



+1 323 400 5225
info@precisetransportation.us
12015 Kling street unit 203 Valley Village. CA 91607

Application for Independent Owner Operators

INSTRUCTIONS

Minimum Qualifications:

Please review our minimum qualifications. If you do not meet the following requirements, do not complete this application:

- 21 years of age or older
- US Citizen or Resident Alien
- Valid Driver License in the State of residence
- No felony convictions involving drugs, DUI convictions, or refusal to submit the alcohol test. No reckless driving and no more than one at fault accident in the past three years
- No criminal record
- Ability to understand, read and speak English well enough to read signs, complete the reports and communicate with dispatchers and other authorities

Independent Contractor Status:

Please note that Precise Transportation Enterprises INC, does not hire company drivers. You are submitting the application to execute a written Independent Contractor Agreement as an Owner Operator.

Documents to Submit with Your Application:

- Vehicle insurance at Owner Operator's expense:
 - Commercial Auto Coverage: Trucking for Hire Operations
 - \$1,000,000 Commercial General Liability
 - \$1,000,000 Primary Liability Commercial Auto Combined Single Limit
 - \$100,000 Broad Form Cargo with \$1,000 deductible max
 - Unlimited Radius of Operations (Full time with NO radius coverage restrictions)
 - Additional Insured Designation for our Company
 - COI must show listed vehicles (VIN#, year, make) and the drivers
- Vehicle manufactured in 2013 or later
- PPE (Personal Protective Equipment) and min 4 straps must be present in the vehicle
- ✓ Copy of your and your driver/drivers Driving License, Passport/Green Card, Social Security Card
- ✓ Copy of your Driving Record for the past 10 years
- ✓ Copy of the vehicle registration
- ✓ Certificate of Insurance
- ✓ Completed and signed W-9 form
- ✓ Copy of your check for direct deposit
- ✓ 3 pictures of the vehicle (left/right side, open cargo space)
- ✓ Weight ticket of the empty truck and a sticker with specifications of the vehicle (only for Box-Trucks/Vans)



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OWNER OPERATOR APPLICATION

Company Information

Company Name/DBA: _____
 Company's Registered Address: _____
 City, State and ZIP-code: _____
 Web-site: _____
 Make: _____
 Model: _____
 Plate #, State: _____
 VIN #: _____
 Year: _____
 Cargo Space Dimensions, L/W/H in inches: _____
 Door Opening Dimensions W/H in inches: _____
 Payload: How many LBS can the vehicle carry? _____
 Odometer Indicators, # of miles _____

Vehicle information

Full Name: _____
 Driver's License No.: _____
 Issuing State: _____
 Date of Birth: _____
 Social Security No.: _____
 Citizen/Resident: _____
 Country of Birth: _____
 Home Street Address: _____
 City, State, ZIP code: _____
 Phone No.: _____
 E-mail: _____
 Emergency Phone No., Contact Name and Relation: _____

Personal Information

Full Name: _____
 Phone No.: _____
 E-mail: _____
 Emergency Phone No., Contact Name and Relation: _____

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

 Date

 Applicant Name and Signature





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EMPLOYMENT HISTORY

Give a Complete Record of all employment, including any unemployment or self-employment. Complete mailing address and contact phone information is required.

Present or Last Employer (if applicable)

Company Name: _____

Address: _____

Phone No.: _____

Employment Period From-To (Date): _____

Position Held: _____

Reasons for Leaving: _____

Where you subject to the FMCSRs while employed here? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

If yes, please explain: _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If yes, please explain: _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

List all special training completed (HazMat, TWIC, TSA, FAST, etc.): _____

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant Name and Signature





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INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is made and entered this _____ day of _____, 20____ by and between Precise Transportation Enterprises INC (COMPANY) and _____ (CONTRACTOR) and shall remain in full force and effect for not less than thirty (30) days hereafter, with automatic renewal for succeeding periods following each delivery of the freight and the provision of Proof of Delivery. The acceptance of a load shall be deemed a renewal of this Agreement by Contractor.

Independent Owner-Operator Status.

It is expressly agreed that Contractor shall always be acting as the Independent Contractor in performing any services for Company. Company shall carry no worker's compensation insurance, or any health or accident insurance to cover Contractor, or any of his/her drivers. Company shall not pay any contribution to social security, unemployment insurance, Federal or State withholding taxes, nor provide any other contributions, which might be expected in an employer-employee relationship. Contractor agrees to report and pay any necessary amounts for worker's compensation, taxes, unemployment insurance, social security, health insurance and other benefits for himself and his drivers.

Company Indemnification.

Contractor shall defend and indemnify Company and its directors, officers, and employees, and stockholders, (collectively, "Indemnified Parties") from and against all third party claims, actions, suits, demands, damages, obligations, losses, settlements, judgments, costs and expenses (includes without limitation reasonable attorneys' fees and costs).

Update Information Reporting.

Honest and on-time communication is required between Contractor and Company. It includes, but is not limited to providing Company dispatch with the updates of arrival on pickup/delivery site, updates about the picked up freight (including number of pieces, total weight, BOL#, delivery address), updates of the full name of the person who received the freight and signed the BOL, updates of the vehicle's current location every hour when driving to the pick up facility, and up to every two hours when moving loaded to the delivery facility, or additionally on dispatcher's request. Contractor must immediately present every piece of the information concerning the ongoing shipment e.g. traffic conditions, accidents, vehicle break downs etc, and answer all questions of the Company dispatch.

Damaged Freight.

When Contractor is loaded with the damaged freight, he/she must notify Company dispatch immediately, send pictures of such freight, and wait until further directions. Contractor must have the written notice on the Bill Of Lading by the shipper with his full name and contact phone number that the freight has been damaged before loading, including "Not Driver's Fault" note. If Contractor leaves the shipping facility with the damaged freight and never informs Company about it, then Contractor is fully responsible for all charges, claims or rate reductions that may be issued by the broker to the Company. Company shall not accept any liability for the damaged or short freight transported by the Contractor.

Vehicle Maintenance.

Contractor is responsible for maintenance of the vehicles owned. If the vehicle breaks down while under the Company's load, Contractor must immediately call the Company dispatch to explain the situation. Contractor must provide evidence of the breakage to Company within 24 hours. The different Contractor, who reloads the broken vehicle shall be paid the necessary amount to deliver the freight to the final destination. The Contractor, whose vehicle was broken shall receive the remainder from the whole rate per load no matter what distance this Contractor had already made.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant Name and Signature





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Insurance requirements.

Vehicle Insurance has to be valid and purchased at Contractor's expense including \$1,000,000 Commercial General Liability, \$1,000,000 Commercial Auto Liability CSL and \$100,000 Broad Form Cargo with \$1,000 deductible max. It is Contractor's responsibility to either settle the financial burden, which resulted from any type of the accident, independently or with involving his/her Insurance Company. All claims in regards to the freight being lost or damaged, vehicle being lost or damaged, third parties being injured or their belongings being damaged by the Contractor's vehicle should be settled with the Contractor's Insurance Policy, exempting Company from covering any part of such expenses.

Payment Terms and Conditions.

The distance of the hauled load is measured by principle "from the zip- code to the zip-code". Contractor shall provide his/her real current location to Company to determine the correct mileage. Company charge 5% of a gross amount and submits direct deposit within 2 business days after the freight is unloaded. Contractor must provide Company with the good-quality photocopy of the Bill of Lading, signed by the receiver at the appropriate place of the document. It must be emailed to: info@precisetransportation.us immediately after the freight is unloaded. In case original BOL is requested by the client, Contractor must send it to: 12015 Kling Street . Unit 203. Valley Village. CA. 91607. 25% reduction may be applied for any pickup/ delivery failure, including lateness without notifying the Company Dispatch, earlier loading/unloading than scheduled appointment or any other service failures. 100% rate reduction shall be applied if Contractor takes the wrong BOL at the pick-up facility by mistake.

Breach of Contract.

Either party may terminate the Agreement voluntarily or for a specific cause, excluding the possibility to terminate the Agreement during the uncompleted shipment. Specific cause includes, but is not limited to the following: Contractor's poor performance, e.g. failure to provide the on time location updates, the good quality POD signed in the appropriate place; lateness without the notification, etc.; Contractor is failing to maintain the required insurance coverage; Contractor is seeking to compete with Company, i.e. communicating directly with the broker; Contractor's unacceptable and rude behavior with dispatchers and representatives at the facility, etc.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I FULLY ACCEPT AND UNDERSTAND ALL OF THE ABOVE MENTIONED TERMS AND CONDITIONS BETWEEN THE COMPANY AND THE CONTRACTOR, AND COMMIT TO FULLY ADHERE THIS AGREEMENT.

Contractor

_____ Name
 _____ Signature
 _____ Printed Name
 _____ Title
 _____ Date

Company

Precise Transportation INC.
 _____ Signature
 _____ Printed Name
 _____ Title
 _____ Date

