



OWNER / OPERATOR ENROLLMENT PACKET

Driver Name: _____

Client #: _____

ID #: _____

All required documents in this booklet must be filled out signed and returned to SCI within 3 days to ensure proper enrollment. Feel free to copy any documents in this book for your files, but DO NOT tear any pages out. Insert the necessary copies of your driver's license, vehicle registration and insurance card inside the back cover of the booklet. A copy of your contract along with any other documents necessary for your files will be sent to you in your post enrollment packet.



25 Willowbrook Road
Queensbury, NY 12804
Tel (800) 821-5344
Fax (855) 724-3291

Welcome to SCI!

Enclosed please find the forms necessary for you to complete and sign, in order for SCI to process your Owner / Operator Agreement. The following forms must be **completed immediately** and returned to SCI's client within **three days** of your contract date. Your **settlement check** will be **held at SCI** if the proper completed papers are not returned before your second settlement check is processed. The **check** will be **mailed** to your home when we receive the completed papers:

- **Owner / Operator Set-Up Form**
- **Owner / Operator Agreement**
- **Owner / Operator Request for Insurance**
- **Owner / Operator Application for PAIC**
- **Request for Occupational Accident Insurance** (*see Note**)
- **W-9 form**
- **Copies of your license, social security card, registration and insurance card**
- **Direct Deposit Authorization** (*Optional*)
- **Tax Escrow Authorization** (*Optional*)

In order to process your insurance application and Owner / Operator Agreement, it is necessary that you return the completed "mandatory" forms included in this book. Please include your name and Social Security number when completing the O/O Information Set-Up Form. Your Company name and Federal ID number (if any) should also be included. Also your signed Owner / Operator agreement must be returned. Upon completion of your enrollment, SCI will forward to you a post-enrollment booklet, complete with the executed Owner / Operator Agreement and your Insurance ID card.

**Note: If Occupational Accident Insurance is declined, a Valid Certificate of Workers' Compensation Insurance must be provided with SCI named as certificate holder.*

SCI provides its drivers with services and products that we believe will be of benefit to Owner / Operators. Should you have any questions regarding your pay distributions, 1099's, Occupational Accident Insurance, or any other services we provide, please contact us at (800) 821-5344. We will be more than happy to assist you. Our office hours are 9:00 am to 5:00 pm EST Monday through Friday.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Slack", is written over a white background.

Robert J. Slack
C.O.O.

OWNER / OPERATOR AGREEMENT

THIS AGREEMENT and its APPENDICES A and B, made this

_____ by and between SCI, a New York limited liability Company,
(day) (month) (year)

“SCI”, located at 25 Willowbrook Road, Queensbury, NY 12804, and

_____, an entity or proprietor or authorized agent of
(first name) (last name)

_____ a business located at
(company name if paid via EIN)

_____, _____, _____, _____,
(address) (city) (state) (zip code)

DEFINITIONS

1. "**Logistics Brokers**" shall refer to businesses that market, sell, and provide logistical support for the delivery of tangible items.
2. "**Owner / Operators**" are in the business of providing delivery services for Logistics Brokers and receivers of deliveries.
3. "**Delivery Customers**" shall refer to the receivers of any tangible items by an Owner / Operator.
4. "**Customers**" shall refer collectively to Logistics Brokers and Delivery Customers.
5. "**Third Party Administrator or TPA**" shall refer to business that procures, qualifies, and supports Owner / Operators.

WITNESSETH

WHEREAS, SCI is a third party administrator or TPA.

WHEREAS, _____ is an Owner / Operator.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained herein, the parties agree as follows:

FIRST: The Owner / Operator agrees to provide SCI its legal business name, DBA(s), and Federal Employer ID Number prior to offering its services to any Logistics Brokers. The Owner / Operator also agrees to obtain all necessary business licenses required for their geographic area.

SECOND: The Owner / Operator agrees to use the vehicle(s) described in Appendix A in support of its business, and represents that the vehicle(s) is/are owned, leased or is fully authorized to utilize the vehicle(s) in connection with the delivery services agreed to perform; Owner / Operator also agrees to read the applicable state specific warranties attached as Appendix B and incorporated herein.

THIRD: The Owner / Operator represents that the vehicle(s) listed in Appendix A are properly registered and agrees to keep all valid registrations in full force and effect. Owner / Operator may display on any vehicle(s) used to perform services under this Agreement, logos, including any that are registered trademarks of any of its Customers, meeting the requirements of the applicable Federal and State Department of Transportation/Public Utility or other similar authority. Owner / Operator may be issued an identification card containing the name and/or logo of a Customer while performing services, and may be furnished with clothing or be required to purchase or rent such clothing containing such name and/or logo, to be worn or shown, as the case may be, when required or requested by its Customers for security purposes. Such cards and clothing shall be worn or shown, as the case may be, only when performing services for such customer.

INITIAL

FOURTH: The Owner / Operator agrees to keep, at its sole expense all the equipment it provides pursuant to this Agreement, including but not limited to the vehicle(s) described above, in good operational condition throughout the term of this Agreement. The Owner / Operator further agrees that, at their discretion, it will replace any disabled equipment with equivalent equipment expeditiously.

FIFTH: In lieu of rendering services directly, the Owner / Operator has the right to provide and utilize qualified licensed drivers and other personnel as required in connection with the execution and performance of delivery assignments accepted by the Owner / Operator. If additional drivers are used, then the Owner / Operator warrants: 1) All such drivers shall have the same qualifications required of Owner / Operator; 2) Owner / Operator shall be fully responsible for all acts of such drivers in connection with this Agreement; 3) Whenever required by law, the Owner / Operator shall obtain and maintain, and shall utilize only drivers who have valid licenses; and 4) All licenses remain valid for so long as Owner / Operator and its drivers, as the case may be, continue to perform services hereunder. Due to freight regulations and its Customers' requirements, the Owner / Operator agrees not to have any "non-essential" personnel on board his or her vehicle while the vehicle is on the Delivery Customer's premises or while the Owner / Operator's vehicle contains any freight, packages or envelopes that have been consigned for transportation and delivery.

SIXTH: The Owner / Operator agrees that no employer/employee relationship is created under this Agreement as a result of the relationship between SCI and the Owner / Operator or its Customers, and that the Owner / Operator is solely responsible for, and shall timely file all required returns and reports and pay any and all estimated and definitive Federal, State, and local income taxes, social security taxes, withholding taxes, payroll taxes, unemployment taxes, and any other taxes attributable to or imposed upon Owner / Operator in connection with the services furnished hereunder. Owner / Operator further understands and agrees that the Owner / Operator shall not be entitled to participate in any plans, arrangements or distributions pertaining to or in connection with any pension, stock, bonus, profit sharing, medical or similar benefits, and that the Owner / Operator is not covered under any unemployment, disability or workers' compensation insurance policy of SCI or the Owner / Operator's Customers. Owner / Operator further agrees that prior to providing any services hereunder he/she shall obtain, and shall keep in full force and effect throughout the term of this Agreement and for so long as Owner / Operator shall furnish services hereunder, such worker's compensation or occupational accident insurance, disability insurance, automobile and general liability insurance as are described in this Agreement, and any other insurance necessary and appropriate to cover loss or damage to property and injury or death to persons in connection with the services furnished by Owner / Operator hereunder. All of such insurances shall be in such amounts, and in such form as is acceptable.

SEVENTH: SCI may recommend to Owner / Operator Occupational Accident Insurance providers and plans that SCI has had experience dealing with. In the event the Owner / Operator declines SCI's recommendations, then an Owner / Operator is free to choose his or its own plans and providers; However, Owner / Operator agrees to present a policy Certificate of Worker's Compensation Insurance or Occupational Accident coverage naming SCI. If Owner / Operator accepts a recommended Occupational Accident Insurance plan or provider, then Owner / Operator authorizes and directs SCI to deduct directly from any compensation payable to Owner / Operator a program fee for services furnished hereunder, the costs and premiums payable in connection with the maintenance of such policy for Owner / Operator will be included therein. Owner / Operator shall submit accident and injury occupational accident policies with a \$1 million dollar combined limit that meets the insurance standards herein.

EIGHTH: The Owner / Operator warrants its drivers used in its delivery services will comply with all applicable laws, customary rules of conduct, regulations and ordinances related to the services provided by Owner / Operator under this Agreement, including but not limited to, the maximum hours of services, safety of operation and other requirements of the Motor Carrier Safety Regulations. The Owner / Operator and its drivers agree to maintain at all times all driver logs required by any Federal and/or State agencies which have jurisdiction over them. Owner / Operator acknowledges that many states' Department of Transportation, as well as other state and federal agencies, restrict the use of drugs or alcohol while on dispatch and prohibit unauthorized personnel from being inside a delivery vehicle while under dispatch and may require drug and/or alcohol testing at random checkpoints or in the event of an accident; Owner / Operator further agrees to abide by these state and federal mandated requirements.

NINTH: The Owner / Operator is responsible for, and shall pay, expense items which are normal costs of a delivery business, such as tolls, fuel, oil, tires, repairs, garaging, parking and maintenance of vehicle(s) and other equipment, as well as, office rent, overhead, salaries, taxes and any other business expenses that may be required to perform services for its Customers. The Owner / Operator further agrees to supply at his sole expense all business cards, manifests and material associated with marketing for the delivery business. The Owner / Operator warrants it will file business tax returns for the year(s) in business.

TENTH: The Owner / Operator is not required to purchase or rent any products, equipment or services from SCI or Owner / Operator's Customers as a condition of its entering into this Agreement, but may do so at their own discretion. The Owner / Operator acknowledges the need to supply communications equipment compatible with the system being used by the Logistics Broker for the purpose of offering, accepting, and providing delivery services.

INITIAL

The Owner / Operator further agrees to indemnify, defend, and hold harmless SCI and the Logistics Broker for and against all damage to, destruction of, or loss of use of the equipment described herein under this Agreement.

TWENTIETH: Non-Disclosure / Confidentiality Provision. The Owner / Operator understands that during performance of services hereunder the Owner / Operator and drivers retained to perform services hereunder, may become privy to confidential information of SCI, and the Logistics Broker, including but not limited to, contact information, personal data, routes, customer identities, costs and billing methods, financial information, and information regarding the business, operations, processes, procedures, along with technology, software, systems, and other confidential and proprietary information. It is agreed that these items are considered to be "Confidential Information", proprietary, and the trade secrets belonging to SCI or the Logistics Broker, respectively, and such information shall not be disclosed by Owner / Operator or any person or entity associated with the Owner / Operator or used IN ANY WAY by Owner / Operator (its drivers or associates) for any purpose whatsoever, other than as necessary in the performance of its service obligations. Owner / Operator agrees that, in the event of any breach or threatened breach of these confidentiality obligations by the Owner / Operator or its drivers or associates, the damages to be suffered by the rightful owner of such Confidential Information are immeasurable, and therefore, such rightful owner shall have the right, in addition to any other remedies available at law or in equity, to obtain an injunction enjoining such threatened breach or further breach of such obligations. The Owner / Operator is not obligated to inform SCI or the Logistics Broker about similar services he or she may be performing for others.

TWENTY-FIRST: The term of this Agreement shall commence on the date of execution of this document by SCI and the Owner / Operator, and shall continue for a period of ninety (90) days, subject to renewals, unless either party desires to cancel this Agreement. Notification of a party's intent not to renew this Agreement must be in writing and served upon the other party at least ten (10) days before the upcoming expiration date and shall be delivered by US Mail, Certified or Registered, return receipt requested, or by hand with receipt by the party to be served, acknowledged. If the Owner / Operator terminates this contract without 10 days' notice and not on the anniversary of the 90 day renewal, the Owner / Operator may be required to pay a penalty for said cancellation and authorizes SCI to deduct \$250 from the final settlement payment. In addition, this Agreement may be canceled by SCI upon the failure of the Owner / Operator to comply with any of the terms and conditions herein, including failure of the Owner / Operator to follow generally accepted rules of conduct, as may be expected by any Customer. Such cancellation shall be immediate upon notice from SCI, or may occur at some later date, at the sole election of SCI specified in its notice of cancellation.

TWENTY-SECOND: In order to comply with certain state and federal regulations, as well as many Delivery Customer's requirements, Owner / Operator authorizes SCI to perform or cause to be performed background checks on Owner / Operator or any of its drivers or associates or on other Owner / Operators, so engaged, at the expense of the Owner / Operator. The background checks may include but are not limited to, criminal and motor vehicle driving records, drug testing and credit reports. The Owner / Operator also agrees to random drug testing and DMV reports through the term of this agreement.

TWENTY-THIRD: This Agreement shall constitute the entire Agreement between the parties and shall supersede any other written or oral agreement between the parties with respect to the subject matter hereof. This Agreement may not be altered or amended except by a writing signed by both parties. This Agreement shall be governed by the laws of the State of New York. If any provision of this Agreement or portion thereof is held to be unenforceable by a court of law or equity, said provision or portion thereof shall not prejudice the enforceability of any other provision or portion of the same provision, and instead such provision shall be modified to the least extent necessary to render such provision enforceable while maintaining the intent thereof.

TWENTY-FORTH: Owner / Operator acknowledges that any electronic signature has the same force and effect as the use of a signature affixed by hand, under New York Law Section 302.3 of the Electronic Signatures and Records Act.

TWENTY-FIFTH: Owner / Operator agrees he or she has read and understood the terms of this contract and by signing this agreement acknowledge they did not need a version of its terms in another language, although other foreign language versions of this agreement are available.

TWENTY-SIXTH: ARBITRATION

In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, the parties shall consult and negotiate with one another in good faith, in an attempt to reach a just and equitable solution, satisfactory to both parties. If resolution of the dispute, claim, question, or disagreement is not reached within a period of 60 days, then upon notice by either party, disputes that are within the jurisdictional maximum for small claims will be settled in the small claims court where the Owner / Operator resides.

INITIAL

All other disputes, claims, questions, or differences beyond the jurisdictional maximum for small claims courts within the locality of the Owner / Operator's residence shall be finally settled by arbitration in accordance with the Federal Arbitration Act.

Neither you nor SCI shall be entitled to join or consolidate claims in arbitration by or against other individuals or entities, or arbitrate any claim as a representative member of a class or in a private attorney general capacity.

The arbitration panel shall be made up of three (3) people. Each party shall choose one arbitrator that will serve on the panel in a non-neutral capacity. The two chosen arbitrators will select a third arbitrator who will be neutral. If the chosen arbitrators are unable to select a third arbitrator within ten (10) days of their selection, a third arbitrator shall be appointed by the American Arbitration Association. Each arbitrator shall have experience in the transportation industry and have a legal background.

Consistent with the expedited nature of arbitration, each party will upon written request of the other party promptly provide copies of any relevant documents necessary to support any claim or defense. All parties shall have the discretion to examine up to three (3) witnesses per party. Each deposition shall be limited to a maximum of two (2) hours. Any objections based on privilege and/or confidential information will be reserved for arbitration. The arbitration and any discovery prior to the arbitration will take place in a location convenient to both parties. The parties may submit briefs in lieu of any formal gathering for arbitration.

The arbitrators will have authority to award actual monetary damages only. No punitive or equitable relief is authorized. All parties shall bear their own costs for arbitration and no attorney's fees or other costs shall be granted to either party.

The arbitrators' decision shall be final and legally binding and judgment may be entered thereon.

TWENTY-SEVENTH: Owner / Operator acknowledges they have read this contract and its terms and agree to abide by the terms and conditions outlined in these documents.

IN WITNESS WHEREOF, the Owner / Operator has had sufficient time to review this document and the parties hereto have caused this Agreement and specific states endorsement and understandings to be duly executed the day and year first above written.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION AND CLASS-ACTION WAIVER WHICH AFFECTS YOUR LEGAL RIGHTS AND MAY BE ENFORCED BY THE PARTIES

OWNER / OPERATOR:
X _____ SIGNATURE
_____ DATE:
_____ PRINTED NAME:
_____ ADDRESS:
_____ CITY/STATE/ZIP:
_____ FEDERAL EIN#:
_____ SOCIAL SECURITY NUMBER:

SCI:
_____ SIGNATURE
_____ DATE:
BY: Robert Slack
ADDRESS: 25 Willowbrook Road Queensbury, NY 12804

APPENDIX A

EQUIPMENT LIST

	VEHICLE #1	VEHICLE #2
Year:	_____	_____
Make:	_____	_____
Model:	_____	_____
Serial (VIN) No	_____	_____
License Plate No.:	_____	_____
Vehicle Type:	_____	_____

(Types of Vehicles: Car / Van (Mini) / Van (Full Size) / Truck (Pickup) / Truck (less than 16ft) / Truck (Over 16ft) / Other)

AUTO INSURANCE INFORMATION (please attach copy)

	VEHICLE #1	VEHICLE #2
Carrier:	_____	_____
Policy #:	_____	_____
Expiration Date:	_____	_____
Type of Insurance:	_____	_____

(Types of Insurance: Personal / Commercial / Other)

LICENSE INFORMATION (please attach copy)

Name on Driver's License:	_____
Driver's License Number:	_____
Expiration Date:	_____
State of Issue:	_____

APPENDIX B - STATE SPECIFIC WARRANTIES

1. COLORADO:

The Owner / Operator further warrants:

- It is not required to work exclusively for any Customer, but if it does, it does so for a finite period of time;
- This Agreement is mutually agreed upon and does not authorize SCI to oversee the actual work or instruction on how to perform such work;
- The Owner / Operator will not receive a salary or hourly rate, only a negotiated fixed or contract rate.
- The contract will terminate as stated herein;
- SCI is not authorized to provide training;
- SCI will not provide tools or employment like benefits;
- SCI will not dictate the time of performance for deliveries;
- SCI will provide payment to any trade or business name provided by the Owner / Operator;
- Its business operations will remain separate and distinct from SCI and its Customers;
- **Owner / Operator is not entitled to receive unemployment insurance compensation coverage.**

2. OREGON and NEW JERSEY:

Owner / Operator acknowledges they are responsible to pay expense items that are the normal costs of doing business, such as tolls, fuel, oil, tires, repairs, garaging, parking and maintenance of vehicle(s) and other equipment, as well as, rent, office overhead, salaries, taxes and any other business expenses that may be required to perform its services. Owner / Operator further acknowledges and warrants:

- Owner / Operator is registered to do business within its respective state and locality of operation;
- Owner / Operator has or will file Federal and state income tax returns in the name of the business;
- Owner / Operator advertises its business;
- Owner / Operator maintains a separate office or base of operation;
- Owner / Operator endeavors to perform delivery services for various Customers.

3. NEW YORK:

Owner / Operator acknowledges they are responsible to pay expense items that are the normal costs of doing business, such as tolls, fuel, oil, tires, repairs, garaging, parking and maintenance of vehicle(s) and other equipment, as well as, rent, office overhead, salaries, taxes and any other business expenses that may be required to perform its services. Owner / Operator further warrants:

- Owner / Operator may set their own work schedules, and is free to accept or reject assignments;
- Any settlement payment was the result of a negotiated fixed or contract rate;
- The Owner / Operator files the appropriate business tax returns for any year in business;
- The Owner / Operator maintains a separate business identity with an EIN number;
- The Owner / Operator advertises its business and work for others;
- The Owner / Operator maintains a separate business or office space.

4. ILLINOIS / NEVADA / MARYLAND / NEW HAMPSHIRE:

- Owner / Operator is registered to do business within its respective state and locality of operation;
- Owner / Operator has or will file Federal and state income tax returns in the name of the business;
- This Agreement does not void any benefits Owner / Operator may be entitled to receive under state or federal law;
- The Owner / Operator advertises its business and work for others;
- The Owner / Operator maintains a separate business or office space.

5. OHIO / WASHINGTON:

- Owner / Operator is registered to do business within its respective state and locality of operation;
- Owner / Operator has or will file Federal and state income tax returns in the name of the business;
- Owner / Operator maintains workers' compensation insurance for any employees that reside in the state or reside outside the state but fall with the respective state's guidelines for maintaining workers' compensation insurance.

INITIAL

Independent Contractor Acknowledgement Form

By initialing, you are acknowledging you read and understood each provision

As an Owner / Operator and self-employed businessperson, you have many advantages that would not be afforded you otherwise. Likewise, you have many obligations. To give you the best opportunity to have your business grow and succeed, please read the provisions below and initial each verifying you understand the advantages and obligations of offering your services as an independent Owner Operator.

1. You are responsible for all of your own expenses related to the daily operations of your business and you are not entitled to reimbursement for those expenses (i.e. gas, tolls, cell phone, etc.). Initial to the right

INITIALS _____

2. Services are performed on a job-by-job or negotiated route basis.

INITIALS _____

3. You will receive no instruction about how to perform a particular delivery, except those received from the delivery customer regarding when and where a delivery is to be performed and addressing any security concerns.

INITIALS _____

4. You will receive no supervision about how to perform agreed upon delivery services but will have available to you an initial orientation regarding particular customer procedures, communication and government regulations.

INITIALS _____

5. You may choose to perform delivery services for other courier companies or shippers.

INITIALS _____

6. You are entitled to set your own hours and may accept or reject any delivery opportunity offered.

INITIALS _____

7. You are responsible to provide your own equipment, tools, and supplies to perform agreed upon delivery services (i.e. vehicle, map book, etc.). In addition, if you are contracted to perform routed or dedicated courier service, you are required to provide a qualified replacement driver to execute your contract when you are unable to.

INITIALS _____

8. You are not required to perform a delivery services contract personally, but may utilize assistants or other replacements to perform agreed upon services. Sub-contractor drivers will be subjected to the same contracting criteria as you.

INITIALS _____

9. You can terminate your contract with written notice as per your Agreement with SCI. There is no obligation to offer delivery work continually.

INITIALS _____

10. You will be paid a negotiated amount or commission percentage for each service contract that you successfully execute.

INITIALS _____

11. You will not have employment taxes withheld from your settlement commission check. You are not entitled to workers' compensation, unemployment benefits, health insurance, paid vacation time or other fringe benefits. You are responsible for providing your own insurance coverage and securing your own benefits.

INITIALS _____

12. You will receive an IRS 1099-MISC form, to complete your income tax at year-end. You are required to file a Schedule C with your income tax return and to take advantage of business deductions available to self-employed businesspersons like yourself. You are responsible for filing and paying your own quarterly income tax if applicable. As well as any social security taxes.

INITIALS _____

13. You are holding yourself out as a distinct and separately established business available to provide services to the general public for a fee. You intend to create an Owner / Operator relationship between all parties.

INITIALS _____

14. You are free to make business investment and operational decisions at your discretion, which will affect the amount of your income and profit or loss.

INITIALS _____

15. You understand you are under no obligation to participate in the PAIC Occupational Accident policy program and or may purchase an equivalent policy.

INITIALS _____

I acknowledge that I understand the content that was included in this document. In addition, I intend to enter into an Owner / Operator Agreement of my own free will. I have been offered the opportunity to have this document reviewed before signing.

Owner / Operator's Name (signature)

Date

Independiente formulario de Reconocimiento

Por Inicializando usted está reconociendo que leer y entender cada disposición

Como en calidad de propietario/operador y el trabajador por cuenta propia empresa, tiene muchas ventajas que no se le otorga lo contrario. Asimismo, usted tiene muchas obligaciones. Para darle la mejor oportunidad para tener su negocio crecer y tener éxito, por favor, lea las siguientes disposiciones y sus iniciales en cada verificación a entender las ventajas y las obligaciones de ofrecer sus servicios como operador propietario Independiente.

1. Usted es responsable de todos los gastos relacionados con las actividades diarias de su empresa de servicios de entrega, y no le corresponde obtener un reembolso por dichos gastos (por ejemplo, gasolina, peajes, teléfono celular, etc.). **Escriba sus iniciales a la derecha...**
INICIALES _____
2. Los servicios se prestarán en función de cada trabajo o de una ruta acordada.
INICIALES _____
3. No recibirá instrucciones acerca de cómo realizar una entrega especial, excepto las provenientes de la entrega se va a realizar y abordar las cuestiones de seguridad.
INICIALES _____
4. Si bien no supervisaremos la modalidad de cumplimiento de los servicios de entrega acordados, pondremos a su disposición pautas generales relacionadas con determinados procedimientos de clientes, comunicación y normas gubernamentales.
INICIALES _____
5. Usted puede optar por realizar servicios de entrega para las empresas de mensajería o de otros transportistas.
INICIALES _____
6. Tiene derecho a establecer su propio horario de trabajo y puede aceptar o rechazar cualquier oportunidad de entrega que se le ofrezca.
INICIALES _____
7. Usted es responsable de obtener su propio equipamiento, herramientas y suministros para cumplir con los servicios de entrega acordados (por ejemplo, vehículo, mapas, etc.). Además, si se lo contrata para prestar un servicio de mensajería especial o con ruta establecida, debe asignar un conductor sustituto para que cumpla con el contrato en caso de que usted no pueda.
INICIALES _____
8. No está obligado a cumplir un contrato de servicios de entrega personalmente, sino que puede asignar asistentes u otros sustitutos para prestar los servicios acordados. Los conductores subcontratados estarán sujetos a los mismos criterios de contratación que usted.
INICIALES _____
9. Usted puede terminar su contrato con aviso por escrito de acuerdo con su contrato con SCI. No hay obligación *de ofrecer* un trabajo de entrega continuamente.
INICIALES _____
10. Se le pagará un monto acordado o una comisión calculada por porcentaje por cada contrato de servicio que cumpla satisfactoriamente.
INICIALES _____
11. No se retendrán cargas patronales a su cheque de liquidación. No le corresponde recibir beneficios de compensación al trabajador, beneficios por desempleo, seguro médico, vacaciones pagas ni otros beneficios complementarios. Usted es responsable de gestionar su propia cobertura de seguro y de garantizar sus propios beneficios.
INICIALES _____
12. Recibirá un formulario IRS 1099-MISC (de ingresos misceláneos) para realizar su declaración del impuesto sobre ingresos al final del año. Debe presentar el Anexo C con su declaración de devolución del impuesto sobre ingresos y para aprobé calar loas trabajadores por cuenta propia de negocios como a ti mismo. Usted es responsable de declarar y pagar el impuesto a la renta trimestral en su caso. Así como los impuestos de seguridad social.
INICIALES _____
13. Usted se presenta como una empresa independiente y autónoma que presta servicios al público general a cambio de una tarifa. Tiene la intención de crear una relación de propietario /operador de todas las partes.
INICIALES _____
14. Usted tiene plena libertad de realizar inversiones comerciales y tomar decisiones operativas a su criterio, lo cual influirá en el monto de sus ingresos y ganancias o pérdidas.
INICIALES _____
15. Usted entiende que no está obligado a participar en el programa de pólizas de accidentes ocupacionales PAIC y o puede comprar una póliza equivalente.
INICIALES _____

Declaro que comprendo el contenido de este documento. Además, deseo participar del Acuerdo Propietario/Operador por mi propia voluntad. He tenido la oportunidad de revisar este documento antes de firmarlo.

Nombre del Propietario/Operador (firma)

Fecha

PAIC Membership Enrollment & Owner / Operator Request for Insurance

Sponsoring Association: Professional Association of Independent Contractors (PAIC)

I wish to apply for membership in Professional Association of Independent Contractors, Inc., a Georgia association corporation (herein after referred to as "PAIC"). In exchange for monthly dues, I understand that I will be entitled to all of the rights and privileges available to all members. I understand that I will receive a brochure which explains the many benefits and services for which I am eligible. I further understand that some of the products and services may be made available for an additional charge. This Application is subject to acceptance by PAIC.

Participant Sponsor: **SubContracting Concepts, LLC**

<i>Applicant Name</i>		<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>DOB</i>	<i>SS#</i>
<i>Home Phone#</i>	<i>Business Phone</i>		<i>START DATE</i>	

LEGAL STATUS (Please Check One): Sole Proprietor Partnership Corporation LLC Other: _____

List all partners, business owners, executive officers, etc: _____

APPLICANT (Check Only One): Class 1 - Owner/Operator Class 2 - Co-Driver Class 3 - Independent Contract Driver

Description of Class 1, 2 & 3:

Class 1 – "Owner Operator" means a person who meets all of the following definitions:

- is an Independent Contractor as defined by the law,
- has the responsibility for determining the time, means and method of performing the work
- has entered into a covered contract with the Participant Sponsor,
- is compensated on a Form 1099 and not a Form W-2, and
- does not own or control the Participating Sponsor.

Class 2 – "Co-Driver" means a person who meets all of the definitions in Class 1 and:

- co-owns a motor vehicle which is under a long term lease contract with the Participant Sponsor., and
- drives the motor vehicle as an Independent Contractor, as defined by the law

Class 3 – "Independent Contract Driver" means a person who meets all of the following definitions:

- drives a motor vehicle owned or leased by an Owner Operator,
- is an Independent Contractor as defined by the law,
- works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized
- has the responsibility for determining the time, means and method of performing the work, and
- is compensated on a Form 1099 and not a Form W-2.

As referred to herein, 'motor vehicle' does not include any of the following: motorized and non-motorized bicycles (2-wheels), motorized and non-motorized tricycles (3-wheels), motorized and non-motorized scooters, motorized and non-motorized skates and skateboards, snowmobiles, motorcycles, mopeds, ATV's (all terrain vehicles), and foot messengers. Coverage also does not include and trucks or any vehicle longer than 16 feet unless you have applied for coverage as a truck driver.

OCCUPATIONAL ACCIDENT INSURANCE: Please review your **Description of Coverage** for benefit details.

BENEFICIARY DESIGNATION – ACCIDENTAL DEATH BENEFIT:

Beneficiary Name	Beneficiary Address	Relationship to Insured	Beneficiary SS#

By signing this PAIC Membership Enrollment and Owner/Operator Request for Insurance form,

I hereby declare and state that:

1. I am not an employee or eligible for Workers' Compensation from the Participant Sponsor. I request coverage under the Participant Sponsor's group Occupational Accident policy; and
2. I qualify for coverage under the Eligible Class as checked above; and
3. I grant permission to the Participant Sponsor to deduct such payments as may be required for the insurance provided by this policy; and
4. I understand this insurance will become effective the date this Request For Insurance has been received and approved by High Point Underwriters.
5. I am joining the Professional Association of Independent Contractors (PAIC); and
6. I request coverage to be bound under the Participant Sponsor's Occupational Accident policy. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state.
7. I hereby grant a limited power-of-attorney to PAIC with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program.; and
8. I hereby understand and agree that eligibility for this program is limited to Independent Contractors, as defined by law, and Owner Operators' who are not employees and I further agree to the terms outlined in the above items.
9. The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above by completing and submitting a signed Change of Beneficiary Form.
10. I understand that the insurance as applied for is based upon my written statements and answers to the above questions.
11. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is 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 <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: 0 auto;"> <tr><td colspan="9">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td colspan="9">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>	Social security number																		Employer identification number																	
Social security number																																					
Employer identification number																																					

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).	
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 4.	

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Looking for More Work?



(Optional)

About CBDriver.com

CBDriver.com is the online driver exchange designed exclusively for Independent Contractor Drivers in the messenger and courier industry. CBDriver.com is the place to both search for driving contracts posted by companies and list your own Driver Available Ads. Built on innovation, CBDriver.com offers cutting-edge search technology and electronic notifications of jobs available in your market. Members get auto email alerts when new driver wanted ads are posted near you!

CBDriver.com is committed to helping our members find more driving contracts. Our goal is to increase your business. Our vision is centered on three basic principles: easy to use online systems, providing resources for drivers, and superior customer service.

SCI and CBDriver.com are committed to helping our Independent Contract Drivers secure as much available work as possible thus maximizing your earnings potential.

If interested please complete the section below and CBDriver.com will contact you via email to invite you to create an online profile and begin your search for additional contracts.

Sign Up For Our Free Membership and Get Driving Today!

Yes, I am interested in joining CBDriver.com and start looking for additional contracts

Full Name

Email Address

Signature

Return to: SCI - 25 Willowbrook Rd - Queensbury, NY 12804 OR Fax: (518) 724-3291 OR Email: benefits@scicourier.com



25 Willowbrook Road
Queensbury, NY 12804
Tel (800) 821-5344
Fax (855) 724-3291

SCI DIRECT DEPOSIT AUTHORIZATION FORM (Optional)

Client # _____ Contractor# _____

Driver Name _____ Driver SSN _____

Bank Name _____ Account # _____

I hereby authorize SCI to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that deposits will be made through the facility of the National Automated Clearing House. Funds should be available each pay date. **However, SCI cannot make any warranty that such funds will in fact be available.** You should check with your individual bank for any such warranty.

*** If Direct Deposit is going into an account that the contractors name is not on, the Bank account owner must sign this form.

Driver Signature _____ Date _____

Account Owner _____ Date _____

* There will be a (2-3) week pre-notification period (testing period) before the direct deposit will take effect.

PLEASE ATTACH A COPY OF A VOIDED CHECK WITH THIS APPLICATION. FAILURE TO DO SO WILL DELAY PROCESSING OF THIS APPLICATION.

Attach Voided Check Here



25 Willowbrook Road
Queensbury, NY 12804
Tel (800) 821-5344
Fax (855) 724-3291

TAX SAVINGS PLAN AUTHORIZATION

(Optional)

Name of Driver: _____

Address: _____

City: _____ State: _____ Zip: _____

Client Name: _____

Date of Birth: _____ SS#: _____ Contract Date: _____

I hereby authorize SCI to deduct a percentage (% _____)

or Set Amount (\$ _____) of my settlement check

This amount will be placed in escrow for my quarterly tax filing responsibilities. I further authorize SCI to send me a check each quarter for the full amount that was deducted under this plan so that I may pay my quarterly taxes.

Driver Signature: _____ Date: _____



INSURANCE PROGRAM

ALL ITEMS ON THIS PAGE ARE INCLUDED WITH YOUR SCI PROGRAM FEE

* Claims must be reported to SCI within 90 days of initial accident for timely filing

A.) Occupational Accident Insurance:

- Accidental Death:
 - \$100,000 Maximum Benefit as per policy schedule
 - \$25,000 Payable Lump Sum
 - \$1,000 per Month thereafter of the remaining Limit

- Accidental Dismemberment:
 - \$100,000 Maximum Benefit as per policy schedule
 - Benefits paid Lump Sum according to schedule

- Accident Medical Expense:
 - Up to a Maximum of \$500,000 Per Person/Accident.
 - \$250 Deductible per occurrence
 - Up to a 104 Week Payment Period

- Temporary Total Disability*:
 - 70% of 75% of Past Wages up to a Maximum Weekly Benefit of \$500
 - 7 Day Waiting Period (non-retroactive).
 - Up to a 104 Week Eligible Period.

- Permanent Total Disability:
 - 70% of 75% of Past Wages up to a Maximum Weekly Benefit of \$500
 - 104 Week Waiting Period.
 - Maximum Payment Period is to Age 70 and subject to Social Security Disability Award and Offset.

- Combined Single Limit:
 - \$1,000,000 Per Person Per Accident

Benefits for Subscribers Over Age 70. Benefits can be extended to a Subscriber over the age of 70 The Subscriber must qualify for and be approved by the Administrator before this extension of benefits will apply. Contact SCI if you want Benefits and are over the age of 70

The benefits extended to Subscribers over the age of 70 shall consist of:

1. Accidental Death & Dismemberment
2. Accidental Disability - Limited to Temporary Total benefits for a maximum of two years
3. Accident Medical benefits.

The amount payable for any Accidental Death & Dismemberment loss will be reduced when You are age 70 or older. The AD&D amount payable will be reduced as shown in the following table:

*Any subscribers over Age 70 are subject to a reduction in TTD based on the following:

AGE ON DATE OF ACCIDENT	AMOUNT OF REDUCTION
70-74	35%
75-79	55%
80-84	70%
85 and Older	85%



OTHER RESOURCES

SCI Driver Web Site

Always dedicated to its client and drivers, SCI has upgraded our internet presence on the World Wide Web. You can now visit our website dedicated solely to the Owner/Operators that are members of the SCI program. You can find us 24 hours a day at: www.SCIDriver.com

The website is designed with the Owner/Operator in mind and houses a database of information, including driver resources, information regarding SCI's programs, as well as our weekly SCI Lottery. Each week, SCI adds \$50 to a lottery pot, and a winner is chosen at random each week. The lucky number is printed on the bottom of every pay stub. We have had winners of over \$2,000.

Recently we have added more functionality to our web site. You now have the ability to login and view your earnings information, sign up for direct deposit and tax escrow electronically, and reprint your own 1099 among many other features.



Got Extra Time?



If you are looking for more work we encourage you to check out the following sources for supplemental work...perfect for the owner/operator with some extra time each week.

Both of these providers specialize in piece work of all kinds and can be a great source to fill in those dyas or hours in which you have time to make more money. In addition, SCI also has a driver availability section at our website www.scidriver.com in which your information can be collected and made available to other SCI clients in your area that may be looking for additional drivers for supplementary work.

Legal Assistance



Identity theft protection, 24/7 access to attorneys for you and your family, in-court representation on traffic violations, and more- for a low monthly fee. Visit www.scidriver.com or www.couriercoverage.com for more information.



Merrill Lynch

Want to Save for Retirement?

The Reinemann Group – Chuck Reinemann, Chartered Retirement Planning Counselor, CRPC
Specializing in Retirement Planning for the Transportation Industry

Advantages Include:

- Assets have the potential to grow tax deferred until withdrawal
- Contributions vest immediately
- Maintain full control over investment direction
- Access to more investment options than typically available in a 401(k)
- Automatic Investment Program (AIPs) may be leveraged to automatically invest contributions
- Annual IRA contributions can be made to SEP IRA, eliminating the need for separate IRA accounts and additional custodial fees
- Funds can be withdrawn at any time if the need arises (Subject to IRA withdrawal rules including early withdrawal penalties)
- Settlement deduction available automatically thru SCI

For further information, please contact:

Chuck Reinemann – CRPC
 Merrill Lynch
 449 Routes 146
 Clifton Park, NY 12065
 800-981-3522 / 518-383-8958
Chuck_Reinemann@ml.com
www.Fa.ml.com/The_Reinemann_Group



Independent Trucking Contractors Program



MidMed Premier PPO

Two plan designs up to 50K annual, 150k lifetime. \$20 Co-Pays, RX Co-Pay Plan

Hi-Plus

A scheduled benefit program that includes benefits for Hospitalization, surgery, physician visits and more

Disability Income Protection

Replaces your income in the event of a non-occupational accident of illness causing you to miss work. Make sure you can cover your house and truck payments.

Dental Insurance

Brighten your smile with an insured dental plan. Use any dentist. Great benefits!

Vision Insurance

Exams, lenses, frames, and contacts are covered and members can access the nationwide PPO Network of 20,000+ stores!

Life Insurance

Ten year-level term or Whole Life Insurance

Critical Illness Protection

Don't be left in debt due to illness. Get a \$5,000-\$30,000 lump sum upon diagnosis of heart attack, stroke, cancer and much more.

Accident

Helps offset unexpected medical expenses that can result from a covered accident.

(877) 517-8900 or www.TruckerCare.com/PAIC for more information

CALL TODAY TO GET YOUR **NEW BENEFITS!**



As a **•SCI** Independent Contractor, health coverage through Transamerica is now available for you and your family!

BENEFITS INCLUDE:

- Guaranteed Issue - no medical questions
- No pre-existing condition restrictions
 - No deductible or co-insurance
- Benefits for doctor office visits / pharmacy
 - Hospitalization benefits
- Health plans as low as \$120 / month

Don't miss out on this opportunity!

OTHER OPTIONS INCLUDE:



- myPack** - Critical Illness, Accident, and Life Insurance
- Dental Insurance
 - Vision Plan
 - 401K(i)
 - Major Medical

OPEN ENROLLMENT STARTS NOW!

1.888.748.2636

*Plans administered by Enrollment First



SCI is pleased to introduce you to OptimaNet Tax Services. In recent years SCI has been able to provide low cost solutions for IC's that needed assistance preparing and filing their tax returns. This year we have taken this service to a new and exciting level!

OptimaNet Tax Services not only provides yearly tax return processing but since they are a full service year round accounting firm they are able to offer much, much more than simply tax return processing. Services include:

Tax Return Preparation

For a flat rate of \$125.00 deducted from your SCI settlement check you receive full access to OptimaNet Tax Services for 2011 year tax preparation. The rate includes a single or married State and Federal long form including a Schedule C. Additional fees apply to other schedules necessary in the completion of your return. Examples: Schedule A = \$35.00, Interest Schedule = \$20.00. OptimaNet Tax Services can also help with prior year returns or prior year amendments.

Please call OptimaNet Tax Services at 877-305-1040 for pricing for these services or for additional schedule pricing.....

Annual Consultation

You never know when the services of a full services accountant will be needed. OptimaNet Tax Services is offering a annual service agreement. For \$24.99 per month, adjusted for Monthly settlement IC's, OptimaNet Tax Services will provide you with consultation services including tax questions, general accounting questions, tax estimation, or yearly tax planning services throughout 2012. On demand consultation services are available at a rate of \$125.00 per hour.

Full-Service accounting and Business Solutions

OptimaNet Tax Services can provide your Corporation, LLC or Sole Proprietorship accounting services. Including but not limited to Bookkeeping, Corporation & LLC formations, Business Management and Consulting, and many other services.

IRS or State audit Representation

If you find yourself dealing with the IRS or State Auditor consider Bijan from OptimaNet Tax Services to represent you. Bijan licensed by the IRS has been representing companies and individual taxpayers involved in IRS audits for over 26 years. Let his expertise assist you when needed.

Getting Started

To get started: please visit OptimaNet Tax Services' website at www.onts9.com click on the link SCI Tax Services. There you will find links to a tax organizer and the fee authorization form.

Additionally, your necessary tax documents including 1099s, W2s and most importantly your previous year tax return simply need to be sent to OptimaNet Tax Services, this can be done via upload, email (info@onts9.com), or fax (310-820-1580) to the attention SCI Tax Services. Once all the necessary documents are received by OptimaNet Tax Services your return will be completed within (2) days. Missing information will delay this process.



SCI Independent Contractors

**Budget Truck Rental is pleased to extend the
SCI National Account Rates to you.**



Budget Trucks are a great solution!

Once established as a commercial account customer, you will have access to the complete fleet of Budget Trucks and our sophisticated commercial rental program. If you are interested in the convenience of having a billing account, please record that in the box provided.

- 150 free miles per day included and \$.08 per mile thereafter
- 2,700+ Rental Locations
- Over 30,000 non-CDL Trucks
- You will be required to provide a certificate of insurance or purchase coverage from Budget

Cargo Vans

Daily Rate: \$36.00 Weekly Rate: \$175.00



Cargo Vans are limited in availability

10' Trucks

Daily Rate: \$36.00 Weekly Rate: \$175.00



16' Trucks

Daily Rate: \$44.00 Weekly Rate: \$215.00



To receive your preferred commercial rates, fill out this form and fax it to us at **918-270-4761**.

For more information, call one of our Commercial Account Managers at **866-628-5774**

or e-mail budgettruckcam@avisbudget.com

Company Name	Contact Name	
Address		
City	State	ZIP
Area Code Phone	Area Code Fax	
E-mail Address		

- I have immediate rental needs I would like to have a billing account

The truck specifications above are based upon the most common fleet rented by Budget Truck Rental and are not the exact measurements of all fleets. Specifications may vary based upon make, model and year of truck. Rates subject to change, are offered at participating locations and cannot be combined with any other rates. Additional fees may apply. All drivers must be 21+ years of age.

©2009 Budget Truck Rental, LLC.

1807-08



Member Savings Card

For special discounts and **up to 20% off** every time you rent, use the BCD number listed below.



SCI Car Rental Program
BCD # D504600
1-800-527-0700

\$20 Off A Weekly Rental

SCI MEMBERS

Rent a Budget car at weekly rates for a minimum of five consecutive days and you can receive \$20 off! That's in addition to your member discount of up to 20% when you mention **BCD # D504600** . **An advance reservation is required**. See complete Terms and Conditions on the back.

For reservations, visit **budget.com**
or call **1-800-527-0700** . And don't
forget to mention **BCD # D504600** .



A Free Weekend Day

SCI MEMBERS

Rent a Budget car for a minimum of three consecutive days including a Saturday night keep and enjoy the third day free! That's in addition to your member discount of up to 20% when you mention **BCD # D504600** . **An advance reservation is required**. See complete Terms and Conditions on the back.

For reservations, visit **budget.com**
or call **1-800-527-0700** . And don't
forget to mention **BCD # D504600** .



AVIS[®] MEMBER SAVINGS

Just mention the Avis Worldwide Discount (AWD) number below to save up to 25% whenever you rent.

SCI
AWD # S767600
1-800-331-1212



\$25 OFF A WEEKLY RENTAL



SCI MEMBERS

Rent for five or more consecutive days and get \$25 off! That's in addition to your member discount of up to 25% when you mention AWD # S767600

For reservations, visit avis.com/sci or call 1-800-331-1212 (U.S.) or 1-800-879-2847 (Canada). Always mention AWD # S767600



FREE WEEKEND DAY



SCI MEMBERS

Rent for three or more consecutive days including a Saturday night keep and get one day free! That's in addition to your member discount of up to 25% when you mention AWD # S767600

For reservations, visit avis.com/sci or call 1-800-331-1212 (U.S.) or 1-800-879-2847 (Canada). Always mention AWD # S767600





Bush Truck Leasing and SCI
working together to provide solutions
for Independent Contractors



- Lease programs up to six (6) years
- 24 hour credit decisions
- Leases easily assumable
- Options with/without balloon payment
- Minimal down payment
- No mileage restrictions

D R I V I N G Y O U R B U S I N E S S !

Delivery Truck Solutions for the Messenger Courier Market



Isuzu NPR Heavy Duty Tilt Cab* - New & Used

5.19L 190hp diesel engine • 4 speed automatic transmission
engine block heater • 14,500 GVWR • AM/FM CD stereo
air conditioning • power locks & windows • 16' aluminum body
84" h x 96" w roll up rear door • 150" wheelbase • 215/85R 16E tires
*gas also available



Ford Cargo Van - Used

4.6L V8 gas engine • 4 speed automatic transmission • 8,600 GVWR
138" wheelbase • bucket seats • AM/FM radio • LT245/75R x 16E tires
swing out side doors • air conditioning

Now Available!



Ford Transit Connect XL Cargo Van

5005 GVWR • 114" wheelbase • color white • dark grey interior
2.0 liter gas engine • 4-speed automatic transmission • P205/65R15 tires
4.20 axle ratio • air conditioning • bucket seats • am/fm radio

Payments as low
as \$120/week!



Straight Truck

International - Freightliner - Hino - Isuzu - Ford

diesel engine • Allison 2400 automatic trans. • 25,500 GVWR
air brakes • 3 man seating • air conditioning • AM/FM radio
70 gallon fuel tank • hardwood floor • E trac • roll up rear door
254" wheelbase • 24' to 26' aluminum body



Dodge Sprinter 3500 High Top Van - Used 2006

9990 GVWR • arctic white color • high top van • 158" wheel base
dual rear wheels • customer-preferred package 22A • cruise control
2.7L I5 turbo diesel engine • back up camera • keyless entry
5-speed auto transmission • monotone paint • cloth bucket seats - gray
solid cargo partition • AM/FM CD player

-- Freightliner Sprinter 2500 High Top also available --



Ford - Chevrolet Commercial Cutaway Aerocap

gas & diesel models available • 4 speed automatic transmission
swing or roll up rear door • 16' to 18' aluminum or FRP body

GREAT DEALS ON
USED TRUCKS!

Used Ford E-250s



As Low As
\$108/week!

Used Int'l 4300s



As Low As
\$204/week!

Used Sprinters



As Low As
\$140/week!

Prices do not include sales tax. Call for details.

Contact Us Today!
800-200-0404

info@bushtrucks.com
www.bushtruckleasing.com



SCI SIGN-UP PACKET CHECKLIST

ENCLOSED	FILLED OUT	ITEM
X		Owner / Operator Set-Up Form
X		Owner / Operator Agreement
X		Owner / Operator Request for Insurance
X		Acknowledgement Form
X		IRS Form W-9
X		Appendicies A and B
X		Direct Deposit Authorization (Optional)
X		Tax Escrow Authorization (Optional)
NEED		Copy of Current Drivers License
NEED		Copy of Social Security Card
NEED		A copy of valid vehicle registration with Plate and VIN #
NEED		A copy of your insurance card or Declaration page

All of the documents listed on this page are required and must be filled out, signed and returned to SCI within 3 days to ensure proper enrollment.

Questions? Call Toll-Free (800) 821-5344