



UNITED DISPATCH, INC.

**OUR RECORDS SHOW WE DO NOT HAVE A COPY OF
YOUR WORKERS COMP. INSURANCE.**

**WE WILL NEED A COPY FOR OUR FILES
OR
A SIGNED WAIVER OF LIABILITY**

Fax# 402-330-5617

Thank you,

PO Box 45917
Omaha, NE 68145
800-228-9272
402-330-5617
MC#170525

PLEASE FAX BACK AN UPDATED
COPY OF YOUR CARGO COVERAGE.
FAX 402-330-5617

PLEASE
COPY OF Y
FAX

Workers Compensation, Employer's Liability Insurance
Waiver of Liability and Hold Harmless Agreement

As a representative of _____, I hereby acknowledge we are not required, by the laws in the state in which our business is located, to provide "Workers Compensation" insurance coverage for our employees, drivers or any other personal associated with us.

We further agree to Indemnify and Hold Harmless **United Dispatch**, from any loss, liability or damages, due to the absence of this coverage.

In signing this release, I acknowledge that I have read and understand this agreement and I execute this release in full.

Signature

Date

Print name

MC Number