

TOP FLIGHT TRANSPORTATION, INC.

P O BOX 747

BEAVERTON, OREGON 97005

Interstate/Intrastate Brokers

USDOT #2214413 - ICC License MC# 216484 - Oregon Intrastate License #80

(503)297-6272 MAIN **www.topflighttrans.com** **FAX (503)297-6359**

DATE:	07/10/18	FAX:	<input type="text"/>
TO:	<input type="text"/>	VOICE:	<input type="text"/>
	<input type="text"/>	CARRIER #:	<input type="text"/>
EMAIL:	<input type="text"/>	USDOT:	<input type="text"/>
FROM:	Jordan Beers 503-419-2717 (Voice)	MC#:	<input type="text"/>
	jordan@topflighttrans.com	State Auth:	<input type="text"/>
RE:	Workers' Comp Insurance		

PLEASE NOTE: Fill this form out ONLY if your company IS NOT REQUIRED to carry Worker's Comp. Thank you.

If your company is not required to carry workers' comp insurance, please fill out this form completely and return to Top Flight Transportation, Inc.

Otherwise, if your company IS required to carry worker's comp, please forward a current workers' comp insurance certificate today.

Thank you.

Company Statement Regarding Workers' Comp Insurance

Company: _____

Address: _____

City _____ State _____ Zip _____

MC# _____ FID# _____

Tele# _____ Fax# _____

The company detailed directly above is not required to carry Workers' Comp Insurance for the following reason:

- We are owner operators. The state we do business out of does not require we carry Workers' Comp.
- We do business in the state of Texas and are not required to carry Workers' Comp.
- Other _____

Authorized Signature Print Name & Title Date