



Driver Application

Jason Peter Margulies

Royal3 Inc. is in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status and non-job related disabilities.

First Name: Jason
Middle Name: Peter
Last Name: Margulies
Full Name: Jason Peter Margulies
SSN: 077620214
Date Of Birth: 11/08/67
E-Mail: Jason0867@hotmail.com
Address: 128 Courtland St, Spindale, NC 28160
Home Phone #: 19563050905
Cell Phone #: 19563050905
Emergency Contact: Jessica
Relationship: Daughter
Emergency Phone #: 9543769915
Have you ever been denied a license, permit or privilege to operate a motor vehicle? No
Have any license, permit or privilege ever been suspended or revoked? No

Application Date: 12/11/24
Position Applied For: otr driver
Currently Employed: No
If not, how long since leaving last employment? 7 days
Who referred you? Social network
Road Test Examiner: Denis Prodanov
Do you have the legal right to work in the United States? Yes
CDL #: 000030894643
CDL State: North Carolina
CDL Class: A
CDL Expiration Date: 11/08/29
Have you ever tested positive or refused a DOT drug or alcohol pre employment test within the past 3 years from an employer who did not hire you? No
Have you ever been convicted of a felony? No

Company Representative: Tamara Micunovic

Previous Addresses

List All Addresses for previous 3 years:

| | Street, City, State, ZIP | How Long |
|----|--------------------------------------|----------|
| 1. | 128 Courtland St, Spindale, NC 28160 | Current |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |



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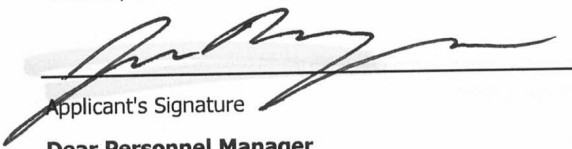
SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: FFA
Address:Phone:
Fax:

Date: 12/11/24

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


Applicant's Signature_____
Company representative**Dear Personnel Manager**

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.
PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Jason Peter Margulies SSN: 077620214

Job Applying For: otr driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Date: 12/11/24

Company:

Phone:

Address:

Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Jason Peter Margulies SSN: 077620214

Job Applying For: otr driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Date: 12/11/24

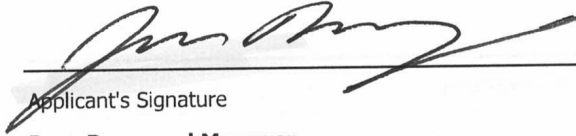
Company:

Phone:

Address:

Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


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Dear Personnel Manager

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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Jason Peter Margulies SSN: 077620214

Job Applying For: otr driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Date: 12/11/24

Company:

Phone:

Address:

Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Jason Peter Margulies SSN: 077620214

Job Applying For: otr driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

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Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

Driving Background & Qualifications

Provide accident record, traffic convictions and forfeitures record for previous 3 years

Did you have any Accidents past 3 Year? **No** (If **NO** skip this step, if **YES** list all violations on record.)

| | Date | Type of Accident/Offense | Location | Fatalities | Penalties | Comments |
|----|------|--------------------------|----------|------------|-----------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

Did you have any Violations past 1 Year? **No** If **NO** skip this step, if **YES** list all violations on record.

| | Date | Offense | Location | Type of Vehicle Operated |
|-----|------|---------|----------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

List all off driver licenses or permits held in the past 3 years

| License No. | Type | State | Expiration Date |
|-------------|------|-------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Driving Experience

| | Class of Equipment | Type of Trailer | Date From | Date To | Approximately Number of Miles per week | Comments |
|----|--------------------|-----------------|-----------|----------|--|----------|
| 1. | semi truck | dry van | 6/05/20 | 10/09/24 | 2000+ | . |
| 2. | | | | | | |
| 3. | | | | | | |

States Operated In For Last 5 Years: **48**

Years of Experience: **20**



Certification of Violations

Jason Peter Margulies

Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he/she shall so certify.

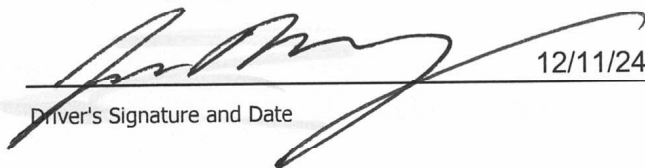
I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

§391.27 Record of violations

DRIVER'S CERTIFICATION

| | Date | Offense | Location | Type of Vehicle Operated |
|-----|------|---------|----------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 12/11/24
Driver's Signature and Date

OFFICE USE ONLY

Company representative



Consent Form
Pre-Employment Urinalysis
Jason Peter Margulies

TO BE READ AND SIGNED BY APPLICANT

I understand that as required by the Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also understand that if test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. The results of the drug test will be maintained by the Medical Review Officer or the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen- urinalysis.

Applicant's Name: Jason Peter Margulies

Applicant's Signature

12/11/24

Date



Road Test Examination

Jason Peter Margulies

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor operator, must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign

Rating Of Performance:

(S - Satisfactory; C - Conditional; U - Unsatisfactory)

- ☒ S The pretrip inspection. (As required by Sec. 392.7)
- ☒ S Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- ☒ S Placing the equipment in operation.
- ☒ S Use of vehicle's controls and emergency equipment.
- ☒ S Operating the vehicle in traffic and while passing other vehicles.
- ☒ S Turning the vehicle.
- ☒ S Braking, and slowing the vehicle by means other than braking.
- ☒ S Backing, and parking the vehicle.
- ☒ S

Type of equipment used in giving test: **53' DRY VAN**

Examiner: Denis Prodanov

Date: 12/11/24



Company representative

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.



Rules and Regulations
For Safe Driving
Jason Peter Margulies

Understood and Agreed.

Driver's Name: Jason Peter Margulies

Date: 12/11/24

 12/11/24

Applicant's Signature



**Certification Of Compliance
With Driver License Requirements**
Jason Peter Margulies

DRIVER REQUIREMENTS Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1st, 1987.
They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require you to notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.
The following license is the only one I will possess:

Driver's Name: Jason Peter Margulies

Driver's License #: 000030894643

State: North Carolina

Exp. Date: 11/08/29

12/11/24

Applicant's Signature and Date



Driver Certification
for Other Compensated Work
Jason Peter Margulies

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contractor private motor carrier, also performing any compensated work for any non motor carrier entity.

Are you currently working for another employer? No

At this time do you intend to work for another employer while still employed by this company? No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Applicant's Name: Jason Peter Margulies

12/11/24

Applicant's Signature

Date

12/11/24

Company representative

Date



Statement of On-Duty Hours

Jason Peter Margulies

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name : Jason Peter Margulies

SSN # : 077620214

Driver's License # : 000030894643

State : North Carolina

Exp. Date : 11/08/29

Class : A

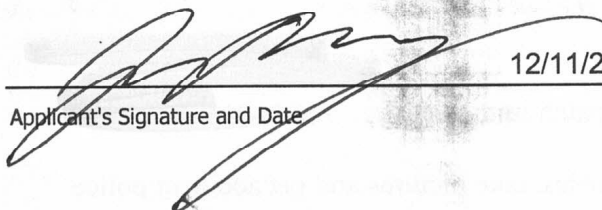
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 (Yesterday) | |
|-----------------|----------|----------|----------|----------|----------|----------|------------------|-------------|
| Date | 12/04/24 | 12/05/24 | 12/06/24 | 12/07/24 | 12/08/24 | 12/09/24 | 12/10/24 | Total Hours |
| Hours Worked | 0:00 | 0:00 | 0:00 | 0:00 | 0:00 | 0:00 | 0:00 | 0:00 |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

12 AM

On Date: 12/04/24

Time

 12/11/24

Applicant's Signature and Date

Hours of Service/Log Policy & Disciplinary Actions

E-Logs are required to be certified **DAILY**. Any driver receiving HOS violations is required by company to receive a secondary/tertiary etc. E-Log training again as determined by the company.

Violation of the 11-hour driving rule

- 1st violation – Verbal Warning
- 2nd violation – Written Warning
- 3rd violation – 1 week suspension
- 4th violation – Discharge

Violation of the 14-hours on-duty rule

- 1st violation – Verbal Warning
- 2nd violation – Written Warning
- 3rd violation – 1 week suspension
- 4th violation – Discharge

Violation of the 70-hours on-duty w/in 8 days rule

- 1st violation – Verbal Warning
- 2nd violation – Written Warning
- 3rd violation – 1 week suspension
- 4th violation – Discharge

Falsification of logs

- 1st violation – Verbal Warning
- 2nd violation – Written Warning
- 3rd violation – 1 week suspension
- 4th violation – Discharge

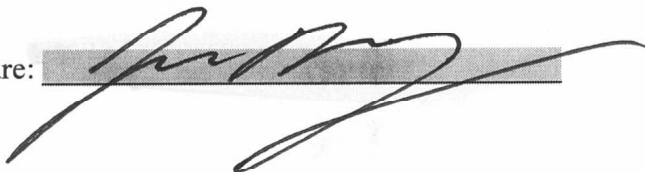
If a driver does not have violations for a **30 day month** period the driver will move back up on step the step process. Therefore, if a driver has had a written warning he can move back to the verbal warning step if no violations are found during the following month for any similar violations. This provides the driver with an incentive to comply with company and regulatory requirements.

Receipt for Amendment to Work Rules for Hours of Service Violations

I acknowledge that I have been issued these *Work Rules* of

I agree to read it fully, to be responsible for the information it contains and to abide by all policies and instructions herein. **Company Safety Policy is subject to change without notice**

Signature: _____



Date: 12/11/24

Receipt of controlled substance and alcohol testing policy manual

I, (print drivers name) Jason Peter Margulies, certify that I have received, read, and understand the controlled substance and alcohol policy issued by Royal 3 Inc.

I further accept and consent to the provisions thereof.

I hereby accept this policy as condition of employment. I also understand that I will be required to take and successfully pass urine controlled substance tests as a condition of employment. I agree to comply with all the requirements of the Federal Motor Carrier Safety Regulations Parts 382 and 40 and that failure to do so are grounds for termination of my employment.

Driver Signature: _____

Date: 12/11/24

Company Rep: _____

Date: 12/11/24

CELL PHONE POLICY

FMCSA passed the final rule on cell phone use for drivers of Commercial Motor Vehicles (CMV) effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone to conduct a voice communication and from dialing a mobile telephone by pressing more than a single button. This law also restricts the use of push to talk (Nextel type) phones.

Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

Royal3 Inc has adopted the following policy effective immediately.

Even though cell phone use is allowed with a hands free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call on a hands free device, may briefly acknowledge the incoming call and inform the caller they will call back once they have parked in a safe, legal location.

Texting is never allowed while operating a CMV.

Texting includes phone texting, pda use, satellite communications or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment for **Royal3 Inc** Violations of this policy may result in disciplinary actions, up to and including termination.

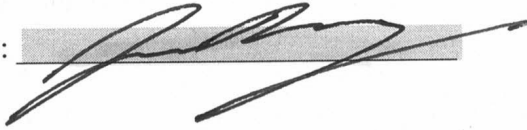
DRIVER SIGNATURE _____

DATE 12/11/24

Receipt of vehicle inspection procedures manual

I, (print drivers name) Jason Peter Margulies, certify that I have received, read, and understand the vehicle inspection procedures manual issued by Royal 3 Inc

Driver Signature: _____



Date: 12/11/24

Company representative: _____

Date: 12/11/24



Zigi Freight Inc. dba. Royal3 Inc.
6850 W. 63rd St, Chicago, IL 60638
Office | Fax: (630)485-7370, (630)485-6980
Email: safety@royal3inc.com
<http://www.longhaultruckingcompany.com>

AMENDMENTS TO THE COMPANY POLICY PECUNIARY FINE FOR THE LATE DELIVERIES

Zigi Freight Inc. dba Royal3 inc. enacts these amendments to the Company Policy in order to ensure maximum safety and security of its employees, equipment, and any third persons that may be affected by the vehicle operation.

Any use or misuse of the vehicle that may result in the late delivery, late pick-ups, or any other manner that can harm the company reputation or can have a negative impact on the financial status of the company will be sanctioned immediately by imposing pecuniary fines in the amount up to **\$250 (two hundred and fifty dollars)** upon the driver responsible for such actions.

These pecuniary fines shall be imposed by the Safety Department stating the cause of the fine, amount of the fine, date of the event that led to the fine and delivered in writing by an email, mail, or any other feasible means that can duly notify the driver of the imposed sanction.

After issuing the fine and notifying the driver, Safety Department shall mandate the Accounting Department to deduct the amount of the fine on the first following driver's paycheck.

Any and all fees, penalties, or other financial sanctions imposed by the broker, receiver, shipper, agent, or any third party involved in the transport of the goods shall be borne by the driver responsible for such actions.

By signing this document driver acknowledges that he read, understood and agreed to be bound by these Amendments to the Company Policy.

These Amendments to the Company Policy are effective immediately and shall step in full legal force as of May, 24th 2021.


In Chicago, IL

Driver

Date 12/11/24

Jason Peter Margulies

First and Last Name


Signature

POLÍTICA DE VACACIONES

Los conductores deben enviar la Solicitud de vacaciones e informar las fechas de las vacaciones con 2 semanas de anticipación a la oficina de Seguridad.

- Cuando un conductor está en la carretera durante 4 semanas, se le permite tomar 1 semana o 7 días de vacaciones.
- Cuando un conductor está en la carretera más de 4 semanas, el número de días de vacaciones se calcula respectivamente para los días en la carretera. Ejemplo: 5 semanas OTR significa 8 días de vacaciones.
- Si el Conductor está en la carretera menos de 4 semanas, el Conductor debe especificar los motivos de las vacaciones y la Compañía puede hacer una excepción en caso de un motivo urgente para irse de vacaciones prematuras.

Para que un Conductor sea aprobado para salir de vacaciones en camión, debe estar en la carretera al menos: __ meses, o si la Compañía lo aprueba en ciertos casos.

Para obtener la aprobación para ir de vacaciones con un camión, es obligatorio comunicarse con la oficina de Seguridad.

La FECHA DE INICIO de las vacaciones debe ser LUNES o MARTES a menos que la Compañía apruebe lo contrario. El conductor actualizará la oficina de seguridad si ocurre algún cambio antes de la fecha de INICIO de vacaciones.

LA FECHA DE DEVOLUCIÓN DE SERVICIO debe ser la fecha exacta en que el Conductor notificó a la Compañía. La FECHA DE REGRESO solo puede ser de lunes a jueves. El conductor no puede regresar de servicio los viernes, sábados o domingos. El Conductor no puede realizar ningún cambio en la fecha de REGRESO. Si el conductor desea tomarse más tiempo libre, es obligatorio contactar a la Compañía antes de que comience el tiempo de vacaciones mínimo 2 semanas. Si la Compañía aprueba más tiempo de vacaciones, el Conductor utilizará esa parte del tiempo deducida de las próximas vacaciones.

La Compañía PUEDE retrasar la FECHA DE INICIO de las vacaciones en circunstancias tales como:

- No hay cargas que vengan hacia Chicago.
- Mal funcionamiento del camión

En estos casos, la empresa y el conductor establecen una nueva fecha de inicio de vacaciones.

El conductor solo puede irse de vacaciones DESPUÉS de entregar su carga final. No habrá excepciones. Antes de que comiencen las vacaciones, la obligación del conductor es:

- Limpiar el interior de la cabina.
- Limpiar el frigorífico y el microondas.
- Apague el inversor.
- Retire las pertenencias (ropa, comida, etc.) a menos que la Compañía apruebe que las pertenencias de los conductores puedan permanecer dentro del vehículo.
- Informe cualquier daño en el camión y el remolque al administrador de flota.
- Actualice la oficina y la tienda de seguridad para conocer los códigos de motor y el mantenimiento del camión y el remolque.
- Si el tiempo de vacaciones comienza el fin de semana, es responsabilidad del conductor actualizar y comunicar con la oficina de seguridad cuáles son los próximos pasos.

Cualquier cambio que no se informe a la oficina de seguridad resultará en una acción disciplinaria y / o multas.

Nota: Tenga en cuenta que podemos retener los camiones asignados a los conductores durante un máximo de 1 semana. Las solicitudes de vacaciones son de lunes a viernes de 8 a. M. A 5 p. M., Llame a la Oficina de seguridad al 630-485-7370 ext. 204; o mensaje al número (321) 247-8001

**ZURICH®**

Enrollment and Beneficiary Designation Form

Occupational Accident Insurance**Zurich American Insurance Company**

1299 Zurich Way

Schaumburg, Illinois 60196-1056

MOTOR CARRIER INFORMATION (Please print)

| | |
|---|--|
| Name of Motor Carrier: <u>Zigi Freight Inc d/b/a Royal3 Inc</u> | Contact Name: <u>Nikola Stamenkovic</u> |
| Address: <u>6850 W. 63rd Street</u> | Telephone: <u>+1 630 485 7370</u> |
| City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60638</u> | Email Address: <u>Safety@royal3inc.com</u> |
| Effective Date of Your Contract: <u>12/11/24</u> | |

INDIVIDUAL DRIVER INFORMATION (Please print)

| | |
|---|---|
| Name: <u>Jason Peter Margulies</u> | FEIN Number: <input type="checkbox"/> None |
| Address: <u>128 Courtland St, Spindale, NC 28160</u> | CDL Number: <u>000030894643</u> |
| City: _____ State: _____ Zip: _____ | Number of Years Experience: <u>20</u> |
| Date of Birth: <u>11/08/67</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Height: <u>5-11</u> Weight: <u>n/a</u> |
| Home Phone: <u>19563050905</u> Cell Phone: <u>19563050905</u> | Email Address: <u>Jason0867@hotmail.com</u> |
| Beneficiary: <u>9543769915</u> | |
| Relationship to Beneficiary: <u>daughter</u> | |

GENERAL INFORMATION**YOU ARE NOT ELIGIBLE FOR COVERAGE IF YOU ARE AN EMPLOYEE DRIVER**

| |
|--|
| 1. Do you own and operate your own truck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Do you operate a truck under a lease to purchase plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Do you operate a truck as a 1099 contract driver, but do not own or lease the truck? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for whom? <u>Trio Group LLC</u> |
| 4. Do you operate a truck as part of a team or as a co-driver? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, with whom? _____ |
| 5. Equipment type: <input checked="" type="checkbox"/> Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Intermodal <input type="checkbox"/> Tanker <input type="checkbox"/> Refrigerated <input type="checkbox"/> Dump <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other, please specify: _____ |
| 6. Have you filed a workers' compensation or occupational accident claim in the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain: _____ |
| 7. Are you covered under any other medical and/or disability insurance plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, name of insurance carrier: _____ |

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

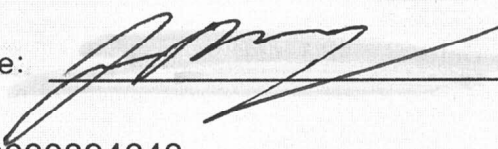
I, Jason Peter Margulies, hereby authorize
(Driver's printed name)

Zigi Freight, Inc dba Royal 3, Inc

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: 

ID Number: 000030894643

Date: 12/11/24

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Royal3 Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Royal3 Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.