

Bridges Bros. Trucking

Columbus, Ohio
614-253-7332

Michael Bridges
President | Owner

1120 Rarig Ave.
Columbus, OH 43219
Phone: 614-253-7332
Fax: 614-253-0971
mbridges@bridgestrucking.com

Trucking Subcontractor:

Thank you for your interest in becoming a trucking subcontractor with **BRIDGES BROS. Trucking L.L.C.** We look forward to a very busy season and hope to work together as much as possible.

In order to begin work with our company, you must complete the required documents included in this sign up packet. These required documents include:

- Our INDEPENDENT TRUCKING CONTRACTOR AGREEMENT to be filled out, Signed and returned. It outlines the agreed to circumstances of your employment.
- Substitute W-9 form to be completed and returned for tax purposes.
- A letter explaining the information required on your proof of insurance.
- An example insurance certificate with the specific wording required highlighted.

Please review the enclosed materials and return the required documentation as soon as possible; **No broker will be dispatched without current, completed documentation.** Should you have any questions regarding our policies, procedures or rates feel free to contact me at fax **614-253-7332**.

If the job tickets are submitted late or if the information on the job ticket is incomplete, illegible, or incorrect, BRIDGES BROS. reserves that right to (1) withhold payment indefinitely Until the proper information is provided and/or corrections are made; and/or (2) deduct penalty Fees from any payments due.

Thanks for your interest in the **BRIDGES BROS. Trucking L.L.C.**

www.bridgestrucking.com

1120 Rarig Avenue * Columbus, OH 43219 * (614) 253-7332 (O) * (614) 253-0971 (F)



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Trucking Rates

Hourly Rates:

All dispatched dump trucks will be set at the hourly rates (by the truck size); rates for specific projects will be provided upon request:

Tonnage Rates:

Vary based on the project, and will be given at the time of dispatched call.

Hourly or Tonnage Tickets:

A copy of each ticket MUST be emailed to mbridges@bridgestrucking.com, faxed to **614-253-0971** or dropped at the lot **by the end of the day on Friday!** Should you not email or fax these tickets daily, this **may result in a delay of payment for work performed.**

Payment:

Hourly work: Weekly, upon our receipt of payment from contractor, usually weekly, all work will be paid.

Tonnage work: Weekly, upon our receipt of payment from contractor, usually 15-20 days from the date of service, all tonnage work will be paid.

All Checks will be Mailed (No Exceptions)

Documentation Needed:

1. **Insurance Verification**—A current certificate of insurance with a minimum liability coverage of \$1,000,000 Listing **BRIDGES BROS. Trucking L.L.C.** as an additional insured, and stating coverage is primary.
2. **W9** - Completed and submitted to **BRIDGES BROS. Trucking L.L.C**
3. **Independent Trucking Contractor Agreement** - Must be completed, signed and returned. This agreement outlines the agreed upon circumstances of your employment
4. **Contact Information** - The following information should be submitted to Bridges Bros. Trucking LLC
 - a. Company Name
 - b. Company Address
 - c. Company Contact Person (name and contact information)
 - d. Federal Tax ID Number

Please review the above information and return the required documentation. Should you have any questions, do not hesitate to contact us at 614-253-7332.

Thank you for your partnership with BRIDGES BROS. Trucking LLC

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INDEPENDENT TRUCKING CONTRACTOR AGREEMENT

NAME _____

Phone# _____

This application is made in Columbus, Ohio this ____ day of _____ 20 ____, by _____, hereinafter "**HAULER**" to **BRIDGES BROS. TRUCKING, L.L.C.**, hereinafter "**BRIDGES BROS.**", for work as it is available for hauling services, including hauling sand, gravel and other materials as well as excavating.

1. The general conditions of this agreement are applicable to all specific jobs offered by **BRIDGES BROS.** and undertaken by the **HAULER** but each job is to be considered a specific contract, which may be cancelled by **BRIDGES BROS.** if the conditions below are breached or if the representations made by the **HAULER** are false.

2. **HAULER** agrees to provide hauling and transportation services for **BRIDGES BROS.** from time to time as needed. **HAULER** shall furnish all labor, materials, equipment, supervision and insurance needed to provide said services. It is understood that **HAULER** is an independent contractor in the performance of this Agreement and not an employee of **BRIDGES BROS.** Nothing contained herein shall be construed to imply an employment, joint venture of principal-and-agent relationship between the parties; and neither party shall have any right, power or authority to create any obligation, express or implied, on behalf of the other. **HAULER** shall not be entitled to participate in any plans, benefits or distributions intended for **BRIDGES BROS.** employees. **HAULER** agrees that **BRIDGES BROS.** will make no deductions from any compensation paid to **HAULER**, and **HAULER** shall have full and exclusive liability for, the payment of any taxes and/or contributions for unemployment insurance, workers' compensation or any other employment-related costs or obligations, related to the provision of the aforementioned services by **HAULER**. **HAULER** agrees that **HAULER** shall furnish all necessary trucks, drivers, or other equipment for **HAULER** work under this agreement, and that said trucks, drivers or other equipment shall be subject to the exclusive orders and directions of **HAULER** and under its exclusive control.

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3. **HAULER** represents that it is an authorized Ohio intrastate property motor carrier for hire and that it is the holder of a Public Utilities Commission of Ohio Certificate of Public Convenience and Necessity Number: _____. **HAULER** further represents that it will immediately notify in writing if said Certificate is subject to any negative and/or corrective action, including, but not limited to investigations, suspensions, or revocation by any governmental and/or private authorities. **HAULER** must also display its name and Certificate of Public Convenience and Necessity Number on its dump trucks in compliance with applicable laws and regulations.

4. **HAULER** agrees to comply with all applicable city, county, state laws, and the "Federal Motor Carrier Safety Regulations" from the date of the agreement is executed and to provide the following to **BRIDGES BROS.** within seven (7) days of the execution of this agreement.

1. Verification **HAULER** and **HAULER's** drivers are in a random drug-testing program. (**HAULER** is responsible for all costs associated with said drug-testing program)
2. Name and address of said drug-testing program.
3. Verification that said drug-testing program conforms to all federal and state regulations and statutes, including, but not limited to, all regulations set forth by the United States and Ohio Departments of Transportation.
4. Verification that **HAULER** and its drivers are qualified under said statutes and regulations.
5. The date(s) **HAULER** and its drivers were last tested and the test results.

5. If **HAULER** hires any drivers for its trucks, **HAULER** certifies that it shall obtain and maintain current workers' compensation coverage for these drivers as evidenced by certificate of premium payment for risk number for the period. If **HAULER** is a partnership, limited liability company, corporation or a sole proprietorship and desires coverage under the Workers' Compensation Act, it understands that it must do so in accordance with O.R.C. *4123.01(A)(2)(b), by serving written notice to the Industrial Commission of Ohio of the person(s) to be covered and paying a premium for compensation coverage.

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6. **HAULER** shall at all times comply with all applicable laws, statutes, ordinances, rules, regulations and other governmental requirements. **HAULER** shall indemnify and hold **BRIDGES BROS.** harmless from any and all claims, causes of actions, losses, damage, liabilities, costs and expenses, including attorney fees, arising from the death of or injury to any person, from damage to or destruction of property, or from breach of the warranties in this paragraph, arising from the provision of services by **HAULER**, its agents or employees. **HAULER** shall also assume the cost of defending **BRIDGES BROS.** against any threatened and/or filed claims, lawsuits or alternative dispute resolution against **BRIDGES BROS.** or any of its agents, employees, subsidiaries, affiliates, shareholders, successors, and/or assigns arising out of **HAULER's** provision of services to **BRIDGES BROS.** under this Application.

7. **HAULER** represents that is has and will maintain liability insurance issued by _____ Insurance Company, valid until _____, 20_____, with a minimum of one million dollars (\$1,000,000.00) bodily injury and property damage liability insurance limits. It is understood that this insurance will be primary insurance with respect to losses arising out of **HAULER's** provision of the services referenced in the application. **HAULER** will add **BRIDGES BROS.** as insured under the insurance policy mentioned above and furnish a Certificate of Insurance along with a current copy of the appropriate endorsement to **BRIDGES BROS.** within fourteen (14) days of executing this Application.

8. **BRIDGES BROS.** and **HAULER** agree that each load under this Application constitutes a separate contract and that any other taxes as may be levied by taxing bodies pertaining to **HAULER** and **HAULER's** employees shall be paid by **HAULER.**

9. **BRIDGES BROS.** agrees to pay **HAULER** (less 10% of gross for all/any work) performed either by the trip, per hour or per ton as agreed upon by **BRIDGES BROS.** and **HAULER** prior to the undertaking of each specific job. **BRIDGES BROS.** agrees to pay **HAULER** the sum agreed upon within fifteen (15) days after the submission to **BRIDGES BROS.** by **HAULER** of the following job tickets. **HAULER** agrees that all job tickets must be submitted to **BRIDGES BROS.'s** offices no later than noon on Tuesday of the week following said work was performed. In addition, all paperwork for any given month must be submitted no later than the third day of the month following completion of the job. Prior to payment, each job ticket must be completed in full. If the job tickets are submitted late or if the information on the job ticket is incomplete, illegible, or incorrect, **BRIDGES BROS.** reserves that right to (1) withhold payment

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indefinitely until the proper information is provided and/or corrections are made; and/or (2) deduct penalty fees from any payments due to **HAULER**. **BRIDGES BROS.** also reserves the right to withhold any monies due to **HAULER** as a setoff against any damages caused by any breach of the terms of this Application by **HAULER**.

10. During the term of **HAULER**'s provision of services under this Application and for a period of twelve (12) months from the voluntary or involuntary termination of **HAULER**'s services for **BRIDGES BROS.** for any reason whatsoever, **HAULER** shall not use for any purpose or disclose to any person or entity any confidential information acquired during the course of its services for **BRIDGES BROS.** **HAULER** shall not, directly or indirectly, copy, take, or remove from the **BRIDGES BROS.** premises, any of **BRIDGES BROS.** books, records, customer lists, or any other documents or materials. The term "confidential information" as used in this Application includes, but is not limited to, records, lists, and knowledge of **BRIDGES BROS.** customers, suppliers, methods of operation, processes, trade secrets, indebtedness, as the same may exist from time to time.

11. During the term of **HAULER**'s provisions of services under this Application and for a period of twelve (12) months from the voluntary or involuntary termination of **HAULER**'s provision of services under this Application for **BRIDGES BROS.** for any reason whatsoever, **HAULER** shall not, either on its own account or for any person, firm, partnership, corporation, or other entity: (1) solicit, interfere with, or endeavor to cause any employee of **BRIDGES BROS.**, its agents, subsidiaries, affiliates, shareholders, successors, and/or assigns, to leave his or her employment, or (2) induce or attempt to induce any such employee to breach her of his employment agreement with **BRIDGES BROS.**, its agents, subsidiaries, affiliates, shareholders, successors, and/or assigns.

12. During the term of **HAULER**'s provision of services under this Application and for a period of twelve (12) months from the voluntary or involuntary termination of **HAULER**'s provision of services under this Application for any reason whatsoever, **HAULER** shall not solicit, induce, or attempt to induce any past or current customer or **BRIDGES BROS.**, its subsidiaries, affiliates, shareholders, successors, and/or assigns; or (2) to do business with any other person, firm, partnership corporation, or other entity which performs services materially similar to or competitive with those provided by **BRIDGES BROS.**, its agents, subsidiaries, affiliates, shareholders, successors, and/or assigns.

13. **HAULER**'s obligations pursuant to Paragraphs 10, 11, and 12 of this Application shall survive the termination or expiration of this Application, and said paragraphs shall remain in full force and effect

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notwithstanding such termination of expiration. **HAULER** agrees to deliver promptly all of **BRIDGES BROS.** property including without limitation Confidential Information, whether delivered to **HAULER** in the performance of services or not, and all copies of such property in **HAULER**'s possession to **BRIDGES BROS.** at any time upon **BRIDGES BROS.** request.

14. In addition to all of the remedies otherwise available to **BRIDGES BROS.**, including, but not limited to, recovery from **HAULER** of damages and reasonable attorneys fees incurred in the enforcement of this Application, **BRIDGES BROS.** shall have the right to injunctive relief to restrain and enjoin any actual or threatened breach of the provisions of this Application. All of **BRIDGES BROS.** remedies for breach of this Application shall be cumulative and the pursuit of one remedy shall not be deemed to exclude any other remedies.

15. **BRIDGES BROS.** reserves the right to terminate this Application at any time and may endeavor to give **HAULER** up to three (3) days notice of termination, if practicable. **HAULER** shall be compensated for all services provided prior to termination pursuant to the preceding sentence. Yet, should **HAULER** fail to perform any of its obligations hereunder, including failure to complete services in a timely manner, **BRIDGES BROS.** may terminate this Application immediately.

16. **HAULER** has carefully read and considered the provisions hereof and, having done so, agrees that the restrictions set forth herein (including, but not limited to, the time periods of restriction in any paragraph) are fair and reasonable and are reasonably required for the protection of the interest of **BRIDGES BROS.**

17. Any suit involving any dispute or matter arising under this Application may only be brought in the courts of the State of Ohio, Franklin County, or such other county where **BRIDGES BROS.** may relocate its principal place of business. **HAULER** and **BRIDGES BROS.** hereby consent to the exercise of personal jurisdiction by such court with respect to any such proceeding.

18. Each provision of this Application shall be considered servable; and if, for any reason, any provision or provisions herein are determined to be invalid, and contrary to any existing or future law, such invalidity shall not impair the operation of or affect portions of this Application which are valid.

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19. This Application constitutes the complete and exclusive statement of the agreement among **BRIDGES BROS.** and **HAULER.** It supersedes all prior written and oral statements, including any prior representation, statement, condition, or warrant. The Application may be amended or modified from time to time only by a written instrument adopted by written consent of **BRIDGES BROS.** and **HAULER.** Oral agreements that purpose to emend this Application shall not be enforceable.

20. Signatures. Both **BRIDGES BROS. TRUCKING L.L.C.** and the contractor (**HAULER**) agree to the above contract.

Witnessed by: _____
(Signature) (Print Name)

BRIDGES BROS. TRUCKING L.L.C.:
1120 Rarig Ave.
Columbus, OH 43219

(Signature) (Print Name) Date: _____

HAULER: (Independent Contractor)
Name & Address

EMAIL ADDRESS: _____

CONTACT PHONE: _____

(Signature) (Print Name) 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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 the "Name" line 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.

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

Social security number															
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Employer identification number															
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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), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

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Dump Truck Protocol

The failure to follow guidelines correctly will result in a delay of payment and/or dismissal from the job.

Safety is Priority 1

All Trucks and drivers as a minimum standard, shall comply with all rules and regulations of the Occupational Safety and Health Administration (OSHA), the Federal Department of Transportation (DOT), the Public Utilities Commission of Ohio (PUCO) and those of any other government regulatory agency as well as any job specific safety rules.

Dump Truck Insurance and Registration Requirements

1. Owner/Operators and/or Owner/Brokers (self-employed drivers who personally have a lease or title to dump truck being operated):
 - a. A certificate of insurance (see sample attached) with a minimum liability coverage of \$1,000,000 Listing **Bridges Bros. Trucking L.L.C.** as an additional insured, and stating coverage is primary.
 - b. Vehicle Registration with the correct owner's name of the truck.
 - c. If the truck is leased, a copy of the lease will be provided.
 - d. Completed Form 1099 or substitute 1099 Form.

2. Trucking Company and/or Trucking Brokers:
 - a. A certificate of insurance (see sample attached) with a minimum liability coverage of \$1,000,000 Listing **Bridges Bros. Trucking L.L.C.** as an additional insured, and stating coverage is primary.
 - b. Current Workers' Compensation Certificate.
 - c. Current General Liability Certificate (including Employers Liability Stop Gap).
 - d. Completed Form 1099 or substitute 1099 Form.

3. If Broker services are provided; Broker is responsible for insuring trucks or providing evidence of insurance from second tier trucker.



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that:
- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 - STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 - STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 - STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 - STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: BRIDGES, MICHAEL DBA BRIDGES BROS TRUCKING L.L.C.							
ADDRESS OF NAMED INSURED: 3899 SCOTTFIELD DRIVE							
POLICY NUMBER	207-0593-D15-35A						
EFFECTIVE DATE OF POLICY	03/28/07	03/28/08					
DESCRIPTION OF VEHICLE (Including VIN)	DUMP TRUK						
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury	1000000						
Each Person	1000000						
Each Accident	1000000						
b. Property Damage							
Each Accident	1000000						
c. Bodily Injury & Property Damage							
Single Limit							
Each Accident	1000000						
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$ 1000 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 1000 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Example

Signature of Authorized Representative	AGENT	35-3299	05/04/07
Name and Address of Certificate Holder	Title	Agent's Code Number	Date
Any and all work performed by the insured for the certificate holder during the policy period.	HOWARD K. TYLER	INSURANCE AGENCY INC.	
additional Insured Required Wording: Bridges Bros. Trucking LLC (Certificate Holder) is recognized as Additional Insured with respect to the insureds on the Automobile Liability and Stop Gap Liability.	1395 E. DUBLIN-GRANVILLE ROAD	SUITE 201	
	COLUMBUS, OHIO 43229	614-431-8192	

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.

122429.3 Rev. 07-26-2005

Bridges Bros. Trucking

Columbus, Ohio
614-253-7332

Michael Bridges
President | Owner

1120 Rarig Ave.
Columbus, OH 43219
Phone: 614-253-7332
Fax: 614-253-0971
mbridges@bridgestrucking.com

Dump Truck Safety Guidelines

The **failure to follow guidelines** correctly will result in **dismissal** from the job.

****** All Brokers are required to follow company guidelines concerning safety issues!! You are responsible for operating and maintaining the truck in a safe manner at all times.******

Safety is Priority 1

All trucks and drivers as a minimum standard, shall comply with all rules and regulations of the Occupational Safety and Health Administration (OSHA), the Federal Department of Transportation (DOT), the Public Utilities Commission of Ohio (PUCO) and those of any other government regulatory agency as well as any job specific safety rules.

Dump Truck Requirements

All workers are required to wear proper professional attire when working outside of the truck. Requirements include: **hard hats, safety glasses, safety vests, & hard shoes/boots.**

*****NO shorts or tennis shoes*****

Any driver who refuses to wear the required safety equipment will not be eligible for dispatch. Each driver has a responsibility and authority to stop the operation at any time if something may be unsafe.

Backup alarm and lights should be functioning at all times. The alarms and lights should not be shut off or disconnected. If back-up alarms or lights stop working the driver must stop working immediately until repaired. (Drivers will not be paid down time to repair or replace the back up alarm or lights)

Recognize **overhead power lines** are very dangerous hazards. All drivers should get **out of the truck and visually inspect** the area for overhead wire exposure prior to dumping.

Bridges Bros. Trucking
Columbus, Ohio
614-253-7332

Michael Bridges
President | Owner

1120 Rarig Ave.
 Columbus, OH 43219
 Phone: 614-253-7332
 Fax: 614-253-0971
 mbridges@bridgestrucking.com

Broker Truck List

Your Truck #	Year	Make/Model	Tandem	Tri Axle	Quad	6 axle	Other-please indicate	Bed Steel/Alum	License Plate #	Shelly #

BROKER NAME:

ADDRESS:

PHONE:

EMAIL:

Invoice

Date	Invoice#

Sold To
Bridges Bros. Trucking LLC 1120 Rarig Ave. Columbus, OH 43219

Due Date	Driver

Job#	Date / Gravel Ticket#	Truck No.	Tons/Hours	Haul Rate	Amount

Sub-Total
Rentention/Credits -10%
Balance Due

Bridges Bros. Trucking

Columbus, Ohio
614-253-7332

MEMORANDUM

Date: September 6th, 2016

To: All Bridges Bros. Trucking Brokers

From: Michael Bridges

Subject: Tickets

I am writing this letter to remind you the importance of filling out your tickets completely and accurately. Recently we are being receiving numerous tickets with missing or incorrect information.

I kindly request you to verify all your paper work before summiting it. Effective immediately we will return tickets that are missing information to be corrected by you. Therefore, in order to avoid any delays in your payments please make sure your tickets are accurate and complete. Remember that all the information should be fill out (Time, signature, Total hours, job numbers, etc.)

Additionally, tickets and your invoice should be summitted every Monday or in case of a Holiday next business day to be processed the following workweek for payment.

Any questions or concerns regarding this memorandum should be directed to me.
Thank you for your cooperation.

Michael Bridges
mbridges@bridgestrucking.com
614-253-7732

BROKERS

In order to process your invoices and provide prompt payments for your hauling partnership with us, we must receive **ALL QUARRY STONE AND/OR DUMP TICKETS** and a **COMPLETED** and **SIGNED** hauling ticket for each day. Incorrect or incomplete hauling tickets or missing quarry stone and/or dump tickets will delay your payments. Third party hauling tickets (like Igel) must list **Bridges Bros. Trucking** as the **PAYEE**.

Thank you for your cooperation.

Bridges Bros. Trucking
Columbus, Ohio
Office # 614-253-7332 Fax # 614-253-0971
No B 40821

All accounts due upon receipt, 2% per month will be added from 1st of month following purchase on overdue accounts. All legal fees on collections will be paid by purchaser on all overdue accounts. Minimum 4 hour show-up time. Tonnage rate must exceed hourly rate or truck will be billed at hourly rate.

CUSTOMER: Customerz DATE: _____

LOAD LOCATION: LOCATION DUMP LOCATION: LOCATION

JOB NAME: JOB NAME JOB NUMBER: JOB NUMBER

HIRED TRUCK COMPANY: Your Company JOB START: 0.00 AM/PM

SHELLY TRUCK # Your Shelly # JOB FINISH: 0.00 AM/PM

COMPANY TRUCK: Your Truck # TRAVEL TIME: _____

DRIVER: Your Driver HOLD / LUNCH: _____

MATERIAL HAULED: DIET TOTAL WRS: XXX TOTAL

TANDEM TRI QUAD 6 AXLE OTHER LOAD COUNT: 111

TICKET NO.	PLANT	MATERIAL	WEIGHT
1	3394238	COLS. LIME	304
2	74408381	COLS. DUMP	DIET
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
TOTAL TONNAGE			

SUPERINTENDENT'S SIGNATURE: X SIGNATURE!
Write - OFFICE Write - OFFICE Print - CUSTOMER

DAILY HOURLY TRUCK REPORT
H- 213750
SHADED AREAS TO BE COMPLETED BY IGEL PERSONNEL

GEORGE J. IGEL & CO., INC.
2040 ALTIM CREEK DRIVE
COLUMBUS, OHIO 43207
(614) 445-8421 FAX (614) 444-4813

DATE: DATE DAY: Day TRUCK OWNER: Your Company TRUCK # Your # DRIVER NAME: Your Driver

PAYEE: (NAME OF COMPANY OR PERSON CHECK IS TO BE PAID TO) * BRIDGES BROS. TRUCKING * JOB LOCATION: JOB LOCATION

TIME STARTED: 0.0 TIME QUIT: 0.0 LUNCH/DOWNTIME: - TOTAL HOURS TO BE PAID: 0.0

IGEL TEMPORARY TRUCK NUMBER: _____ SIGNED OUT BY: X SIGNATURE

TYPE: TANDEM TRIAXLE QUAD 5-6 AXLE TUBS OTHER _____

SUPERINTENDENT'S SIGNATURE: _____

NUMBER OF LOADS: 111 HAULED FROM: BE SPECIFIC, SUCH AS NAME OF DUMP OR JOB SITE, ETC. LOCATION HAULED TO: BE SPECIFIC, SUCH AS NAME OF DUMP OR JOB SITE, ETC. LOCATION

3310 Jackson Pike
Grove City, OH 43123
Date: 3/23/2017 Time In: 12:00:00AM Ticket Time: 10:45:13AM
Location: Columbus Limestone
Customer: 37576 Bridges Bros. Trucking LLC
Order: 65410643 COC - COTA Sidewalks PH2
P.O.: COTA Sidewalks
Product: 221 304 BR LGS-P209 US
Various Locations - L16334 - Newcomer Job
COTA Sidewalks

Carrier: 989 Non Hired Hauler
Vehicle: 124881 BRIDGES BROS 313
License Plate: PZ7574 313 K9987
Received: _____

0907 Pre-Qualified Aggregate Supplier
MATERIALS
Ticket No.: 33949238

Ordered	Received	Remaining	Today
0.00	24.28	-24.28	10.67

Weightsmaster: RHEITA

Pounds	Tons	Metric
48020	24.51	22.24
27880	13.84	12.66
Net 21340	10.67	9.98

• Predetermined Tare 10.67 Ton

3840 Jackson Pike
Grove City, OH 43123
Date: 3/23/2017 Time In: 12:00:00AM Ticket Time: 1:26:38PM
Location: Columbus Dump Site
Customer: 37576 Bridges Bros. Trucking LLC
Order: 65410643 COC - COTA Sidewalks PH2
P.O.: COTA Sidewalks
Product: 922 Dumping Fee
Various Locations - L16334 - Newcomer Job
COTA Sidewalks

Carrier: 989 Non Hired Hauler
Vehicle: 124881 BRIDGES BROS-313
License Plate: PZ7574 313
Received: _____

0907 Pre-Qualified Aggregate Supplier
MATERIALS
Ticket No.: 4406301

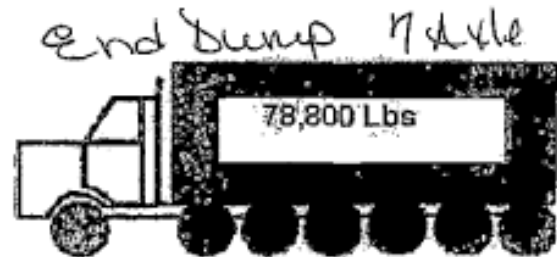
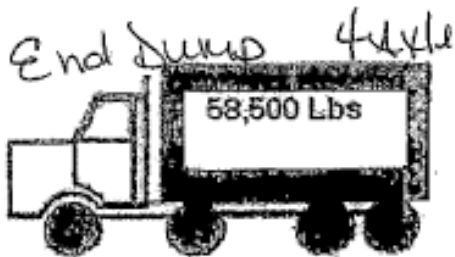
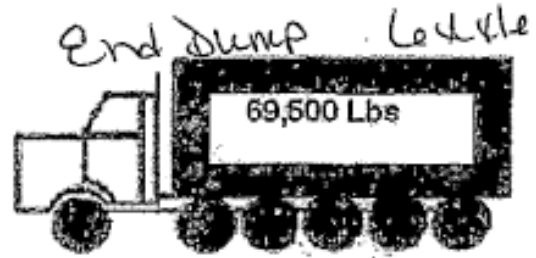
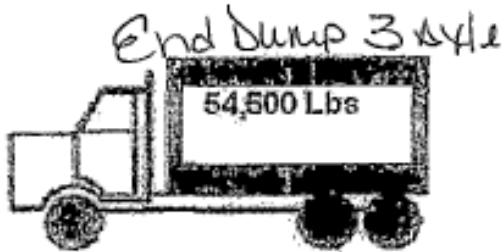
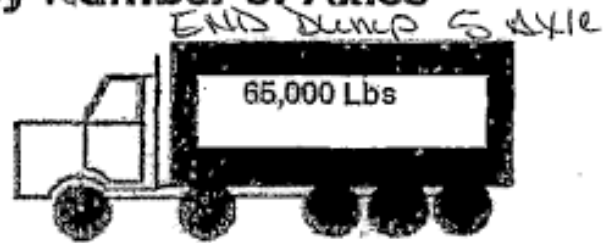
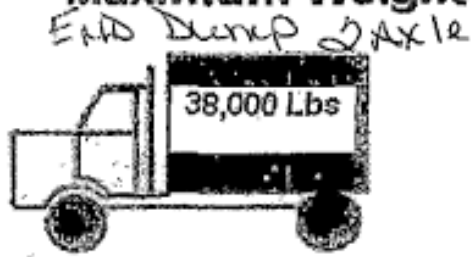
Ordered	Received	Remaining	Today
0.00	7.00	-7.00	3.00

Weightsmaster: SARA

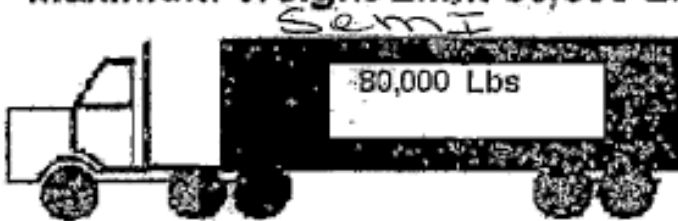
Pounds	Tons	Metric
0	0.00	0.00
0	0.00	0.00
Net 0	0.00	0.00

1.00 Each

Maximum Weight Limit by Number of Axles



Maximum Weight Limit 80,000 Lbs. for Tractor / Trailers



Overage allowance prior to removal = 1,000 Lbs.

No allowance over 80,000 Lbs.

• INTERSTATE BRIDGE FORMULA •
ORC§5577.04 Paragraph B Reference Chart

Permissible gross loads for vehicles in regular operation.

W = The maximum weight in pounds that can be carried on a group of two or more axles to the nearest 500 pounds.

Based on weight formula $W = 500 \left[\frac{L(N)}{(N-1)} + 12(N) + 38 \right]$

L = Spacing in feet between the outer axles of any two or more consecutive axles.

N = Number of axles being considered.

Maximum load in pounds carried on any group of 2 or more consecutive axles.						
DISTANCE	2 AXLES	3 AXLES	4 AXLES	5 AXLES	6 AXLES	7 AXLES
4	34,000					
5	34,000					
6	34,000					
7	34,000					
8 or less	34,000	34,000				
More than 8	38,000	41,000				
9	39,000	42,500				
10	40,000	43,500				
11		44,000				
12		45,000	50,000			
13		45,500	50,500			
14		46,000	51,500			
15		47,000	52,000			
16		48,000	52,500	58,000		
17		48,500	53,500	58,500		
18		49,500	54,000	59,000		
19		50,000	54,500	60,500		
20		51,000	55,500	60,500	65,000	
21		51,500	56,000	61,000	66,500	
22		52,500	56,500	61,500	67,000	
23		53,000	57,500	62,500	68,000	
24		54,000	58,000	63,000	68,500	74,000
25		54,500	58,500	63,500	69,000	74,500
26		55,500	59,500	64,000	69,500	75,000
27		56,000	60,000	64,500	70,000	75,500
28		57,000	60,500	65,000	71,000	76,000
29		57,500	61,500	65,000	71,500	77,000
30		58,500	62,000	65,500	72,000	77,500
31		59,000	62,500	67,500	72,500	78,000
32		60,000	63,500	68,000	73,000	78,500
33			64,000	68,500	74,000	79,000
34			64,500	69,500	74,500	80,000
35			65,500	70,000	75,000	
36		Exception	66,000	70,500	75,500	
37		29 U.S.C.	66,500	71,000	76,000	
38		127	67,500	71,500	77,000	
39			68,000	72,500	77,500	
40			68,500	73,000	78,000	
41			69,500	74,000	78,500	
42			70,000	74,500	79,000	
43			70,500	75,000	80,000	
44			71,500	75,500		
45			72,000	76,000		
46			72,500	76,500		
47			73,000	77,500		
48			73,500	78,000		
49			74,500	78,500		
50			75,500	79,000		
51			76,000	80,000		
52			76,500			
53			77,500			
54			78,000			
55			78,500			
56			79,500			
57		Gross Weight Limit*	80,000			

Distance in feet between extremes of 2 or more consecutive axles.

Columbus Limestone
3300 Jackson Pike
Grove City, OH 43123
871-6721

ODOT Pre-Qualified Aggregate Supplier

Date: 2/22/2016 Time In: 12:00:00AM Ticket Time: 6:05:00AM
Location: Columbus Limestone
Customer: 10565 Buckeye Ready Mix
Order: 65390087 Plant 6 - 2016 Buckeye Ready Mix - Taylor Rd
P.O.: TaylorRdP16
Product: 215 57 L/S

PL62016

Carrier: 999 Non Hired Hauler
Vehicle: 12928 KEN MASON
Zone:
Received: *SHELLY #*

Ticket No.: 33741511
REPRINT

	Pounds	Tons	Metric
Gross	70300	35.15	31.89
Tare	27120*	13.56*	12.30*
Net	43180	21.59	19.59

* Predetermined Tare

21.59 Ton

Ordered	0.00
Received	2,108.36
Remaining	-2,108.36
Today:	21.59 Loads: 1

Weighmaster: Steve Belew

IT IS THE RESPONSIBILITY OF EACH CUSTOMER, AND EACH DRIVER, HAULING PRODUCT FROM OUR FACILITY TO COMPLY WITH HIGHWAY LOAD LIMIT LAWS. DO NOT EXCEED LOAD LIMITS. Discounts, if applicable, are strictly enforced. All past due balances are assessed service charges of 1% per month (12% annual). I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by law. Material is sold F.O.B. plant. Incorporation of this material into a project shall be considered acceptance by the customer.

Columbus Limestone
3300 Jackson Pike
Grove City, OH 43123
871-6721

ODOT Pre-Qualified Aggregate Supplier

Date: 2/22/2016 Time In: 12:00:00AM Ticket Time: 7:59:00AM
Location: Columbus Limestone
Customer: 17736 Solid Waste Auth. Of Cen Ohio
Order: 65372312 SWACO - Landfill 665 - 2015 Net Prices
P.O.: 2850
Product: 239 Class 7

Various Aggregates
0-200

Carrier: 121012 Forrest Trucking Company
Vehicle: 14227 2005 Red Kenworth Forrest #227
Zone:
Received: *VENDOR #*
SHELLY #

Ticket No.: 33741568
REPRINT

	Pounds	Tons	Metric
Gross	69160	34.58	31.37
Tare	28000*	14.00*	12.70*
Net	41160	20.58	18.67

* Predetermined Tare

20.58 Ton

Ordered	3,000.00
Received	8,335.88
Remaining	-5,335.88
<i>RUNNING TOTAL</i>	
Today:	186.66 Loads: 9

Weighmaster: Steve Belew

IT IS THE RESPONSIBILITY OF EACH CUSTOMER, AND EACH DRIVER, HAULING PRODUCT FROM OUR FACILITY TO COMPLY WITH HIGHWAY LOAD LIMIT LAWS. DO NOT EXCEED LOAD LIMITS. Discounts, if applicable, are strictly enforced. All past due balances are assessed service charges of 1% per month (12% annual). I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by law. Material is sold F.O.B. plant. Incorporation of this material into a project shall be considered acceptance by the customer.



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Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1926
- **Part Title:** Safety and Health Regulations for Construction
- **Subpart:** C
- **Subpart Title:** General Safety and Health Provisions
- **Standard Number:** 1926.28
- **Title:** Personal protective equipment.
- **Applicable Standards:** 1910.132(a); 1910.132(c); 1910.136
- **GPO Source:** e-CFR.

1926.28(a)

The employer is responsible for requiring the wearing of appropriate personal protective equipment in all operations where there is an exposure to hazardous conditions or where this part indicates the need for using such equipment to reduce the hazards to the employees.

1926.28(b)

Regulations governing the use, selection, and maintenance of personal protective and lifesaving equipment are described under Subpart E of this part.

[Next Standard \(1926.29\)](#)

Regulations (Standards - 29 CFR) - Table of Contents

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U.S. Department of Labor | Occupational Safety & Health Administration | 205 Constitution Ave., NW, Washington, DC 20310

Telephone: 800-321-OSHA (6742) | TTY

www.OSHA.gov

KOKOSING TRUCK TICKET

#1

Fredericktown Office P.O. Box 236, Fredericktown, OH 43019 (740) 694-6315

One Copy of This Ticket Must Accompany Hourly & Downling Invoice

565085

DATE: 2/3/2014

TRUCKING COMPANY NAME: Bridge Bros TRK # K 8593

DRIVER SIGNATURE: Dwaine Custer PRINT NAME: Dwaine Custer

MATERIAL HAULED Circle One: Asphalt Millings Rough Dirt Aggregates Liq. Con.

ALL GRAY SHADED AREAS ARE FOR KCC GROUP EMPLOYEE TO FILL OUT

YOU MUST HAVE A START & END TIME FOR BOTH HOURLY & TONNAGE WORK

START: 7:00 ^{Circle M or PM} A.M. P.M.

FINISH: 3:30 ^{Circle M or PM} A.M. P.M.

TOTAL HRS. TO BE PAID

DOWNTIME HRS. TO BE PAID

TONNAGE HAUL
 HOURLY HAUL

CHECK BOX THAT APPLIES

Downtime / Showup Ref. 565085 A

(THIS SECTION MUST BE INITIALED BY KOKOSING PERSONNEL ONLY)

HAUL BOTHWAYS _____ Hrs.

LIVE BOTTOM PREMIUM JOB _____

NIGHT TIME RESTRICTED HRS. JOB _____

(2 Hrs. Min. Hrs. to be Paid in Total Hrs. to be Paid)

LD.	TICKET No.	START POINT		DESTINATION	
		ARRIVE	DEPART	ARRIVE	DEPART
1	<u>1260864</u>	<u>20:25</u>		<u>Sand.</u>	
2	<u>1261026</u>	<u>20:44</u>		<u>304'S</u>	
3	<u>1261092</u>	<u>20:57</u>		<u>Sand.</u>	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Night Time Restricted Hours Job, Asphalt & Millings
Minimum Hours Paid:
Up to 2 Hrs. = 2 Hrs. : Over 2 - 4 Hrs. = 4 Hrs.
Over 4-6 Hrs. = 6 Hrs. : Over 6 - 8 Hrs. = 8 Hrs.

CHECKER NAME: [Signature] JOB NAME: 6880 JOB # 565085
MATERIAL: Aggregates
DATE: 2/3/2014

UNSIGNED AND / OR INCOMPLETE TICKETS WILL NOT BE PAID

KCC Group Superintendents Must Return the Completed White Original to Designated Data Entry Person by Tuesday of Each Week

2001 ODOT QUALITY
SAVING AWARD

DAILY TRUCK REPORT
194018

DATE: 2/4/14

START TIME: 9:00 AM

KENMORE COMPANIES #2

FINISH TIME: 3:45 PM

"A CAREFUL DRIVER IS A SAFE DRIVER"

TOTAL HRS: 6 3/4h

TANDEN

TRI-AXLE

QUAD

5-AXLE

~~6-AXLE~~

SEMI

KCC

ASG

COM

NL DR

	TICKET NO.	MATERIAL TYPE	TONS	TIME LOADED	TIME UNLOADED	JOB NO.
1	74195615	Concrete				KM13-116
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

DO NOT THROW TRASH IN FILL AREAS/DUMP BED. DO NOT CLEAN OUT BEDS ON ROADWAYS.
THE USE OF FUEL OILS TO CLEAN BEDS IS PROHIBITED.

REMARKS: _____

COMPANY: Bridges Bros Trucking, L.L.C

TRUCK NO: 680

DRIVER: Dwayne Custer

APPROVED BY: [Signature]



DAILY HOURLY TRUCK REPORT

H-181501

#3

GEORGE J. IGEL & CO., INC.
2040 ALUM CREEK DRIVE
COLUMBUS, OHIO 43207
(614) 443-8421 FAX (614) 444-4813

SHADED AREAS TO BE COMPLETED BY IGEL PERSONNEL

DATE <i>2/5/14</i>	DAY <i>Wed</i>	TRUCK OWNER <i>Bridges Bros.</i>	TRUCK# <i>680</i>	DRIVER NAME <i>Dwaine Cuske</i>
PAYEE: (NAME OF COMPANY OR PERSON CHECK IS TO BE PAID TO) <i>Bridges Bros.</i>			JOB LOCATION <i>OSU N. Residence</i>	
TIME STARTED <i>7am</i>	TIME QUIT <i>4pm</i>	LUNCH/DOWNTIME <i>NONE</i>	TOTAL HOURS TO BE PAID <i>9h.</i>	
IGEL TEMPORARY TRUCK NUMBER	SIGNED OUT BY: <i>[Signature]</i>			
TYPE: <input type="checkbox"/> TANDEM <input type="checkbox"/> TRIAXLE <input type="checkbox"/> QUAD <input checked="" type="checkbox"/> 3-AXLE <input type="checkbox"/> TUBS <input type="checkbox"/> OTHER			JOB# <i>14002</i>	CODE
SUPERINTENDENT'S SIGNATURE:			JOB#	CODE
NUMBER OF LOADS	HAULED FROM: BE SPECIFIC, SUCH AS NAME OF DUMP OR JOB SITE, ETC.	HAULED TO: BE SPECIFIC, SUCH AS NAME OF DUMP OR JOB SITE, ETC.		
<i>11</i>	<i>OSU North Residence</i>	<i>Gate #3</i>		

Bridges Bros. Trucking

Columbus, Ohio



Office # 614-253-7332

Fax # 614-253-0971

No 25193

All accounts due upon receipt, 2% per month will be added from 1st of month following purchase on overdue accounts. All legal fees on collections will be paid by purchaser on all overdue accounts. Minimum 3 hour show-up time. Tonnage rate must exceed hourly rate or truck will be billed at hourly rate.

CUSTOMER Duggan & Meyers DATE 2/7/14

LOAD LOCATION High St DUMP LOCATION Shelly

JOB NAME View on High JOB NUMBER 13-3-953

HIRED TRUCK COMPANY _____ JOB START 7:30 AM PM

SHELLY TRUCK # 134808 JOB FINISH 4:00 AM PM

COMPANY TRUCK # 680 TRAVEL TIME _____

DRIVER Dustin Custer HOLD / LUNCH _____

MATERIAL HAULED Dirt TOTAL HRS. 8 1/2

TANDEN TRI QUAD **SIXLE** OTHER LOAD COUNT _____

TICKET NO.	PLANT	MATERIAL	WEIGHT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
TOTAL TONNAGE			

SUPERINTENDENT'S SIGNATURE: _____

White - OFFICE

Yellow - TRUCK

Pink - CUSTOMER

Bridges Bros. Trucking LLC

Drivers Safety Manual



Driver Responsibilities

1. As a driver you are responsible for operating your truck in a safe manner.
2. Have required P.P.E. - Hard Hat, Safety Glasses, Vest.
3. Start time is load time - NOT show up time - be ready to load at start time.
4. Have enough fuel for the day (at start of shift.)
5. Bring lunch with you to work.
6. Have a shovel or scraper with truck.
7. Know your (Legal) Gross and Tare, Net Weight of truck.
8. Truck Number and Net Tons on Tailgate.
9. Any hourly tickets that are not completely filled out and signed by superintendent or designated person will not be honored.
10. All Asphalt trucks must be insulated according to ODOT specifications and must be equipped with tarps that meet ODOT specifications.
11. All loads must be tarped.
12. Visible truck numbers front and rear.
13. No passengers in truck.
14. Proper footwear (Boots).
15. No diesel fuel or other hydrocarbons in beds or on tailgates.
16. Truck must have working beacons or strobes.
17. Be alert and well rested.
18. Prior to dumping loads, the driver must determine from contractor where to dump.

19. CLEAN OUT IN DESIGNATED AREAS ONLY (ASK CREW OR PLANT PERSONNEL). If you must clean out on roadway knock down piles.
20. If you are the contact person for your company, limit phone use between 1-4 pm, so dispatch can reach you for scheduling of truck(s).
21. Make sure truck has a CB and is working.
22. Do NOT turn around in private drives, businesses or any concrete street.
23. If you must leave early, we need to know the day before.

Safety 24/7

P.P.E.

- Hard hat, Safety Glasses, Class 2 Vest. (Must be worn at all plants & job sites when out of truck.)
- Hard Hat - make sure it has no cracks or damage. If working at night must have at least 10 square inches of reflective tape.
- Safety Glasses - must be worn when out of the truck at all plants and job sites.
- Vest - must be green, have reflective stripes and must say "Class 2" on tag.

Backing and Back up Alarms

- Make sure alarm is working and audible. If alarm is not working that truck will be signed out until it is fixed.
- Make sure backing path is 100% clear (do a walk around if not sure.)
- Avoid backing in heavy traffic and around corners whenever possible.
- Use a spotter when possible.
- Do not back up any farther than needed.
- Make sure mirrors are cleaned and adjusted properly.

- You must make sure that visual contact is made with the designated person prior to backing up.
- Overhead Wires
- If truck contacts wires, call for help.
- If you can no longer see wires stop and ask for a spotter.
- Watch for green cones on side of road that mark overhead wires (Do not assume if there is not a cone there is not a wire.)
- Zone
- Make sure beacons and strobes are on when entering, while in, and when exiting zone.
- If a foreman asks you turn lights off in zone it is OK.
- Do not stop on highway if you cannot enter zone safely go around and get in next time.
- Stay off CB and cell phone when in zone near equipment and people.
- Drive slow in zone at Safe Speed.
- When exiting zone, you are responsible for safely entering traffic flow.

Paperwork

- Truck tickets - must be signed by foreman! Everything else to be filled in by driver. Print neatly so it can be read and make sure truck number is on ticket.
- Material Tickets - Do No Fold. Keep them clean so they are legible.
- All tickets must be for a 3 hour minimum.
- If you haul both ways, note hauled both way on ticket.
- It is driver's responsibility to make sure tickets are filled out correctly.
- If not correct, it will be up to you to have the foreman fix it.

Contact Information

Mike Bridges, Sr., Owner

Cell (614) 306-7442

Michael A. Bridges, Dispatcher

Cell (614) 975-8606

Stay Safe



Others Depend on You



Drivers Safety Manual

Driver Full name and Signature _____

Date _____

- This page must be signed and dated by driver after he/she has read it.
- This booklet must be in truck at all times. (We will randomly check)
- If not in truck with driver when asked to see it, the truck/driver will NOT be dispatched the next day.

