

Wendling Quarries, Inc.

2647 – 225th Street, P.O. Box 230

DeWitt, IA 52742-0230

Phone: 563-659-9181 Fax: 563-659-3393

www.wendlingquarries.com

February 27, 2018

Re: Hired Hauler Paperwork

You have indicated an interest in becoming a hired hauler for our company. We require certain paperwork on file prior to adding you to our approved hauler list.

A) Please provide us with a current Certificate of Insurance from your insurance carrier stating the limits of your coverage for Workman's Compensation, Automobile Liability and General Liability. Listed below are the minimum insurance requirements and required levels of coverage needed.

1. GENERAL LIABILITY – Required - Updated January 1, 2010
\$1,000,000 Occurrence Limit
\$2,000,000 General Aggregate
\$2,000,000 Products/Completed Operations
2. Automobile Liability – Required
\$1,000,000 (Preferred) \$300,000 (Minimum) Combined Single Limit
\$1,000,000 (Preferred) \$300,000 (Minimum) Uninsured/Underinsured Motorist Limit
3. Workers' Compensation (Required if you have employees. If you are an independent contractor without any employees, we will need the attached waiver signed and returned.)
\$100,000 Bodily Injury by Accident
\$500,000 Bodily Injury by Disease (Policy Limit)
\$100,000 Bodily Injury by Disease (Each Employee)
4. Umbrella – Preferred but not required
\$1,000,000

B) In order to comply with Part 382 of Iowa Department of Transportation Rules, we need all hired haulers to furnish the following information:

1. Signed and dated form stating that you are in compliance with the Iowa Department of Transportation random drug and alcohol testing program.
2. A copy of each driver's valid C.D.L.

C) Acknowledgement and Certification

D) For proper payment, we need the Vendor Information form completed, along with the W-9 form.

Please complete the attached forms and return them to us by mail or fax to us at (563) 659-3393.

Sincerely,



Kathy T.
Wendling Quarries, Inc.

Encl.

Wendling Quarries, Inc.
2647 – 225th Street, P.O. Box 230
DeWitt, IA 52742-0230
Phone: 563-659-9181 Fax: 563-659-3393
www.wendlingquarries.com

VENDOR INFORMATION

We take great pride in keeping an excellent payment record with all our vendors. In order to do so, we would appreciate you taking a few minutes to fill out and return the form below and the accompanying form W – 9 with the necessary information.

Company name: _____

Remittance Address: _____

City, State, & Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-Mail: _____

Federal I.D. Number or Social Security Number: _____

Does your company require a 1099? _____

Type of Business (Please Circle one): Corporation Sole Proprietor Partnership Other – Explain:

Signature

Date

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D = disregarded entity, C = corporation, P = partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
 U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Wendling Quarries, Inc.

2647 – 225th Street, P. O. Box 230

DeWitt, IA 52742-0230

Phone: 563-659-9181 Fax: 563-659-3393

www.wendlingquarries.com

To: All Hired Haulers

Re: Workers Compensation

If you are a sole-proprietor and not carrying workers compensation coverage, please sign and return this form.

As a sole-proprietor, I have elected not to carry workers compensation coverage. Should I hire any employees subject to Workers' Compensation statutes, I will purchase an appropriate policy and provide evidence of such coverage to Wendling Quarries, Inc.

Name of firm or business: _____

Signed by: _____ **Date:** _____

Wendling Quarries, Inc.

2647 – 225th Street, P.O. Box 230

DeWitt, IA 52742-0230

Phone: 563-659-9181 Fax: 563-659-3393

www.wendlingquarries.com

To: All Hired Haulers

Re: Drug and Alcohol

As stated in the CDL (Commercial Drivers License) Manual, “participation in the FMCSA (Federal Motor Carrier Safety Administration) random drug and alcohol testing program is required of all drivers required to hold a CDL.”

Wendling Quarries requires all hired haulers to follow all CDL rules and regulations. Please complete and return this paper to confirm that you are in compliance. We will need to have this form updated every year.

**WE ARE IN COMPLIANCE WITH THE IOWA DEPARTMENT OF
TRANSPORTATION RANDOM DRUG AND ALCOHOL TESTING
FOR CDL DRIVERS.**

Name of Company _____

Signature _____ Date _____

ACKNOWLEDGMENT AND CERTIFICATION

_____ (Company) is providing services to Wendling Quarries, Inc. as a contractor or is operating or managing the operations of a vendor, supplier or contractor. The services provided by the Company may involve the presence of the Company's employees upon the real property of a school district.

The Company acknowledges that Iowa law prohibits a sex offender who has been convicted of a sex offense against a minor from being present upon the real property of a school district. The Company further acknowledges that, pursuant to law, a sex offender who has been convicted of a sex offense against a minor may not operate, manage, be employed by, or act as a contractor, vendor or supplier of services or volunteer at a school district.

The Company hereby certifies that no one who is an owner, operator or manager of the Company has been convicted of a sex offense against a minor. The Company further agrees that it shall not permit any person who is a sex offender convicted of a sex offense against a minor to provide any services to a school district in accordance with the prohibitions set forth above.

This Acknowledgment and Certification is to be construed under the laws of the State of Iowa. If any portion hereof is held invalid, the balance of the document shall, notwithstanding, continue in full legal force and effect.

In signing this Acknowledgement and Certification, the person signing on behalf of the Company hereby acknowledges that he/she has read this entire document, that he/she understands its terms, and that he/she not only has the authority to sign the document on behalf of the Company, but has signed it knowingly and voluntarily.

Dated: _____ Name of Company _____

By: _____

Printed Name: _____

Title: _____