

# NEW HIRED TRUCK REQUIREMENTS

- Hired Truck Information Sheet
- Copy of Motor Carriers License (OCC AUTHORITY)
- Copy of ALL Trucks and Trailers Registrations
- W-9 Form
- Certificates of AUTO and GENERAL LIABILITY Insurance (ALL Hired Trucks are REQUIRED to carry a minimum of \$1,000,000.00 Auto and General Liability Insurance. Certificates must list HASKELL LEMON GROUP LLC and A&A TRUCKING INC. as additional insureds and should be listed as certificate holders on separate forms. Certificates should also include a waiver of subrogation in favor of the below for GL, Auto and Workers Compensation.

1) Haskell Lemon Group LLC  
P.O. Box 75608  
Oklahoma City, OK 73147-0608

2) A & A Trucking Inc.  
P.O. Box 75608  
Oklahoma City, OK 73147-0608

- Certificate of WORKERS COMPENSATION Insurance. (\$1,000,000.00 POLICY) Listing the above named Companies as Certificate Holders separately. All Hired Trucks ARE REQUIRED to carry Workers Compensation Insurance for ALL of its employees.
- IF NO EMPLOYEES, you must submit the Workers Compensation Exemption Affidavit. Each owner who drives their own truck must have an Exemption Affidavit on file with Haskell Lemon or workers compensation coverage will be required. This form is only accepted for the owner(s). If you have other individuals driving your trucks, you must have workers compensation for those employees. The affidavit can be found at [www.ok.gov/WCC](http://www.ok.gov/WCC).
- All Hired Truck Companies and its employees MUST adhere to Haskell Lemon Group LLC policies and procedures and all Federal, State and Local Laws. Some of the policies included in this packet will include EQUAL EMPLOYMENT OPPORTUNITY POLICY, WORKING ENVIRONMENT POLICY, OVERHEAD POWERLINE SAFETY, PPE and DRUG and ALCOHOL POLICY.

RETURN ENTIRE PACKET TO: Haskell Lemon Group LLC

ATTN: David A Perez  
EMAIL: [csawyers@haskelllemon.com](mailto:csawyers@haskelllemon.com)  
PHONE: 405-947-6069  
FAX: 405-947-6068

# HIRED TRUCK CHECKLIST

- \_\_\_\_\_ HIRED TRUCK INFORMATION SHEET (COMPLETED)
- \_\_\_\_\_ COPY OF MOTOR CARRIERS LICENSE (OCC AUTHORITY)
- \_\_\_\_\_ COPY OF ALL TRUCKS AND TRAILERS REGISTRATIONS
- \_\_\_\_\_ W-9 FORM
- \_\_\_\_\_ CERTIFICATE OF AUTO AND GENERAL LIABILITY INSURANCE
- \_\_\_\_\_ CERTIFICATE OF WORKERS COMPENSATION INSURANCE
- \_\_\_\_\_ EEO POLICY
- \_\_\_\_\_ WORKING ENVIRONMENT POLICY
- \_\_\_\_\_ DRUG AND ALCOHOL POLICY
- \_\_\_\_\_ OVERHEAD POWERLINE SAFETY
- \_\_\_\_\_ PPE
- \_\_\_\_\_ VENDOR CONTACT INFORMATION AND ACH FORM
- \_\_\_\_\_ VOIDED CHECK

HIRED TRUCK INFORMATION SHEET

BUSINESS NAME (DBA) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

SSN OR FEDERAL ID # (AS FILED WITH IRS) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBERS: BUSINESS: \_\_\_\_\_

EMERGENCY: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

INSURANCE

**GENERAL LIABILTIY AND AUTO - \$1,000,000.00 MINIMUM**

INSURANCE CARRIER NAME: \_\_\_\_\_

AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

COVERAGE DATES: FROM \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**WORKERS COMPENSATION – STATUTORY POLICY**

**CERTIFICATE OR AFFIDAVIT OF NON-COVERAGE WILL NO LONGER BE ACCEPTED**

INSURANCE CARRIER NAME: \_\_\_\_\_

AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

COVERAGE DATES: FROM \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**FLEET AND TRUCK/TRAILER INFORMATION:**

PLEASE NOTE: ASPHALT HAULS ARE REQUIRED AND MUST HAVE SEALED TARPS

NUMBER OF TRUCK(S): \_\_\_\_\_

**NUMBER OF DRIVERS:** \_\_\_\_\_

TYPE OF TRUCK(S): \_\_\_\_\_

NUMBER OF TRAILER(S): \_\_\_\_\_

TYPE OF TRAILER(S): \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

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Your Construction Solution Partners

**EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

It shall be the continuing policy of the Haskell Lemon Group LLC to take affirmative action in providing equal employment opportunity to all qualified applicants.

It is the policy of this company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, national origin, or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on the job training

Our terms of employment and the criteria for promotions are based on established job requirements and on the individual employee's ability and performance on the job.

All supervisors are responsible for carrying out this policy in their employment practices.

It is the further policy of this company to cooperate to the fullest extent with the applicable regulations of Executive Order 11246, the Civil Rights Act of 1964 as amended, and the Federal Highway Act of 1968 (23USC140). This policy pertains, so far as the responsibility of this company is concerned, to any arrangement under which employees, including apprentices and trainees, are selected or referred for work.

Current employees are encouraged to refer minority applicants for employment and are hereby given assurance that such applicants will be treated in accordance with the above policy.

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Ashley McGinley, EEO Officer  
Haskell Lemon Group LLC

**ACKNOWLEDGEMENT**

I hereby acknowledge receipt of the Equal Employment Opportunity Policy. I have read and understand the policy and further agree to adhere to the provisions contained.

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Name (PRINT)

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Signature

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Date



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Your Construction Solution Partners

WORKING ENVIRONMENT POLICY STATEMENT

It is the policy of this company to ensure and maintain a working environment free from harassment, intimidation and coercion at all our jobsites and facilities.

Specific attention will be given to ensure that women and minority group employees are not subjected to the use of abusive language, racial slurs or epithets, nor action or language deemed to be sexually harassing, or containing sexual innuendoes.

Any employee who feels he or she has been subjected to coercive or harassing language or conduct is encouraged to contact his or her immediate supervisor or the E.E.O. Officer at the time the incident occurs.

Such contacts will be treated in complete confidence, and the reporting of the incident will not jeopardize the employee's position in the company.

This policy will be rigidly adhered to by all employees. Violation will be grounds for termination.

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Ashley McGinley, E.E.O. Officer

**ACKNOWLEDGEMENT**

I hereby acknowledge receipt of the Working Environment Policy Statement. I have read and understand the policy and further agree to adhere to the provisions contained.

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Name (PRINT)

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Signature

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Date



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## **OVERHEAD POWERLINE SAFETY**

### **Look Up and Live!**

When working with or around powerlines, use the following processes to ensure the safety of our employees, employees of our customers or subcontractors and the general public.

As assessment of job-sites shall be completed to recognize any hazards by the Driver Foreman, Supervisor and/or Project Manager in charge. Information will be shared of the potential risk to assess if additional precautions are necessary (signage, spotters, etc.).

If you are working in an area that contains overhead powerlines, please ensure the following steps are taken:

- All lines in and around your site must be measured for height. This can be done using the Smart Sensor tool.
- All lines in and around your site must be properly signed to ensure a visual recognition of the hazard.
- Not less than one (1) employee will be designated as a spotter when equipment is being utilized near powerlines.
- Under **NO** circumstance shall any employee operate any equipment within 10 feet of a powerline.
- Contact your supervisor or dispatch if asked to disobey the 10-foot rule.

Should an accident occur where contact is made with or a line has been knocked down, take the following steps to ensure the safety of yourself and those around you:

- Remain in our seat. DO NOT attempt to exit from your truck/equipment until given the AL CLEAR.
- If fire exits and you must exit the truck/equipment – exit the vehicle landing with both feet, together on the ground. Bunny hop or shuffle to a safe distance of at least 35 feet.
- DO NOT attempt to move a line (even if you think it's dead). Keep your distance, secure the scene and call your supervisor and authorities.

### **ACKNOWLEDGEMENT**

I hereby acknowledge receipt of the Overhead Powerline Safety Policy. I have read and understand the policy and further agree to adhere to the provisions contained.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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To: Employees, Lease Drivers, Vendors and Visitors

It is with utmost importance that Haskell Lemon Group LLC protect the well-being and safety of its employees, lease drivers, vendors and visitors at each plant and jobsite. That can only be done with the cooperation of each individual to follow the guidelines and regulations set forth by HLG and OSHA.

Proper PPE (Personal Protective Equipment) is required to enter any job site and/or plant at all times. Hard Hats are MANDATORY any time an individual is outside of their vehicle. Hi-Vis vests must be worn while outside their vehicle on all jobsites. Minors under the age of 18 must remain in the vehicle at all times unless prior approval is granted by HLG management. ie: tours, field trips, etc.

Failure to abide by these regulations will result in immediate departure from the HLG plant and/or jobsite.

Haskell Lemon Group LLC thanks you for your cooperation in providing a safe work environment for all.

Craig L. Riley  
Haskell Lemon Group LLC  
Risk Manager

### **ACKNOWLEDGEMENT**

I hereby acknowledge receipt of the PPE Policy. I have read and understand the policy and further agree to adhere to the provisions contained.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **DRUG AND ALCOHOL POLICY**

Haskell Lemon Group LLC (“the Company”) and its subsidiaries has been committed to maintaining a safe, secure, and drug-and alcohol-free workplace. Our company’s basic safety rules for employment have prohibited the use or sale of alcohol or drugs on or near our jobsites and plants. Penalty for such violation is automatic dismissal. Even though we believe the existing rules adequately cover the subject, the public’s increased awareness of alcohol and drug use or sale by Company employees, Independent contractors, Sub-contractors and employees of Independent contractors, Sub-contractors and Applicants is strictly prohibited.

This program is to notify, identify and provide penalties for those employees who by their possession, manufacture, use or sale of an illegal drug, drug paraphernalia or alcohol pose unnecessary and unacceptable risk to a safe, healthful and efficient operation.

Prohibited drugs include but are not limited to: All drugs deemed illegal, including synthetic, look-alike (simulated), hallucinogens, depressants and stimulants. Prescription drugs not prescribed for current personal treatment by a licensed Physician.

Any measurable amount of an illegal drug or intoxicant is deemed sufficiently high enough to preclude employment.

Entry into any work location including project sites, offices, and vehicles constitutes consent to search of person, vehicle, and personal effects for prohibited drugs, paraphernalia and or alcohol. Such searches can be made of Company employees as well as employees of Independent contractors, Sub-contractors or suppliers doing business with the Company.

Violations of this policy, refusal to submit to drug and or alcohol screening or search will be cause for immediate dismissal.

**TESTING** – All collection sites will be professionally handled in a medical facility or on-site by medical personnel. All testing will be completed by a Certified Laboratory under the discretion of a Medical Review Officer. The cost of the collection and testing will be acquired by the company. Failure or refusal to cooperate with the Company or Testing Facility in connection with a drug or alcohol test conducted pursuant to this policy, including but not limited to, a failure or refusal to timely provide a sample for a drug and or alcohol test upon request. Collection and testing may require the taking of Blood, Urine, Saliva, Hair Follicle and Breath.

**PRESCRIPTION DRUGS** – For safety reasons, the use of prescription drugs or over – the- counter drugs which may adversely affect performance or behavior, including, but not limited to, narcotic medication, must be reported to your supervisor. In no case should you begin work prior to reporting such information. The Company will address the lawful use of prescription drugs or over- the- counter drugs which may affect performance or behavior on a case-by-case basis, but failure to report such use is a violation of this policy, which may result in termination of employment or disciplinary action.

**APPLICANTS** – The Company may extend an offer of employment based on the factual evidence that the applicant can and will pass a pre-Employment drug screen with a Negative result. If the applicant cannot

pass or refuses to participate in such pre-Employment testing the offer of employment will be withdrawn. Under NO circumstance will an applicant be allowed to begin his employment service with the Company before a Negative result is obtained in a pre-Employment drug test. A Negative – Dilute result will require the applicant to retest and obtain a Negative result before employment services continue.

**RANDOM TESTING** – You, as an employee of the Company, may be selected as part of the group as a whole or part of an employment classification group, including, but not limited to, DOT, projects, crew, location or job classification on a random basis, according to random selection methodology as established and modified by the Company at its discretion, to undergo unannounced drug or alcohol testing. When implementing a round of random drug and alcohol test, the Company may select as a sample of all employees or all employees in an employment classification group, a sample size up to and including the entire population of employees or the entire population of employees in an employment classification group.

**POST ACCIDENT / INJURY** – You, as an employee of the Company, will be required at the Company’s discretion to undergo drug and or alcohol testing if so involved in an at fault accident, injury on the job, or property damage. All DOT personnel will follow and abide by the guidelines set forth by the Federal Motors Carrier Safety Regulations 49 CFR part 40.

**REASONABLE CAUSE** – You may be required to submit to testing when the Company reasonably believes you may be under the influence of drugs or alcohol, including but not limited to the following circumstances:

- Drugs or alcohol on or about the employee’s person or in the employee’s vicinity
- Conduct that suggest impairment or influence of drugs or alcohol
- A report of drug or alcohol use while at work or on duty
- Negative performance patterns or excessive or unexplained absenteeism

A Company representative must transport you to the collection site and transport you back to the main office following the collection procedure. You will be discouraged from attempting to operate your own vehicle following circumstances giving rise to an order for testing on the basis of cause. Efforts by the company to secure alternate transportation may include contacting a third party of your choice, having a taxi transport you home, or contacting local law enforcement. If you are required to submit to testing on the basis of cause, you may be suspended without pay pending receipt of the test results. Failure or refusal to submit to testing will result in immediate termination.

**EMPLOYEE ASSISTANCE PROGRAM (EAP)** – Employees who are found to have violated the Drug and Alcohol Policy will suffer penalties in accordance with this policy. However, upon request, the Company will assist any employee to make contact with counseling agencies or consultants who can offer assistance in a treatment/rehabilitation program. The cost of this assistance must be borne by the employee. Employees who voluntarily seek this assistance are eligible, upon successful completion of the program, to re-apply for employment after six months if they have been discharged for violation of the Drug and Alcohol Policy.

Employees who have not been discharged for violations in accordance to the Drug and Alcohol Policy, but acknowledge a potential problem with either alcohol or drug abuse may also voluntarily request the Company’s assistance in placing them in contact with the counseling/rehabilitation agencies. The cost of the counseling/rehabilitation agencies will be at the employee’s expense. There is no automatic penalty for seeking such assistance in this instance.

# **DRUG AND ALCOHOL POLICY TRUCKER/LEASER ACKNOWLEDGEMENT**

I hereby acknowledge receipt of the Drug and Alcohol Policy. I have read and understand the policy and further agree to adhere to the provisions contained.

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Name (PRINT)

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Signature

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Date



**Hired Truck Contact Information and ACH Form**

**Company Name:**

**Billing Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Accounting Email Address:**

**Accounting Contact Name:**

**Bank Name:**

**Account Number:**

**Routing Number:**

**Please complete this form and return with a voided check  
or something from your bank validating banking information**