easiest way to avoid any delay of payoffs is to mail your original paperwork the same day you deliver it. Once it is signed free and clear, stick your originals in a prepaid envelope and drop it in any mailbox the same day.

Driver's Name

Driver's Signature and Date

**NOTICE TO INDEPENDENT CONTRACTORS
&
CERTIFICATE OF COMPLIANCE
(AS REQUIRED BY LAW)**

I. NOTICE TO INDEPENDENT CONTRACTORS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying to be a commercial vehicle driver must inform the prospective company of all previous driving history as the operator of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's work history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES -- Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. _____

Driver's Address _____

License: State _____ Type/Class _____ ID No. _____

I further certify that I have surrendered the following licenses to the state(s) indicated.

State _____ Type/Class _____ ID No. _____

State _____ Type/Class _____ ID No. _____

Check if Applicable

I further certify that I am required by the state of _____ to maintain a non-resident license.

Type/Class _____ ID No. _____

Independent Contractor's Signature _____ Date _____



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Table with 4 columns: Date, Offense, Location, Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No. State Expiration Date

Date of Certification

Reviewed By: (signature)

Independent Contractors Signature

Title

Eastern Express, Inc.
Qualifications of Brake Inspectors
(Section No. 49, CFR 396.25)

The motor carrier shall ensure that each brake inspector is qualified as follows:

Understands the brake service or inspection task to be accomplished and can perform that task.

Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task.

Is capable of performing the assigned brake service or inspection by reason of experience, training or both as follows:

- Has successfully completed an apprenticeship program sponsored by a State or Canadian Province, a Federal Agency or a labor union, or a training program approved by a State, Provincial or Federal Agency, or has a certificate from a State or Canadian Province, which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection).
- Has brake-related training or experience or a combination thereof totaling at least one year. Such training or experience may consist of:
 - A. Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks.
 - B. Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program.
 - C. Experience performing brake maintenance or inspection similar to the assigned service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify, by signing this form, that I meet the requirements (by checking a box or boxes above) to qualify as an inspector of brakes under Section No. 49 CFR 396.25.

Name of Inspector (print)

Signature of Inspector

Date

Inspector Social Security No.

Witness Signature



CARGO/ACCIDENT CLAIMS

CARGO CLAIMS

In the event of a wet or damaged load and a notation is made by the customer, the driver should immediately call and speak with the Cleveland office, (Michelle Bartunek ext 153) or contact Ron Koontz 216-276-9184. The driver/owner has the responsibility upon accepting a load to deliver the load in the same condition as it was received. Also, at the time of pick-up you must take a piece count of the number of articles you are signing for, and to see that it is properly packaged and chained down (secured) for safe handling and transportation

If there is any discrepancies as far as the load being rusty, wet or damaged at the time of pick-up, please notify Safety before leaving the customer and you will be directed as to what to do. It is also advised that proper notation be made on the bill of lading, shipping order or deliver receipt, noting any problems or shortages. If any shipment results in a claim, you will be notified and possibly held responsible for the first \$1000.00 of that claim.

It has been a long standing policy in this industry that all loads must be tarped. When it comes to our attention that a driver has failed to tarp a load, or that damage has resulted from faulty equipment, bad floors or tarps, you will be held responsible for the resulting claim.

ACCIDENT CLAIMS

Any accident should be reported immediately to the Accident Reporting Phone Number 866-897-5025. It is the driver's responsibility to gather all necessary information before calling Accident Reporting Phone Number. If there is any question as to who is responsible or negligent in any accident, all parties will abide by the decision made by the investigating insurance company. Driver's found responsible for accidents will assume the first \$1000.00 of the claim for the property loss or property damage of others (liability portion).

Independent contractor's signature

date

ADDENDUM – 180 DAY TERMINATION PROVISION

I _____, tractor # _____ understand that if my lease agreement with Eastern Express is terminated, for any reason, in less than 180 days from the date of signing my lease, I will forfeit \$200.00 of my escrow to cover all cost of the pre-qualification testing (drug test, physical & inspection).

If said lease agreement is cancelled and escrow funds are not available from me Eastern will use whatever means necessary to collect this outstanding debt.

This policy replaces any previous policies that were in effect prior to my lease date.

X _____

Operator's Signature

Date

**EASTERN EXPRESS INC
GRIFFITH, IN**

**OCCUPATIONAL ACCIDENT INSURANCE
COVERAGE REQUIRED**

Page 16 of your lease with Eastern Express, Inc. requires that you provide proof of worker's compensation (occupational accident) insurance coverage. Indiana law requires that this coverage be in place for all Indiana based carriers such as Eastern Express, Inc.

Enclosed are the Eastern Express, Inc enrollment/waiver form and the outline for the owner/operator and driver plan at \$188.00 per month.

If you wish to enroll, please complete the insurance enrollment form.

If you do not want coverage, please sign the bottom of the enrollment/waiver form, declining coverage, and return to us. You then must provide us with a copy of your insurance coverage showing that you have current worker's compensation/occupational accident insurance.

Please return enrollment/waiver form right away.

If you have any questions please feel free to call Dawn Johnson in the Safety Department

Complete next page if you want occupational accident insurance. Sign this page to decline

As the owner of Vehicle # _____, leased to Eastern Express, Inc. I hereby wish to ENROLL in the occupational accident coverage (commonly known as workers compensation) which is not available for owners in the State Ohio) and further state that I reside and operate as a business in the state of _____.

The benefits for this program are attached and I state that I have read them.

I understand that the monthly premium, payable in advance, is \$188.00 per owner operator or fleet driver and \$188.00 for the fleet owner.

The owners/drivers to be listed on this policy are: (use second form if necessary)

#1 _____
Name Date of Birth SS# State of Residence

#2 _____
Name Date of Birth SS# State of Residence

#3 _____
Name Date of Birth SS# State of Residence

3 _____
Name Date of Birth SS# State of Residence

Total Monthly Premium = \$188.00

X _____
Fleet Owner Date

Occupational Accident Waiver Form

As the owner of Vehicle # _____ leased to Eastern Express, Inc. Hereby decline the opportunity to enroll in the occupational accident coverage offered by Eastern Express, Inc.

I understand that declining this coverage means there will not be any occupational accident coverage provided by Eastern Express, Inc. and that providing coverage for me and/or my drivers will be my responsibility.

X _____
Fleet Owner Date



OneBeacon America Insurance Company
Canton, Massachusetts

DRIVER ENROLLMENT AND BENEFICIARY FORM
TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE
EASTERN EXPRESS, INC. 216-000-410

Please print:

Name: Male: Female:
Street Address: City: State: Zip:
Social Security Number: Date of Birth: E-Mail Address:
Home Telephone Number: Cell Telephone Number:
Name of Beneficiary: Relationship of Beneficiary:
CDL Number: Number of Years Experience:
Contracted by (Name of Company): Effective Date of Contract:
Street Address: City: State: Zip:
Motor Carrier Telephone Number: Fax Number:
Motor Carrier E-Mail Address:

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and will also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In providing this information, I, the undersigned, understand and hereby state that:

- 1. to the best of my knowledge and belief, all information on this Form is complete and truthful;
2. this coverage being is not a contract for Statutory Workers' Compensation Insurance, and neither I nor my carrier become participants in the Workers' Compensation system by purchasing this insurance; and
3. if, based on the information supplied in this Form, I am not eligible for coverage, premium will be refunded and no claims will be payable.

By my signature below, I, the undersigned, also authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records, to furnish such information or copies of records to OneBeacon America Insurance Company, the motor carrier or the motor carrier's designee. A photographic copy of this authorization shall be as valid as the original.

IF THE INFORMATION PROVIDED IN THIS FORM IS FRAUDULENT,
THE INSURER HAS THE RIGHT TO RETURN PREMIUM AND CANCEL COVERAGE.

In order to verify the information provided in this Form, I, the undersigned, give the Insurer authority to examine the records that are maintained by the motor carrier.

I certify that I am an independent contractor, paid by a 1099 tax form, not as a W-2 employee.

Driver's Signature: Date:

Motor Carrier Representative's Signature:

Payment Authorization: I authorize the above named motor carrier, with whom I have a contract, to take monthly deductions, equal to my premiums, from my settlement account on my behalf, and to remit these funds to OneBeacon America Insurance Company.

I UNDERSTAND THAT THE COST OF THE INSURANCE IS MY SOLE OBLIGATION AND RESPONSIBILITY, regardless of the above arrangement of premium payment. I agree that I will forward any amount due and owing to OneBeacon America Insurance Company, upon demand, for any insurance at any time my account remains unpaid.

Signature: Date:

Kind of Insurance: Occupational Accident Term: Annual

Insurer: American International Group Premium:

Policy No.: 9102779 Expiration:

A.M. Best Rating and Status: "A++" XV admitted as of:

I. Limits of Insurance

Class	Accident Death & Dismemberment Principal Sum	Temporary Total Disability Weekly Benefit	Permanent Total Disability Monthly Benefit	Accidental Medical/Dental Expense Benefit Maximum Benefit
1.	\$250,000.	\$500.	\$2150.	\$1,000,000
2.	\$250,000	\$500.	\$2150.	\$1,000,000
3.	\$250,000	\$500.	\$2150.	\$1,000,000

- A. 70% Of Average Weekly Earnings, subject to a maximum benefit amount of \$500.00 per week. Benefits begin on the 8th day of Disability
- B. 4.3 times average weekly earnings multiplied by 0.70, subject to a maximum amount of \$2150.00 per month.
- C. Benefits begin on the 8th day of disability. Temporary total disability weekly benefit will be paid for a maximum of 24 months following the date of the accident.

Total disability daily benefit

Temporary Total disability – 1/7 of the weekly benefit

Permanent Total Disability – 1/30th of the Monthly Benefit

Maximum Payment Period

Temporary Total Disability – 104 weeks

Permanent Total Disability – to age 70

II. Premium \$188.00 per month

III. Notable Exclusions:

- a. No coverage after reaching age 70
- b. Total disability income benefits reduced by eligible amount of social security benefits
- c. Time limit for accidental death and dismemberment:
 - i. Accidental death 365 days from date of covered accident
 - ii. Any covered loss 365 days from date of the covered accident

Cottingham & Butler, Inc – Dubuque, Iowa 52004-0028
563-583-7344

Cover Note presents highlights of the coverage. Read policy form for complete data.

EASTERN EXPRESS, INC
GRIFFITH, IN

Instructions for Filling Out our Log Forms:

1. **Month/Day/Year** – Fill in today's date. Do not fill in with multiple dates.
2. **Beginning Odometer** – Fill in with mileage shown on your odometer at the beginning of the day.
3. **Driver's ID code** - Your ID code is the first 2 letters of your first name, the first letter of your last name and the first 6 numbers of your social security number. For example: If your name is John Doe with social #123456789 your log code would be: JOD123456.
4. **Signature Box** – You must sign your full legal name in this space.
5. **Your Miles Driven** – The total miles driven for that day must be written in this box.
6. **Tractor Number** – Your 4 digit tractor number must be placed in this box.
7. **Co-Driver ID Code and Signature Boxes** – Only needs to be filled out if you have a co – driver. No co-driver; leave blank.
8. **The Grid** – All Hours of Service must be recorded in this area
 - a. **Off Duty** – Any time relieved from duty. Meal stops included.
 - b. **Sleeper** -- Any time spent in the sleeper berth.
 - c. **Driving** – All time spent driving
 - d. **On Duty (not driving)** – Includes: At least a 15 minute pre-trip inspection; all fuel stops; all loading and unloading time; Random drug testing as outlined in 395.2 (7); roadside inspections and accidents.
** Please remember to use a straight edge when tracking your hours through the grid**
9. **Total Hours** – Place the number of total hours of service for each line in the boxes. For the quarter hours please color the correct quarter hour box.
** Please remember total hours must always equal 24**
10. **Pre trip Inspection Box** – Must be marked to show pre-trip inspection has been done.
11. **Remarks Section** – Please make sure you include city and state for each change of duty status along with any notes: pre-trip inspection; loading; unloading; fuel; random drug test accident or roadside
12. **Manifest Boxes** - Must be filled in with correct manifest(s) or trip number(s) for the day. If deadheading please write deadhead in boxes.
13. **Trailer Number** – Place trailer number in this box (trailer number is usually same as tractor followed by the letter A. You will be notified if your number is different)
14. **Home Terminal Code** -- Place # digit terminal code in these boxes.
15. **Number of days off including today** – Can be used if off consecutive days. (First date off is listed at top of log and number of days off is placed in this box. For example, today is March 3 and you are off for 3 days. March 3 is listed at the top of the log and a 3 would be placed in this box. Please remember to start your next log with the correct date -- in this example it would be March 6. (Please make sure you are not crossing over months when using this box)
16. **Fuel Mileage Computation** – place correct states, miles traveled in each state along with a general route description in these boxes. **Must be filled out completely for fuel taxes to be properly computed.**
17. **Total Miles Traveled** – Must equal your total miles driven for that day. This number is then transferred to the top left of the log into the "your miles driven" box.
18. **Driver's Vehicle Post Inspection Report** – Please check correct box -- either detect to defect or detect the following defects. If no defects check the first box, sign your name at the bottom and date the bottom. If there is a problem, check the second box. Indicate on the lines what the problems are, check either the corrected or not corrected box, and then sign and date the log.

****Please remember in order to comply with DOT Regulations, logs must be turned in every 13 days****

EASTERN EXPRESS, INC
312 W. 35TH AVE
GRIFFITH, IN 46319

UNAUTHORIZED PASSENGERS

PLEASE READ AND SIGN ACKNOWLEDGEMENT

I understand that under no circumstances am I to have unauthorized passenger(s) in my vehicle while my equipment is leased with Eastern Express, Inc. I further understand that violation of this acknowledgement will result in cancellation of my lease agreement.

Signature of Driver

Date



DRIVER'S RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL
MATERIALS

DRIVER'S CERTIFICATION

The undersigned hereby certifies that he/she received the educational materials that the Company is required to provide in accordance with 49 C.F.R. 382.601.

I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT regulations regarding alcohol and drug use testing. I also understand that, because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the company being able to give prior notice. Nonetheless, I agree to comply with the DOT's regulations and the Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT's regulations and/or the Company's policies. I have been advised that any questions with regard to these materials should be addressed to the Safety Director.

Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.

Signature of Driver: _____ Date: _____