	M.C. Name	M.C. No	_
WORKERS COMPENSATION ACKNOWLEDGEMENT		NOWLEDGEMENT	

DATED THIS day of	Title , 20 , and accepted by		
Independent Contractor Signature	Print Legal Company/Entity Name		
agree, that if there is any dispute whatsoever myself and my entity, if any to ARBITRATE the location and Arbitrator to be agreed on by the the dispute. I UNDERSTAND, by signing this do understand them, and will be bound by them.	over the terms of this agreement, that I bind "dispute" in the State of Louisiana and at a parties in Louisiana and within sixty (60) days of		
BY SIGNING THIS AGREEMENT, I, on my behalf	and my entity (company/entity name),		
In addition to indemnifying Southern Style Tru compensation claims, if any, found above, I als LLC for any claims in tort, whatsoever, either beemployees.	so indemnify Southern Style Truckin & Transports,		
I UNDERSTAND THAT, as a party to this contract, I am waiving the right to assert any workers compensation claim, WHATSOEVER, on my part and further, ASSERT, that I have provided proof of coverage, such as a policy of insurance, that will provide coverage and defense of any claims by my independent contractors or employees.			
Additionally, I agree to hold harmless and indemnify Southern Style Truckin & Transports, LLC, and its customers, for any workers compensation claim that may arise from any employee or independent contractor that is or was employed by me or my juridical entity pursuant to work under my Broker Carrier Agreement with Southern Style Truckin & Transports, LLC, INDEMNIFICATION COSTS INCLUDE LEGAL FEES INCURRED BY Southern Style Truckin & Transports, LLC, payment of any claim whatsoever, as well as any and all costs, whatsoever that Southern Style Truckin & Transports, LLC, may incur.			
required to provide workers compensation be	y, understand that pursuant to my engagement as an independent contractor, that I am quired to provide workers compensation benefits for all of my employees, if any. Further, I derstand and waive any rights, whatsoever to a workers compensation claim on my part.		
l,	(personal name), on my behalf and (company/entity name), a juridical entity, if		

Southern Style Truckin & Transports, LLC.