



PILOT CAR/FLAG CAR/ESCORT SERVICE

New or Updated Vendor Form (circle one)

Legal Name: _____

Operating Name: _____

Telephone Number: _____ Fax Number: _____

Remittance Address:

Address	City	State	Zip
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Physical Address, if different from above:

Address	City	State	Zip
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Primary Email Address: _____

Certified by the State of: _____
Enter State Abbreviation(s) above

Number of Units: _____ Number of Drivers: _____

REQUESTED PAYMENT TERMS FORM ATTACHED – MUST BE COMPLETED AND RETURNED
(Payment date will be calculated from the date of invoice receipt.)

Please send the completed vendor form, agreement, insurance certificate, payment form and W-9 to
gail.naquin@acmetruck.com.



PILOT CAR ESCORT CONTRACT AGREEMENT

I (We), _____ agree to provide PILOT CAR SERVICES, as an Independent Contractor, to Acme Truck Line, Inc. I(We) agree to carry and provide proof of Auto Liability coverage in the amount of One Million Dollars (\$1,000,000.00) or greater and General Liability coverage in the amount of One Hundred Thousand Dollars (\$100,000.00) or greater and agree to list Acme Truck Line, Inc. as additional insured. I(We) agree to carry and provide proof of workers compensation and employers' liability coverage as required by law. I (We) agree to hold Acme Truck Line, Inc. harmless for any loss, property damage, illness, injury (including death, dismemberment and disability) or other cause of action that may occur as a result of Pilot Car/Escort negligence.

I (We) agree to have \$25.00 deducted from each invoice billed to Acme Truck Line, Inc., if general liability insurance coverage is not provided. This deduction by Acme Truck Line, Inc. will remain in place until I (We) secure the required general liability coverage.

I(We) also agree not to hire or otherwise employ or contract any persons to perform or assist with the services to be provided unless person(s) contracted with meet all the requirements listed in this contract.

Acme Truck Line, Inc. requires all pilot car drivers to have a valid state Escort/Pilot Car certification ID card. It is the responsibility as an independent contractor to have knowledge of the state by state requirements for escorting loads and to provide all flags, gear, personal protection and equipment required by law and needed to safely perform the job. It is the responsibility of the independent contractor to keep its vehicle maintenance standards up to DOT requirements. I (We) agree that there will be no pets or children in the vehicle.

I (We) have read and agree to follow the "Best Practices Guidelines" available @ FMCSA's website. [fmesa.dot.gov/sites/fmcsa.dot.gov/files/docs/Pilot_Car_Escort_Best_Practices_Guidelines.pdf](https://www.fmesa.dot.gov/sites/fmcsa.dot.gov/files/docs/Pilot_Car_Escort_Best_Practices_Guidelines.pdf)

In the event there is an accident or incident involving an Acme truck or load, speak with the driver, call for the appropriate emergency response, and secure the area. Contact Acme Truck Line, Inc. Insurance Department at 800-825-6246 immediately. A written statement must be submitted to the Acme Truck Line, Inc. Insurance Department within 24 hours.

This Agreement shall continue in full force and effect for a term of one year from the date signed and from year to year thereafter unless terminated by 30 days written notice given from one party hereto to the other, except that, regardless of whether such notice has been so given, this Agreement shall not terminate with respect to work that has not been completed or paid for. Written notice must be sent to our office at 200 Westbank Expwy., Gretna, LA 70053.

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Authorized Representative: _____ Position: _____
(Print Name)

Signature _____ Date: _____



Pilot Car Services

Application for Direct Deposit and/or Quick Pay

Acme will issue payment following receipt of your invoice. Business days exclude weekends and holidays. Once this form is returned, your company will remain on the quick pay program for any and all shipments until written notice to cancel is received. In order to participate in this program, your insurance certificate on file with Acme must be kept current.

You can choose payment by direct deposit OR check. If you use a factoring company, have them fax a release to us at 877-848-2263.

Sign and date where requested and return via fax to (877) 848-2263 or email to payables@acmetruck.com. If you have any further questions, please call the Acme Payables Department at (800) 825-6246.

Company Name _____
Date _____
Phone Number _____ Fax Number _____
Email Address for remittance stubs _____
Signature(owner/officer) _____
Name (print) _____ Job Title _____

PAYMENT TERMS - (Choose only one option)
___ For a fee of 7% issue payment in 3 business days.
___ For a fee of 3% issue payment in 14 business days.
___ I do not want quick pay. I agree to 28-day payment terms

PAYMENT METHOD - (Choose only one option)
___ Issue payment by Check in US Mail
___ Issue payment by Direct Deposit: (Attach a voided check)
Bank: _____
For credit to Account Number _____
Bank Routing (ABA) Number: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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

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

PRODUCER ABC INSURANCE AGENCY, INC 123 MAIN ST. ANYTOWN USA, 10055	CONTACT NAME: JOHN JONES PHONE (A/C No. Ext): 800-222-1333 E-MAIL ADDRESS: john@abcins.com	FAX (A/C No.): 800-222-1444	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED BOB SMITH VEHICLE ESCORT SERVICES, INC. 456 MAIN ST. ANYTOWN USA, 10055	INSURER A: RELIABLE INSURANCE CO.		
	INSURER B: GUARANTEE INSURANCE CO.		
	INSURER C: DEPENDABLE INSURANCE CO.		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/>	100-24556	05/08/2014	05/08/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	GEN'L AGGREGATE-LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	250-558899	05/08/2014	05/08/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		300-556699	05/08/2014	05/08/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A <input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Services Liability	<input checked="" type="checkbox"/>	555-123555-00	05/08/2014	05/08/2015	\$1,000,000 Each Occurrence \$1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is recognized as Additional Insured as respects services provided by the Named Insured.

CERTIFICATE HOLDER ACME TRUCK LINE, INC. P.O. BOX 183 HARVEY, LA 70059	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE John Jones