

July 12, 2018

Potato harvest will be approaching soon. As always, I am seeking dependable, patient, self-motivated truck drivers to transport potatoes to Simplot in Grand Forks, ND. I will need hopper bottoms (must have a 15" clearance) or live bottom belted trailers.

Our approximate start date will be September 4th. Length of harvest could be around 3 weeks depending on weather conditions, I would appreciate the trucks for the duration. We will be running two lines simultaneously, one in Dawson and the other in Turtle Lake. **With the fluctuation of fuel prices, the rate will be determined closer to the start of harvest. Once I know, I will post the rate on our website along with an updated start date, trucking documents and any other pertinent information so, please stay posted on dawsonfarmslandandcattle.com.**

Kidder County Overweight permits will be available again this year for \$50. Whatever weight your truck is licensed for on state highways makes this permit good for the same weight on all Kidder County roads. Speed limits will be enforced! This permit will become null and void if a violation occurs. I will not be responsible for obtaining these permits for you this year. Any questions regarding the permit, call Jean at 701-475-4547.

Enclosed is our standard *Trucking Agreement*, a *W-9*, *Good Agricultural Practices (GAP)* and a *Direct Deposit* form. Please read the agreements/sign, complete and return all documents along with a *Proof of Insurance Certificate* via mail, fax or email. Information is provided below. This is first come first serve, I will need all documentation *prior* to harvest.

If you have any questions, please feel free to contact me. If you want to stop at the office, we are located 1½ miles south of the Dawson exit 208.

My office hours prior to harvest are 7am-4pm, no calls after 4pm, please.

EVERYONE IS RESPONSIBLE FOR THEIR GARBAGE.

No unleashed dogs.

Many thanks to those of you that hauled for us last fall.
I hope to see all of you again!

Please keep an eye on our website for any updates at dawsonfarmslandandcattle.com

Best Regards,

Julie Agnew
Dawson Farms Land & Cattle

Office: 701-327-1258 (Office Hours: 7:00am – 4:00pm, please call during these hours)
Fax: 701-327-1260
Email: julieagnew@bektel.com
Address: Dawson Farms • 3888 Hwy 3 • Dawson, ND 58428

KIDDER COUNTY OVERWEIGHT PERMIT

Kidder County authorizes movement of vehicles and loads that are compliant with state permits on county roads in Kidder County provided a Kidder County Overweight Permit is in possession prior to movement.

Applicant (or Company) Name	Contact Person	Telephone Number
Address	City	State Zip Code
Email Address	Fax Number	

Towing Vehicle Description

<input type="checkbox"/> Truck	<input type="checkbox"/> Truck-Tractor	<input type="checkbox"/> Self-Propelled	<input type="checkbox"/> Other _____
Year	Make	License No.	State
VIN		ND Registered Gross Weight	
		lbs	

Towed Vehicle Description

<input type="checkbox"/> Trailer	<input type="checkbox"/> Semitrailer	<input type="checkbox"/> Mobile Home/Modular Unit	<input type="checkbox"/> Other _____
Width	Length	Weight	
Year	Make	License No.	State
VIN			
Load Description			
Issued by: _____			
Void after: _____			

Overweight Permit Fee: \$50.00

All checks must be payable to Kidder County.

Mail to: Kidder County Auditor, PO Box 167, Steele ND 58482.

The fax number: 701-475-2202. PHONE: 701-475-4547

The email address: jschoenhard@nd.gov.



2018 TRUCKING AGREEMENT

This agreement is entered by and between Dawson Farms and
_____ (hereinafter, "Trucking Company")

Whereas, Dawson Farms is a partnership engaged in various agricultural enterprises, and

Whereas, Trucking Company is an independent concern, engaged in the enterprise of trucking; and

Whereas, Dawson Farms desires to engage Trucking Company to help haul its crop of potatoes to facilitate its fall potato harvest; and

Whereas, Dawson Farms pays Trucking Company by the cwt of potatoes hauled by Trucking Company, the price of which has been mutually agreed upon between the parties in the separate agreement; and

Whereas, the parties hereto, wish to reduce to writing the terms and conditions of their agreement with respect to liability

NOW THEREFORE, based on the premises contained herein, and for good and valuable consideration, the parties hereto agree as follows:

1. Trucking Company is responsible for the maintenance of its trucks.
2. Trucking Company is responsible for all its operating costs including but not limited to fuel, repairs, supplies, insurance and personal expenses.
3. Trucking Company is an independent contractor and operators of the trucks are not employees of Dawson Farms.
4. Trucking Company is responsible for providing operators for its trucks.
5. Trucking Company agrees to that Dawson Farms shall not carry Workers Compensation insurance on Trucking Company's operators and hereby waives and releases Dawson Farms from any liability there from.
6. Trucking Company agrees to indemnify and hold Dawson Farms harmless of all loss or damage Dawson Farms might suffer because of an accident or injury to Trucking Company's operators, that occurs during fall potato harvest or any other time operators are working within the scope of Trucking Company's contract with Dawson Farms. Part of the consideration for this contract and other contracts that might exist between Dawson Farms and Trucking company, is that the burden of Workers Compensation Insurance for employers and employees, is hereby assumed by Trucking Company because of their independent contractor status.

7. Trucking Company agrees to carry full liability insurance (with a minimum combined single limit of \$500,000.00) on all equipment used by Trucking Company during the scope of this contract and to name Dawson Farms as an additional insured therein. Trucking Company agrees to deliver to Dawson Farms a Certificate of Insurance prior.
8. Trucking Company agrees to have a current DOT inspection of its truck(s) and to be complying therewith.
9. Trucking Company agrees to wrap trailer bows and use care when loading product so minimal damage occurs.
10. Trucking Company agrees to abide by all Good Agricultural Practices (GAP).
11. Trucking Company and all drivers agree, by signing below, to abide by all above policies.

_____ Date _____

Trucking Company/Individual

_____ Date _____

Driver

_____ Date _____

Driver

_____ Date _____

Driver

_____ Date _____

Driver

_____ Date _____

Driver

_____ Date _____

Driver

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

GAP – Good Agricultural Practices

Food Safety / Worker Health and Hygiene Policy

Standard Operating Procedure:

- Contracted personnel must follow all Good Agricultural Practices (GAP) food safety and worker health and hygiene practices.
- Contracted personnel must wash their hands with antibacterial soap and potable water before beginning or returning to work, after using the restrooms and after eating.
- Contracted personnel must use the restrooms that are provided.
- Absolutely **NO** dumping of oil, petroleum products, chemical, oil cans, used tires, garbage or debris of any kind. There will be garbage containers available for garbage only, the other debris will go home with the driver.
- **Pets are forbidden to run about, they MUST remain in the truck or be on a leash.** Children are forbidden to run about.
- Smoking, chewing tobacco, eating and drinking are strictly prohibited during the loading process.
- Contracted personnel with flu like symptoms, diarrheal disease or any other infectious conditions are prohibited from handling potatoes.
- First aid kits are available in each scale house at the warehouse locations. Any cuts or abrasions must be immediately reported to a supervisor and bandaged. Report any blood or body fluid contamination immediately.
- Prior to the loading process, transportation equipment is required to be washed, in good physical condition, free of foreign materials, disagreeable odors and free of potential contaminating products, excessive dirt and/or debris and have the capability of maintaining specified temperature. Bows must be wrapped in foam. Trailers will not be used to carry non-produce items during the harvest season.
- Every attempt is made during loading of trucks and transportation conveyances so minimal damage to the product occurs. No walking or standing on potatoes during loading.
- Harvested product being transported from the storage areas and/or field to processing plants will be covered.

This is a no tolerance policy.

By signing below, I understand and agree to abide by the above policies.

Signature: (*All drivers are required to sign this agreement, make more copies if necessary.*)

Date: _____

Printed Name:

Company Name:

TRUCKING INFORMATION

NUMBER OF TRUCKS PROVIDING ON A DAILY BASIS: _____

NAME OF DRIVERS: _____ Cell _____
_____ Cell _____
_____ Cell _____

PAYMENT INFORMATION

I wish to use Direct Deposit () *Direct Deposit form enclosed*

Please issue my check to: () Name of Trucking Company

() Name of Driver(s) *See Above Names*
() Other

() Place my check in the scale house

() Mail my check to:

PLEASE MAKE SURE WE HAVE ALL YOUR COMPLETED PAPERWORK ON FILE (You won't get paid until we have it) W-9, Trucking Agreement, GAP Agreement, Direct Deposit, Proof of Insurance.

SCALE TICKETS / BILL OF LADINGS NEED TO BE TURNED INTO THE OFFICE OR LEFT IN THE SCALE HOUSES BY 10AM SUNDAY. CHECKS AND/OR PAY STUBS WILL BE READY FOR PICKUP AT THE SCALE HOUSES BY 8AM WEDNESDAY. (Pay period is Sunday thru Saturday)

Direct Deposit Authorization

This authorization form gives your company and your financial institution authority to deposit your pay to your account. All you need to do is:

1. Fill in your name/business name, social security number or Tax ID # and phone number in the Information section.
2. Check either your savings or checking account that funds will be deposited into.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution
4. Please sign and date the bottom of the form.

Information

Name/Business: _____

Soc Sec # or Tax ID #: _____

Contact Phone #: _____

Authorization for Direct Deposit

I authorize Dawson Farms to initiate electronic credit entries for each pay period to my:

Check one: ☐ Checking Account ☐ Savings Account If necessary, debit entries and adjustments for any credit entries to this account. I acknowledge that the origination of ACH transactions to my account and comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Direct Deposit Account Information – Account 1

Financial Institutions Name: _____

Account Number at Financial Institutions: _____

Financial Institutions Routing/Transit Number: _____

Financial Institution City and State: _____

Authorization

Signature: _____

Date: _____