



Union Pacific Corporation
ShipCarsNow, Inc.
Attn: Insurance Compliance
1400 Douglas Street, Mail Stop 0430
Omaha, NE 68179
FAX: (402) 501-3495

Re: Waiver for Workers' Compensation Coverage

This is to certify that _____ has no employees that fall within the jurisdiction of any state(s) Workers' Compensation Laws in which work covered by this Agreement is to be performed.

Signature

Company Name

Printed Name

Company Address

Title

DOT Number

Date

Motor Carrier Number