



Union Pacific Corporation
Loup Logistics Company, Inc.
Attn: Insurance Compliance
1400 Douglas St.
Omaha, NE 68179
FAX: (402) 501-3495

Re: Waiver for Workers' Compensation Coverage

This is to certify that (company name) _____ 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 _____