

**Farmers Rice Mill
Trucker Information**

Name: _____

Address: _____

Home #: _____

Truck #: _____

Social Security #: _____

Federal Tax ID#: _____

TWIC ID#: _____

In Case of an Emergency Contact

Name: _____

Phone #: _____

Work #: _____

Address: _____

Relationship: _____

INSURANCE REQUIREMENTS

The subcontractor shall, at its own expense, provide and maintain, in effect for the life of the Agreement, minimum insurance coverage as follows:

1. Workers Compensation and Employers' Liability, with limits of not less than \$1,000,000 each accident.
2. Automobile Liability Insurance, with combined single limit of \$1,000,000.
3. The subcontractor shall request that, should any of the above-described policies be terminated, cancelled or materially altered before the expiration date, thereof, the issuing insurer mail thirty (30) days written notice to the Certificate Holder. Prior to the effective date hereof, the subcontractor shall furnish a Certificate or Certificates of Insurance evidencing such coverages.
4. Cargo Insurance with limit not less than \$25,000.