CLIPPER COURIER LOGISTICS, INC.
SUMMARY FOR INDEPENDENT CONTRACTORS

CLIPPER COURIER LOGISTICS, INC. REQUIREMENTS:

1. Insurance coverages must meet or exceed these minimums and copies of the declaration page must be submitted to a Clipper representative:

   $100,000 CSL (Combined Single Limit)
   OR
   $100,000 Bodily Injury per Person
   $100,000 Bodily Injury per Accident
   $25,000 Property Damage per Accident
2. Valid Driver's License
3. 21 Years of Age
4. Valid Social Security Card
5. Qualify through both a criminal background and driving record check
6. You must prove vehicle ownership by submitting a legible copy of the current registration of the vehicle you plan to use while contracting with Clipper Courier Logistics, Inc.
7. You must have a Workers' Compensation Certificate (please see a Clipper representative for details)
8. Complete a 2-day training program, which consists of riding with an experienced Clipper Courier I/C driver from 8:30AM to 5:00PM. You will not be compensated for the training.

THE STATE OF OHIO REQUIREMENTS:

1. Two magnetic signs displaying PUCO/ICC Authority
2. A copy of your business agreement with Clipper Courier Logistics, Inc. must remain in your vehicle at all times.
3. A copy of your UCR (Uniform Carrier Registration) must remain in your vehicle at all times
4. Commercial license plates must be purchased to conform to Ohio law.

INDEPENDENT CONTRACTORS:

- Are NOT employees of Clipper Courier Logistics, Inc.
- Are business owners, and they must assume the responsibilities of running and maintaining their own business.
- Are required to complete a W-9 (Independent Contractor's Exemption Form); Clipper Courier Logistics, Inc. withholds NO taxes from your earned commissions.
- Are only covered by Workers' Compensation insurance if they apply directly with the State of Ohio and pay premiums directly to the State.

COSTS INCURRED BY INDEPENDENT CONTRACTORS:

- Weekly Standard Deduction (deducted from commission)
- Gas, insurance, maintenance and repairs to vehicles, etc.
- Workers Compensation Certificate
- Initial Drug Screen
- Initial Criminal/Driving Background Screen

CONSIDER THE FOLLOWING:

- As an Independent Contractor, you can deduct your vehicle costs as well as mileage (usually the government allowance per mile) from your taxable income.
- As an Independent Contractor, you can write off the cost of most items needed to fulfill your contractual services.

YOU ARE A SELF-EMPLOYED BUSINESS OWNER! – (Individuals should consult with their tax advisor to verify that the above stated exemptions apply to them)

I have read and understand this summary and that as a Clipper Courier Logistics, Inc. Independent Contractor, I am responsible for my business expenses and any tax liability.

_____ _____

Applicant's Signature Date

_____ _____

Clipper Courier Logistics, Inc. Representative Date

Revised 10/29/2025

Clipper Courier Logistics, Inc.
531 E. Third Street, Dayton, OH 45402
(937)293-7854

INDEPENDENT CONTRACTOR INFORMATION

PERSONAL INFORMATION:

DATE: _____ DATE YOU CAN START: _____

HAVE YOU EVER APPLIED WITH US BEFORE? YES NO IF YES, WHEN/WHERE: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

NAME: _____
LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE NUMBER: (_____)_____-_____ CELL PHONE NUMBER: (_____)_____-_____

OPERATOR LICENSE #: _____ STATE: _____ EXPIRATION: _____

SOCIAL SECURITY NUMBER: _____-_____-_____ U.S. CITIZEN? YES NO
(CIRCLE ONE)

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
DETAILS: _____

LIST ANY / ALL MOVING VIOLATIONS IN THE PAST THREE (3) YEARS?

1. _____ 2. _____ 3. _____

HAVE YOU EVER BEEN CONVICTED OF A D.U.I. OR O.V.I? IF SO, PLEASE LIST APPROXIMATE DATE(S):

2. _____ 2. _____ 3. _____

IN CASE OF EMERGENCY, NOTIFY: _____
NAME ADDRESS PHONE

LIST I/C DRIVING AVAILABILITY BELOW:

_____

_____

REFERENCES: **(PROVIDE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR)**

NAME ADDRESS PHONE RELATIONSHIP

1. _____

2. _____

3. _____

EDUCATION:

	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?
ELEMENTARY:	_____		
	_____	_____	YES NO
HIGH SCHOOL:	_____		
	_____	_____	YES NO
COLLEGE:	_____		
	_____	_____	YES NO
CORRESPONDENCE SCHOOL:	_____		
	_____	_____	YES NO

TRADE: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES: _____

EMPLOYMENT:

CURRENT EMPLOYER: _____ MAY WE INQUIRE WITH YOUR EMPLOYER: YES NO

FORMER EMPLOYERS / CONTRACTORS: (LIST EMPLOYER/CONTRACTOR FROM THE LAST FIVE YEARS STARTING WITH THE MOST RECENT)

DATE MONTH & YEAR	NAME & ADDRESS	PHONE	SALARY/COMM	POSITION	REASON FOR LEAVING
_____-_____	_____				
_____-_____	_____				
_____-_____	_____				

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

DO YOU OWN THE VEHICLE? YES NO TRUCK BED/CARGO DIMS: _____

MILEAGE: _____ CONDITION: NEW EXCELLENT AVERAGE OTHER: _____

Applicant's Certification Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed/contracted; falsified statements in this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give you any and all information concerning my previous employment and any pertinent information that they may have, personal and otherwise, and release all parties from any liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired / contracted, my employment/contract is not for any definitive period of time and may, regardless to the date of payment and my wages, salary, commission, be terminated at any time without prior notice.

SIGNATURE OF APPLICANT: _____ DATE: _____