

INDEPENDENT EQUIPMENT AGREEMENT

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE #: _____

FEDERAL I.D. # or SOCIAL SECURITY # (for 1099 at Year-end): _____

GENERAL LIABILITY INSURANCE CARRIER: _____

POLICY #: _____

Have your Liability Insurance Company send us a Certificate of Insurance for a minimum of \$1,000,000 with a COPY of the ENDORSEMENT NAMING DEBCO CONSTRUCTION AS "ADDITIONAL INSURED."

WORKER'S COMPENSATION INSURANCE CARRIER : _____

POLICY #: _____

Have your Workers' Comp Insurance Carrier send us a Certificate of Insurance, naming Debco Construction as Certificate Holder.

HOURLY RATE OF PAY FOR EQUIPMENT & OPERATOR: \$ _____

(this rate DOES / DOES NOT include fuel)

If fuel is not included in the price and you fuel from our bulk tanks, you will be charged at the rate of our supplier's last charge to us.

As the independent operator, you agree to submit your invoices at least weekly to the Orofino office along with your daily time sheets or trip logs. If you have multiple drivers and are working on a prevailing wage job site, you will also need to submit certified payroll sheets to the Orofino office for those employees on a weekly basis.

Equipment Owner Signature

Debco Representative Signature

Date

Date

**NOTE: WE CANNOT RELEASE PAYMENTS TO YOU UNTIL WE
HAVE THE ABOVE INFO - INCLUDING CERTIFICATES OF
INSURANCE WITH COPIES OF ENDORSEMENTS NAMING DEBCO
CONSTRUCTION AS "ADDITIONAL INSURED"**