

CALLEN TRUCKING, LLC

2525 Setter Court Lancaster, OH 43130

Hauler Checklist

Com	pany Name:
	_ Signed Sub Hauler Agreement
	Copy of Hauler's PUCO Operating Authority
	_ Signed W-9
cove	_ Certificate of Insurance naming Callen Trucking as an Additional Insured with a minimum liability rage of \$1,000,000.
	_ Current Ohio Bureau of Workers' Compensation Certificate of Coverage (If applicable)
	Contact and Truck Information Sheet

CALLEN TRUCKING SUB HAULER AGREEMENT

Trι	IIS CONTRACT made and entered in ucking, LLC, hereinafter designated a AULER.					
Nc BF an	HEREAS HAULER holds operating a b) and design an	res to faci vices of the	ilitate the tran e HAULER , th	sportation of goo e parties have ag	ods for the BROKER areed to the following ten	ınd ms
1.	HAULER shall receive from or for the for transportation from the date he equipment and labor required is in Federal Motor Carrier Safety requires	erein agree compliance	d upon, and I	HAULER shall ass	sure the BROKER that	the
2.	to persons or damage to property insurance for HAULER and assure governmental bodies and agencies and the HAULER's insurance shall participating and non-contributory. each trucking company naming B shall furnish a certificate naming I Liability on a primary and non-cont cancellation. Certificates of Insurance the commencement of work.	arising out actual trucks. The truck be primary HAULER sl ROKER arBROKER aributory bas	c of the transpoker's insurance king company's to the BROKE hall evidence so the HAULER are Additional I sis, including a	ortation arranged a required by laws, is insurance shall be a law and a law are a law	by HAULER, and maint rules and regulations of pe primary to the HAUL erage shall be excess, not furnishing a certificate freed's. In addition, HAUL al Liability and Automoby gation and 30-day notice	ain ER on- om ER oile
3.	It is the intention of the parties that with the HAULER having the sole work, with BROKER being interested	authority t	o control and	direct the perform		
4.	HAULER shall use only trucks, se condition at a standard consistent Department of Transportation.			O ,	• • • • • • • • • • • • • • • • • • •	_
5.	Payments will only be made who personnel of the Contractor. HAUL P.M. of the week that actual work calendar days from hauling date.	en support . ER must s	ed by the ap submit all ticke	propriate daily tidets to BROKER by	cket signed by authorize the Saturday before 7	zed :00
Th	is CONTRACT shall continue until eit	her party p	rovides a 30-d	ay written notice o	f termination.	
	(HAULER SIGNATURE)			(C	DATE)	
	(BROKER SIGNATURE)			(E	DATE	

Contact & Truck Information

Company Name:	Office Phone:	
Contact Name:	Mobile Phone:	
Address:	Email:	

Equipment (Trucks):

Truck #	Year, Make, Model & Color	Axels (Tandem, Tri, Quad, Six, Semi)	Type of Bed (Steel/ Aluminum)