

Forrest Trucking Company
P.O. Box 77
West Jefferson, OH 43162
Phone (614) 879-5600

Brokers,

Please complete all forms in this packet and send along the additional requested forms:

- 1) Proof of 1 million combined single limit insurance
- 2) Photo copy of your CDL driver's license
- 3) Photo copy of your DOT physical card
- 4) Annual inspection report of your truck
- 5) Signed complete lease
- 6) Workers Comp. Certificate
- 7) PUCO Certificate
- 8) W-9 Form

Dispatch: Donna Heineman
Phone: (614) 879-7303
Fax: (614) 879-5700
Email: Donnah@forresttrucking.net

Office Manager: Caitlin DeLuna
Phone: (614) 879-5600
Fax: (614) 879-5700
Email: Caitlind@forresttrucking.net

Dispatch

Phone (614) 879-7303
Fax (614) 879-5700

**FORREST TRUCKING
COMPANY**

Office

P.O. Box 77
West Jefferson, Ohio 43162
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Fax (614) 879-5700

FOR OFFICE USE ONLY	
Vendor #	30-0407-
A/P #	-050

BROKER INFORMATION FORM

Owner Information:

Company Name: _____

Please specify (circle one): CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP

Owner Name(s): _____

Street Address: _____

City, State & Zip: _____

Area Code and Phone #: _____

Mobile #: _____

Federal ID #: _____ Social Security #: _____

Name of Insurance Company: _____

Name of Insurance Agent: _____

Date of 1st load (under Forrest Trucking): _____

Truck Information:

Forrest Trk #	Previous Trk #	Year	Make	Serial #	Driver's Name	Social Security #

EQUIPMENT AND SERVICE AGREEMENT BETWEEN OWNER AND CARRIER

Forrest Trucking Company; hereinafter called CARRIER and _____ ; hereinafter called OWNER, hereby enter in and agree to be bound by the Equipment and Service Agreement set forth in full in the following numbered paragraphs:

- 1. OWNER, CARRIER and Relationship Defined.** OWNER as used herein means any person defined as "Owner" in 49 C.F.R. 1057 and any contractor, agent, employee or driver of OWNER. CARRIER as used herein means any person defined as "Authorized carrier" in 49 C.F.R. 1057. The provisions of this agreement are separable so that the invalidity or unenforceability of one provision shall not affect the others. The relationship between OWNER and CARRIER shall be that of independent contractor. CARRIER'S fined to the minimum extent necessary to meet the requirements of applicable Federal and State laws and for no other purpose whatsoever. CARRIER shall have no right under this agreement, or otherwise to control the manner, means or methods utilized by OWNER for the accomplishment of the results of this agreement. It is understood that OWNER shall direct and control OWNER'S operation in all respects including, but not limited to, such matters as rejection or selection of loads, days, and time of operation, routes of travel, empty miles, repair of equipment, purchases of fuel and other supplies, selection, discipline and discharge of OWNER'S drivers and other employees. This agreement was entered into and shall be interpreted under the laws of the State of Ohio, including but not limited to, that State's laws and interpretations respecting workers compensation coverage regardless of where the injury of death may occur.
- 2. EQUIPMENT and Service.** OWNER represents to CARRIER that OWNER holds title to and/or has authority to lease the items of equipment (herein called EQUIPMENT) described herein. For the duration of this agreement. OWNER leases EQUIPMENT unto CARRIER for CARRIER'S exclusive possession, control, use and complete responsibility for operation. EQUIPMENT is lease to CARRIER in order that CARRIER may utilize EQUIPMENT in the transportation of properly for hire. OWNER shall furnish and pay a competent, reliable and physically fit operator or driver, together with any necessary helpers to operate EQUIPMENT as part of the consideration hereof. OWNER represents: that the driver or operator furnished for said EQUIPMENT is familiar with and will obey all applicable state and federal laws and regulations; that the furnishing of said operator or driver will not result in a violation of any of said laws or regulations; that the driver or operator will cooperate with CARRIER in achieving compliance with said laws and regulations and will promptly file with CARRIER all log sheets, physical examination certificates, accident reports and other reports, documents and data required by law or by CARRIER and that OWNER will comply with all state weight, length and height laws and will not accept loads in excess of limits allowed by states through which EQUIPMENT must travel.
- 3. Term.** Except for OWNERs sublease (aka trip lease) interruption(s) as provided in paragraph 13 below, this agreement shall commence on the effective date and hour specified below and continue in effect until breached by either party or until terminated. If this agreement is (1) for a single trip it shall terminate when delivery of the shipment(s) is completed at destination or (2) for multiple trip it shall be terminated by mailing by certified mail, or delivery to the other party, at the address listed below, a written notice of termination which shall be effective either two days after mailing by certified mail or upon receipt of the notice of termination from the other party or at such later date as may be specified in that notice. NO written vehicle receipt, or acknowledgement is required to effectuate termination. Without excluding other breaches, and failure to furnish equipment or any use of equipment by OWNER or by

any person other than CARRIER prior to termination is a specifically designed breach of this agreement which prevents and therefore terminates CARRIER'S exclusive possession, control, use and complete responsibility for said EQUIPMENT and in such event, this agreement is automatically terminated. Termination automatically constitutes a return of EQUIPMENT by CARRIER to OWNER

4. **Rental.** OWNER shall be paid 95% of trip revenues or otherwise as follows _____

Trip revenues are defined as CARRIER'S tariff charges for transportation, not including surcharges but including detention charges, but detention charges do not become due and payable to OWNER until they are verified and beyond dispute by the shipper or consignee obligated to pay such charges after which OWNER'S portion of such detention charges shall be paid within fifteen (15) days. OWNER shall be responsible for the loading and unloading of the vehicle unless CARRIER'S tariff provides otherwise. If CARRIER'S tariff assesses charge for such loading and unloading, such charges shall be included in the trip revenues. Payments by CARRIER to OWNER for the use and operation of EQUIPMENT shall be paid within fifteen (15) days after submission by OWNER to CARRIER of log books required by the Department of Transportation and those documents necessary for the CARRIER to secure payment of the trip revenues. Payment of trip revenues is not contingent upon submission of a bill of lading to which no exceptions have been taken but deductions from OWNERS settlements may be made so long as cargo or property damage claims are threatened or pending and CARRIER will provide OWNER with a written explanation and itemization of any such deductions. If OWNER'S revenue is based on a percentage of trip revenues, CARRIER shall give to OWNER at the time of settlement a copy of the rated freight bill (subject to CARRIER'S right to delete names of shippers and consignees). At the time of settlement, OWNER shall have the right to examine copies of CARRIER'S tariff, and a currently effective copy of the Household Goods Mileage Guide. At the time of settlement, CARRIER may deduct from OWNER'S compensation the following items: (1) advances, (2) telephone and other communication charges respecting OWNER, (3) shortage, loss and/or damage to cargo or property caused by OWNER including, but not limited to, handling and storage charges due to shifting or spillage of cargo, (4) inspection fees, (5) any of OWNER'S cost of operation paid for by, or owed to, CARRIER, (6) pick-up and delivery charges, (7) amounts authorized by OWNER and _____ . CARRIER will provide OWNER written explanation and itemization of any such deductions before settlement. OWNER agrees, and acknowledges that under the terms hereof OWNER is being fully and fairly compensated in accordance with law.

5. **Indemnification.** OWNER shall and does hereby indemnify, and save harmless, CARRIER from any loss, liability, damage, or expense including reasonable attorney fees which CARRIER may suffer or incur from any act or omission of OWNER, or because of the failure of OWNER'S insurance carrier to defend any action against CARRIER or settle any judgement against CARRIER arising out of any action, incident, or other happening. This hold harmless agreement shall apply as a separate and distinct agreement and shall not be limited by the provisions of any insurance policy held by or for OWNER.
6. **Receipts for possession of EQUIPMENT.** Upon taking possession of EQUIPMENT, CARRIER shall furnish OWNER a receipt for such possession stating the date and hour when possession is taken by CARRIER. When possession of EQUIPMENT is returned by CARRIER to OWNER, OWNER shall remove and return to CARRIER all identification devices and other property furnished by CARRIER to OWNER. OWNER hereby agree to indemnify and save CARRIER harmless from any and all claims, suits, losses, fines, or other costs, damages or expense including reasonable attorney fees, arising out of OWNER'S failure to remove CARRIER'S

identification devices and other property from the EQUIPMENT when CARRIER'S possession is terminated or is interrupted by OWNER'S sublease (aka trip lease) interruption(s)

7. **Inspection of EQUIPMENT.** OWNER warrants that EQUIPMENT is complete with all required accessories and is in good, safe, and efficient operating condition and shall be so maintained at OWNER'S expense throughout the duration of this Lease. OWNER agrees to submit EQUIPMENT for CARRIER'S inspection at the time CARRIER takes possession and periodically thereafter as required by CARRIER and to furnish CARRIER all necessary information and documents of title and registration so as to enable CARRIER to correctly identify the EQUIPMENT.
8. **Identification.** CARRIER agrees to furnish identification for EQUIPMENT. OWNER agrees to permit CARRIER to identify EQUIPMENT and display such identification thereon in the manner required by CARRIER and by all applicable laws or regulations. All such CARRIER identification automatically becomes inapplicable and she be removed at the termination of this Lease and removed or concealed during interruption by OWNER'S sublease (aka trip lease).
9. **Cost of Operation.** OWNER shall have the duty to keep EQUIPMENT in a good state of repair and to pay for all repairs on said EQUIPMENT and to pay for all other costs of operation of EQUIPMENT which shall include but no be limited to the following: fuel; fuel taxes; empty and loaded mileage; permits of all types; tolls except those included in CARRIER'S tariff charges; ferries; disputed detention charges; base plates and licenses minus any recoverable and/or transferrable portion of such items available to CARRIER; maintenance costs; lubricants; tires including changing and/or repair; wages and remuneration of operators, drivers, and helpers; public liability and property damage insurance on EQUIPMENT while not being operated in the service of CARRIER; payments for injury or damages to operator, driver and helpers, and to EQUIPMENT, whether the same occur while the EQUIPMENT is being operated in the service of CARRIER or otherwise; workers compensation, unemployment insurance, social security or other similar taxes, insurance or benefits on operator, driver or helpers, and in connection with any of the foregoing costs of operation, OWNER shall make all payroll, tax or other deductions required; axle, weight or other type of taxes, fees or exactions required of or on said caused by fault or neglect of OWNER, which damages shall include but not be limited to the deductible portion of CARRIER'S insurance policies; and fines and penalties arising out of the used of said EQUIPMENT, except fines and penalties levied for violations which are beyond OWNER'S control. In the vent CARRIER is called upon to pay and of OWNER's costs of operation, such payment shall be considered as a charge-back item to OWNER and CARRIER is hereby authorized to reimburse itself for the exact amount of such charge-back items out of any monies due or becoming due to OWNER, and CARRIER shall provide OWNER with those documents necessary to determine the validity of the charge-back.
10. **Insurance.** CARRIER shall furnish and pay the costs of public liability, property damage and cargo insurance for the protection of the public as required by applicable laws and regulations. OWNER is required to obtain and pay for all other insurance coverage, including but not limited to; all required as well as any optional insurance coverage for public liability and property damage respecting the use of the EQUIPMENT while not being operated in the service of CARRIER; all required as well as any optional insurance coverage on the operator, driver or helpers, whether the EQUIPMENT is being operated in the service of CARRIER or otherwise; all required as well as any optional insurance coverage for collision, fire, theft, or other occurrences or catastrophe respecting said EQUIPMENT; any all required as well as any optional overall (umbrella) type of insurance coverage respecting OWNER'S liability arising out of the use and operation of said EQUIPMENT or the actions of OWNER, his operators, drivers or helpers.

11. **Record of Use of EQUIPMENT.** OWNER will cooperate with CARRIER in the preparation, receipt, preservation and submission of those documents necessary for CARRIER to secure payment of trip revenues and all manifest, bills of lading, delivery receipts, weigh bills, freight bills, log sheets and other papers and records respecting the lading and the use of said EQUIPMENT in accordance with all applicable laws and regulations.
12. **Products, EQUIPMENT or Service Obtained by OWNER from CARRIER.** OWNER is not required to purchase or rent any products, equipment or service from CARRIER as a condition to entering into this agreement. The terms of any agreement between OWNER and CARRIER respecting equipment purchase or rental contract for which CARRIER may make deductions from OWNER'S compensation are as follows: (fill in only if there is such agreement) _____

13. **Escrow Funds.** (fill in only if CARRIER requires escrow deposit from OWNER). OWNER shall be required to deposit with CARRIER, or with escrow agent _____ as escrow funds the sum of \$ _____
which escrow funds may be applied in payments to CARRIER for the following items: _____

- CARRIER shall account to OWNER for all transactions involving said escrow funds on each settlement sheet between OWNER and CARRIER. OWNER has a right to demand on accounting from CARRIER of transactions involving said escrow fund. While escrow funds are under control of CARRIER, CARRIER shall pay interest on the escrow fund at least on a quarterly basis in accordance with 49 C.F.R. 1057. At the termination of this agreement, CARRIER shall make all proper deductions from said escrow funds and make a final account to OWNER of all final deductions from said escrow funds and return the balance of said escrow funds to OWNER within forty-five days of the termination of this agreement.
14. **Assignment and Subleasing.** Neither party may assign this lease. OWNER acting on his behalf, and not on behalf of CARRIER may sublease (aka trip lease) EQUIPMENT only in accordance with applicable laws or regulations. OWNER shall be considered as lessor in any such sublease. During any such sublease, CARRIER'S exclusive possession, control, use and complete responsibility under this lease shall be interrupted and completely eliminated and shall remain in that status until reinstated by the completion of the OWNER'S sublease. OWNER shall pay CARRIER _____% of the revenue derived from OWNER'S sublease where CARRIER'S trailer is being pulled by OWNER'S tractor. Any other type of subleasing arrangement is unauthorized. If OWNER enters into an unauthorized sublease, this agreement and CARRIER'S exclusive possession, control, use and responsibility for the EQUIPMENT are automatically terminated, the EQUIPMENT shall be deemed as automatically returned to OWNER and OWNER and his unauthorized sub-lease agree to assume all responsibility for any and hold CARRIER harmless from any claims whatsoever whether for public liability, property damage, cargo loss or otherwise. CARRIER shall not be required to pay anything to OWNER in connection with any sublease.
15. **Agreement and Copies.** The foregoing agreement plus any authorized attachments constitute the complete agreement between OWNER and CARRIER and no contractor, employee, or agent of either party shall have authority to alter or vary the terms hereof or to make any representations or commitments not included herein. Where applicable herein, the singular shall include the plural and the

RECEIPT BY CARRIER

The undersigned CARRIER hereby acknowledges the receipt of the EQUIPMENT above described from OWNER this _____ day of _____, 20_____, at _____ o'clock ____M.

_____ By _____
(CARRIER)

RECEIPT BY OWNER

(Not required to effectuate Termination)

The undersigned OWNER hereby acknowledges the receipt of the EQUIPMENT above described from CARRIER in acceptable condition this _____ day of _____, 20_____, at _____ o'clock ____M.

_____ By _____
(OWNER)

OHIO PUCO INSPECTION CERTIFICATE

I hereby certify that on the _____ day of _____, I carefully inspected the equipment described above and that it is in full compliance with the requirements of Rule 4901:2-3-03(B).

Inspected by _____
(Signature of person making this inspection)

I hereby certify that on the date stated above the person who made the inspection covered by this report was competent and qualified to make such inspection and was duly authorized to make such inspection as a representative of _____
(CARRIER)

(Date)

Forrest Trucking Company
P.O. Box 77
West Jefferson, Ohio 43162

Re: Equipment and Service Agreement

Dear Forrest Trucking Company:

_____, an
(Insert Name of Independent Broker)

Independent Broker ("Owner"), acknowledges and agrees, that on those contracted jobs in which Owner is entitled 95% of the haul rate proceeds from Forrest Trucking Company ("Carrier"), Owner must operate under Owner's PUCO authority and provide liability insurance covering both Owner and Carrier as name insureds. Such insurance will be written by a company authorized to engage in the business of insurance in the State of Ohio, and Owner will deliver to Carrier customary certificates issued by the insurance company evidencing paid-up insurance. Owner will also provide Carrier with a copy of its current PUCO authority.

Owner further acknowledges and agrees that any accidents or claims that arise or occur with respect to contracted jobs in which Owner is entitled 95% of the haul rate proceeds will be the responsibility of Owner. Owner will indemnify and hold Carrier harmless from and against any and all accidents, claims, causes of action, damages, expenses, and attorney's fees.

This letter will serve as an amendment to our Equipment and Service Agreement with respect to contracted jobs in which Owner is entitled 95% of the haul rate proceeds. On such

contracted jobs, this amendment supersedes and replaces any conflicting or contrary provisions in our Equipment and Service Agreement.

Sincerely yours,

(Print Name of Owner)

(Address of Owner)

By: _____
Signature of Owner

Acknowledged, accepted and agreed:

Forrest Trucking Company

By: _____
(Name) (Title)

Date: _____

Forrest Trucking Co.
P.O. Box 77
West Jefferson, Ohio 43162
Telephone (614) 879-5600
Fax (614) 879-5700

(Name of Driver)

(Social Security Number)

(Signature of Driver)

I certify that the above named driver, as defined in §390.5 is regularly driving a vehicle operated by the below named carrier and is fully qualified under part 391, Federal Motor Carrier Safety Regulations. His/Her current medical examiner's certificate expires on _____.

This certificate expires:

(Date no later than expiration date of medical certificate)

Issued on _____
(Date)

Issued by _____
(Name of Carrier)

(Address)

(Signature)

(Title)

Complete this form only if you already participate in a drug/alcohol consortium.

Ohio New Hire Reporting

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired, rehired, or returning to work employees to the state of Ohio within 20 days of the contract, hire, or rehire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Send completed forms to:
Ohio New Hire Reporting Center
PO Box 15309
Columbus, OH 43215-0309
Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C 1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):

Employer Name:

Employer Address (Please indicate the address where the Income Withholding Orders should be sent).

Employer City:

Employer State:

Zip Code (5 digit):

Employer Phone (optional):

Extension:

Employer Fax (optional):

Email:

EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN)

(Check here if using FEIN for the Contractor)

State of Hire:

First Name:

Middle Initial:

Last Name:

Address:

State:

Zip Code (5 digit):

Date of Hire:

Date of Birth:

Is this a Contractor?

Yes No

Date payments will begin for Contractor:

Length of time the Contractor will be performing services:

 months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																																				
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of
 U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



(SAMPLE CERTIFICATE FOR SUBCONTRACT)
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 (Issue Date)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent's Name Insurance Agent's Address	CONTACT NAME: Insurance Agent Contact Name
	PHONE (A/C No. Ext): Insurance Agent Phone No. FAX (A/C, No):
INSURED Company Name and Address (Subcontractor or Vendor)	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Insurance Carrier's Name
	INSURER B: Insurance Carrier's Name
	INSURER C:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	Policy # here	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO (Any Auto Preferred) <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y Y	Policy # here	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE		Policy # here	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	Policy # OH 30 Day Gap Endorsement	Effective Date	Expiration Date	WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is Named as an Additional Insured (per forms CG 20 10, and CA 20 48 or its equivalents) on a Primary & Non-Contributory basis on all policies except Work Comp. All policies have been endorsed with a 30 Day Notice of Cancellation to Third Parties which names the Certificate Holder.

CERTIFICATE HOLDER The Shelly Company & it's affiliated companies 8328 Watkins Rd Ostrander, OH 43061	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Insurance Agent's Signature

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FORREST TRUCKING COMPANY

*POB 77 6510 St. Rt. 29NE
West Jefferson, OH 43162
Telephone (614) 879-5600
Facsimile (614) 879-5700
www.Forresttrucking.com*

Re: Authorization Agreement for Automatic Credit and Debits (Deposit)

Dear Vendor,

We have transitioned into electronic funds in order to expedite your payments and to save on paper work. If you choose to participate in this program, your electronic funds will be available in your designated account on each Friday no later than 1:00 PM.

Details:

- 1) This is not mandatory. However, we strongly encourage your participation in this efficient program.
- 2) See page 2, fourth box to deny authorization for Direct Deposit.
- 3) **In order for accuracy of payments, we are requesting that you send invoices directly to us via email, mail, and or fax. We would like to ensure correct and prompt payment.**
- 4) **Invoices must include the following:**
 - Shelly Truck Number
 - Customer's Job/PO name or number
 - Dates accordingly with ticket numbers

May you have any addition questions after reviewing this form, please contact us immediately.

Thank you in advance for your corporation.

Sincerely,

Caitlin DeLuna
Secretary
Forrest Trucking Co.
Phone (614) 879-5600
Fax (614) 879-5700
caitlind@forresttrucking.net

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Authorization Agreement for Automatic Credit and Debits

Vendor Payments

Please check one of the following:

- New Direct Deposit Authorization
- Change in Direct Deposit Authorization
- Terminate Direct Deposit Authorization
- Deny Participation of Direct Deposit Authorization

Vendor Name _____

I, _____, as _____ of [VENDOR NAME] hereby authorizes
Forrest Trucking Company [COMPANY] to initiate credit entries and any necessary adjustments for any
credit entries made in error to the bank account indicated below and authorize the depository financial institution
name below (the "Depository") to credit or debit the same to such account for payments due to [VENDOR] by
[COMPANY].

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Depository Routing Number _____

Account Number _____ Account Type: Checking ____/Savings ____

File Transfer Method: Business Acct ____/Corporate Acct ____/Personal Acct ____/Foreign Acct ____

This authorization is to remain in full force and effect until [COMPANY] or [VENDOR] has terminated this agreement by providing written notice of the decision to terminate agreement to other party. Upon termination of this agreement by either [COMPANY] or [VENDOR], [COMPANY] shall be allowed reasonable amount of time to discontinue electronic payments to [VENDOR] which in no case shall take long than thirty (30) days from the date of termination notification. **If [VENDOR]'s bank account information changes, [VENDOR] agrees to submit an updated Agreement for Automatic Credits and Debits.**

[COMPANY] shall not suffer any penalty or late fee with respect to any electronic payment that was initiated properly and prior to or any given due date to the extent its completion and/or receipt is delayed because of failure or delay by the funds transfer system that could not be anticipated by [COMPANY] or due to rejection by [VENDOR]'s depository financial institution or any condition beyond [COMPANY]'s control, including but not limited to Acts of God; mechanical, electrical, or equipment failure or damaged magnetic tapes.

Any cost or charge for electronic transfer charged by [VENDOR]'s depository financial institution shall be incurred by [VENDOR].

FORREST TRUCKING COMPANY

POB 77 6510 St. Rt. 29NE

West Jefferson, OH 43162

Telephone (614) 879-5600

Facsimile (614) 879-5700

www.Forresttrucking.com

This agreement shall be governed by the laws of the U.S.

IN WITNESS WHEREOF, [VENDOR] has executed this Agreement on the date set forth opposite the signature of [VENDOR]'s authorized representative.

Vendor Name _____ FEIN/SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____ Phone # _____

Authorized Signature _____ Date _____

*Email: _____

***Email is for remittance of pay and haul sheet(s) in lieu of current mailing.**

If you prefer to receive remittance and haul sheet(s) via mail instead of email check here:

Please send Agreement via Mail or Email, please no facsimiles. Facsimiles will not be accepted.

You can find your nine digit routing number and bank account number on the bottom of personnel checks.

See example below:

The image shows a sample voided check form. At the top left, it reads "Joe Smith, 1234 Anystreet Court, Anycity, AA 12345". To the right of this is the number "1234". Below this is a line for "Pay to the order of" followed by a blank line and the word "Dollars". At the bottom left, it says "Bank Anywhere". Below that is a MICR line: "|| 123456789 || 123456789123 || 1234". Below the MICR line, three boxes are drawn under the numbers "123456789", "123456789123", and "1234", with labels "Routing Number", "Account Number", and "Check Number" respectively. A large diagonal watermark "SAMPLE" is overlaid on the form.

Attach a pre-printed voided check or deposit slip here.