

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

Re:

Date

**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 Company Address** Printed Name Title **DOT Number** 

1400 Douglas Street, STOP 0430, Omaha, NE 68179

Motor Carrier Number