



(801) 514-8319
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www.rawxinc.com
bob@rawxinc.com

Trucking Agreement

Date: _____

RAWX Job#: _____

Trucking Company: _____

Address: _____

Contact Person: _____ Phone #: _____

Federal Tax ID #: _____

Driver 1 _____ Cell Phone #: _____

Driver 2 _____ Cell Phone #: _____

Driver 3 _____ Cell Phone #: _____

Driver 4 _____ Cell Phone #: _____

(complete continuation page for additional drivers)

Description of Load: _____

Quoted Rate: _____

Pick-up Location: _____

Destination Location: _____

_____ Company shall name Rawx, Inc. as a primary and non-contributory additional insured as required by this written contract. This endorsement shall apply to Company's Commercial General Liability and auto policies and Umbrella insurance policies.

_____ Company shall provide Rawx, Inc. with a copy of the written additional insured endorsement as it appears in Company's insurance policy.

Certificate of Insurance with limits of \$2,000,000 Aggregate and \$1,000,000 each occurrence along with Rawx, Inc. listed as an additional insured is required. Before and "work is performed", the Certificate of Insurance Liability form must be either faxed or emailed to:

Rawx, Inc.
Attn: Bob Jessop
Fax: 801.421.0553
Email: bob@rawxinc.com

Rawx, Inc. Company Representative

Trucking Company Representative