

CLIPPER COURIER LOGISTICS, INC.

SUMMARY FOR INDEPENDENT CONTRACTORS

CLIPPER COURIER LOGISTICS, INC. REQUIREMENTS:

1. Insurance coverages must meet or exceed these minimums and copies of the declaration page must be submitted to a Clipper representative:

\$100,000 CSL (Combined Single Limit)
OR
\$100,000 Bodily Injury per Person
\$100,000 Bodily Injury per Accident
\$25,000 Property Damage per Accident
2. Valid Driver's License
3. 21 Years of Age
4. Valid Social Security Card
5. Qualify through both a criminal background and driving record check
6. You must prove vehicle ownership by submitting a legible copy of the current registration of the vehicle you plan to use while contracting with Clipper Courier Logistics, Inc.
7. You must have a Workers' Compensation Certificate (please see a Clipper representative for details)
8. Complete a 2-day training program, which consists of riding with an experienced Clipper Courier I/C driver from 8:30AM to 5:00PM. You will not be compensated for the training.

THE STATE OF OHIO REQUIREMENTS:

1. Two magnetic signs displaying PUCO/ICC Authority
2. A copy of your business agreement with Clipper Courier Logistics, Inc. must remain in your vehicle at all times.
3. A copy of your UCR (Uniform Carrier Registration) must remain in your vehicle at all times
4. Commercial license plates must be purchased to conform to Ohio law.

INDEPENDENT CONTRACTORS:

- Are NOT employees of Clipper Courier Logistics, Inc.
- Are business owners, and they must assume the responsibilities of running and maintaining their own business.
- Are required to complete a W-9 (Independent Contractor's Exemption Form); Clipper Courier Logistics, Inc. withholds NO taxes from your earned commissions.
- Are only covered by Workers' Compensation insurance if they apply directly with the State of Ohio and pay premiums directly to the State.

COSTS INCURRED BY INDEPENDENT CONTRACTOR'S:

Clipper Issued Phone WEEKLY Deductions:

Issued Phone	\$15.00
Uniforms	\$3.50
NextStop App	\$2.50
Admin Fee	<u>\$4.00</u>
	\$25.00

Personal Phone WEEKLY Deductions:

(Must be an Apple 5S or newer or an Android running 5.0 or higher)

Uniforms	\$3.50
NextStop App	\$2.50
Admin Fee	<u>\$4.00</u>
	\$10.00

- Gas, insurance, maintenance and repairs to vehicles, etc.

CONSIDER THE FOLLOWING:

- As an Independent Contractor, you can deduct your vehicle costs as well as mileage (usually the government allowance per mile) from your taxable income.
- As an Independent Contractor, you can write off the cost of most items needed to fulfill your contractual services.

YOU ARE A SELF EMPLOYED BUSINESS OWNER! – (Individuals should consult with their tax advisor to verify that the above stated exemptions apply to them)

I have read and understand this summary and that as a Clipper Courier Logistics, Inc. Independent Contractor, I am responsible for my business expenses and any tax liability.

Applicant's Signature

Date

Clipper Courier Logistics, Inc. Representative

Date

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION:

DATE: _____ DATE YOU CAN START: _____

HAVE YOU EVER APPLIED WITH US BEFORE? YES NO IF YES, WHEN/WHERE: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

NAME: _____
LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE NUMBER: (____)____-____ CELL PHONE NUMBER: (____)____-____

OPERATOR LICENSE #: _____ STATE: _____ EXPIRATION: _____

SOCIAL SECURITY NUMBER: _____-____-____ U.S. CITIZEN? YES NO
(CIRCLE ONE)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DETAILS: _____

HAVE YOU EVER DONE ANY EXTENSIVE DRIVING IN THE AREA? YES NO

LIST ANY / ALL MOVING VIOLATIONS IN THE PAST THREE (3) YEARS?

1. _____ 2. _____ 3. _____

HAVE YOU EVER BEEN CONVICTED OF A D.U.I. OR O.V.I? IF SO, PLEASE LIST APPROXIMATE DATE(S):

2. _____ 2. _____ 3. _____

IN CASE OF EMERGENCY, NOTIFY: _____
NAME ADDRESS PHONE

LIST I/C DRIVING AVAILABILITY BELOW:

REFERENCES: (PROVIDE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR)

- | | NAME | ADDRESS | PHONE | RELATIONSHIP |
|----|-------|---------|-------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

EDUCATION:

NAME AND LOCATION OF SCHOOL # YEARS ATTENDED DID YOU GRADUATE?

ELEMENTARY: _____

YES NO

HIGH SCHOOL: _____

YES NO

COLLEGE: _____

YES NO

CORRESPONDENCE SCHOOL: _____

YES NO

TRADE: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES: _____

EMPLOYMENT:

CURRENT EMPLOYER: _____ MAY WE INQUIRE WITH YOUR EMPLOYER: YES NO

FORMER EMPLOYERS / CONTRACTORS: (LIST EMPLOYER/CONTRACTOR FROM THE LAST FIVE YEARS STARTING WITH THE MOST RECENT)

DATE	NAME & ADDRESS	PHONE	SALARY/COMM	POSITION	REASON FOR LEAVING
MONTH & YEAR					
____-	_____	_____	_____	_____	_____
____-	_____	_____	_____	_____	_____
____-	_____	_____	_____	_____	_____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

DO YOU OWN THE VEHICLE? YES NO TRUCK BED/CARGO DIMS: _____

MILEAGE: _____ CONDITION: NEW EXCELLENT AVERAGE OTHER: _____

Applicant's Certification Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed/contracted; falsified statements in this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give you any and all information concerning my previous employment and any pertinent information that they may have, personal and otherwise, and release all parties from any liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired / contracted, my employment/contract is not for any definitive period of time and may, regardless to the date of payment and my wages, salary, commission, be terminated at any time without prior notice.

SIGNATURE OF APPLICANT: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION

I understand that a CRIMINAL BACKGROUND CHECK AND A DRIVING RECORD CHECK which may include information regarding my credit worthiness, credit standing, credit capacity character, general reputation, personal characteristics or mode of living will be requested and may be used in whole or in part for the purpose of evaluating me for contracting, employment, promotions, reassignment or retention as an employee or Independent Contractor. Such report(s) may include interviews of others concerning such matters as my education, degrees attained or units completed, prior employment, capabilities and qualification, or concerning employment problems, should any arise, such as sexual harassment, workplace violence, theft and worker's compensation fraud.

I understand that if the report(s) concerns my character, general reputation, personal characteristics or mode of living, and are obtained through personal interview, I may request further information from the company regarding the nature and/or scope of the investigation.

By my signature below, I hereby authorize a CRIMINAL BACKGROUND CHECK AND A DRIVING RECORD CHECK be obtained. I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of this document is the same as the original.

Company for which the check(s) is being obtained: Clipper Courier Logistics, Inc.

Applicant Name (print): _____

Applicant Address: _____

City, State & Zip: _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Date of Birth: _____

Today's Date: _____ Applicant Signature: _____

Should an investigative consumer report be obtained, you are entitled to receive a copy. Please indicate if you wish to receive a copy. Yes _____ No _____

RELEASE OF LIABILITY

Notice: This is a legally binding contract. In consideration of my being permitted by Clipper Courier Logistics, Inc. (Clipper) to accompany (ride-a-long) an Independent Contractor (I/C), while said I/C is operating under a contractual agreement between the I/C and Clipper, I agree to the following waiver and release and I make the following representations.

I hereby acknowledge the inherent risk of accompanying the Independent Contractor. I realize that those risks include, but are not limited to; vehicle accidents of an at-fault or no-fault nature, bad decision making, inattention by myself or others, misuse or failure of equipment, and freakish accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the ride-a-long and I agree that said list in no way limits the extent or reach of this release. I voluntarily assume all such risks with full knowledge and appreciation of the danger and risk involved.

I voluntarily assume all risk of personal injury, including paralysis or death that may occur while I am participating in any activity, event or ride-a-long, anywhere at any time. Whether or not under the direct control of Clipper personnel. I hereby knowingly and intentionally waive and release, and agree to indemnify, hold harmless and defend Clipper, its successors, assigns, officers, employees, affiliated organizations, agents and all clients from all liability for any such damage, injury, paralysis or death which may result. This release shall be effective even though said loss, damage or injury results or has resulted from negligence, wrongful acts, omissions, breach of warranty or strict tort liability of Clipper or the other parties released.

I acknowledge that if at any time Clipper determines that permitting my participation in a ride-a-long is in any way detrimental; the above mentioned permission will be immediately revoked. I further agree that the above mentioned permission does not permit me to accompany the I/C into the facility of a Clipper customer, or to represent myself in any way as an Independent Contractor or any other representative of Clipper Courier Logistics, Inc.

I understand that this release is a contract. No oral representations, statements, or inducements apart from the above written agreement have been made. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I further expressly agree that this release, waiver and indemnification agreement is intended to be as broad and inclusive as is permissible by the laws of the State of Ohio and that if any portion of the agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Applicant Signature

Clipper Courier Representative Signature

Printed Name

Printed Name

Date

Date

