



PILOT CAR/FLAG CAR/ESCORT SERVICE

Circle One: New Form Updated Vendor Form

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 FROM ATTACHED – MUST BE COMPLETED AND RETURNED

(Payment date will be calculated from the date of invoice receipt.) Acme purchase order # must be stated on your invoice. To verify PO# call 800-825-6246 group 7904.

Please send the completed vendor form, agreement, insurance certificate, payment form, W9, and each driver's state pilot car certificate to accountspayable@acmetruck.com. Please return this packet complete with all paperwork in one email.



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:

www.fmcsa.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 and 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 Corporate Office at 200 Westbank Expy, Gretna, LA 70053.

Company Name: _____

Adress: _____

Phone Number: _____ Email Address: _____

Authorized Representative: _____ Position: _____

(Print Name)

Signature: _____ Date: _____



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	
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			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:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COM/OP AGG	\$ 1,000,000
								\$
B	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)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			300-556699	05/08/2014	05/08/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-FR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 <i>John Jones</i>
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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 **accountspayable@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 3% issue payment in 3 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: _____