

TOP FLIGHT TRANSPORTATION, INC.

P. O. Box 25090

Portland, Oregon 97298-0090

Interstate/Intrastate Brokers

ICC License - MC#216484 Oregon Intrastate License #80

(503)297-6272 VOICE

www.topflighttrans.com

FAX (503)297-6359

DATE: _____

CARRIER# _____

TO: **LEGAL OR ACCOUNTING**

MC#[] _____

Company Name: _____

or STATE AUTHORITY []
(Please check one.)

FROM: **Mona Smith**

Telephone: (503)419-2712

Fax: (503)419-2722

RE: **Workers' Comp Insurance**

If your company is not required to carry Workers' Comp Insurance, please fill out this form completely and return to Top Flight Transportation, Inc.

If your company is required to carry Workers' Comp Insurance, please forward a copy of 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

Date: _____

Print Name & Title