

WELCOME

Thank you for your interest in Meadow Lark's Agent Program.

I'm Nikki Bessette, Vice President of Transportation for Meadow Lark. I'm excited to explore Meadow Lark agent opportunities with you. I look forward to learning more about you, and having a personal conversation with you, by name, because that's how Meadow Lark operates; you're a name, not a number.

Meadow Lark's agents are independent business owners, each with distinctive situations. They are located in different parts of the country, operate within different industries, have different hiring needs, and move different types of freight.

The information you provide in this Agent Application helps us understand your unique business and is the first step in creating a partnership of growth, success, and integrity.

Look forward to a great partnership

Meadow Lark has been in business for nearly 40 years. Our agents capitalize on our experience, stability, and strength to access:

- Unlimited opportunities for growth
- Our vast, multi-channel networks with plenty of freight
- New, constantly-updated, proprietary version of web-based Transport Pro software and training
- Driver recruiting, onboarding, orientation, and training
- Discounts on fuel, tires, and insurance
- Management of driver payroll, billing, and settlements
- So much more!

Be assured: Our Word Is Our Bond

'Our Word Is Our Bond' is not just our tagline; it's the way we do business. Meadow Lark vows to protect the confidential information you supply in this application, keep it in confidence, and never disclose it to any person or entity without your prior consent. "Confidential information" includes, without limitation: Business records and plans, customer lists, personal Information, any other proprietary information.

Let's get going! Start by filling out the Agent Application form. If you have any questions at all, please contact our agent specialists at (406) 237-0881. You'll also find more information on our website: meadowlarkagency.com/agent.

I look forward to meeting you!



Nikki Bessette
Vice President of Transport
(406) 237-0823
nbessette@meadowlarkco.com
meadowlarkco.com

Independent Agent Application

PERSONAL INFORMATION

Full Legal Name:			SSN:	SSN:					Citizen: \square	Υ	□ N	
Primary Home Address:												
City:			State:					Zip:				
Phone: Cell:			ll: Fax:									
Email:			Web	Website:								
Ever file Bankruptcy? \(\subseteq Y \text{N} \) If Yes,			es, when & where:									
				ase explain:								
Any Current or Potential Litigation	on:											
BUSINESS INFORMATION												
Please describe your industry ba	ackground:											
Companies represented in the la	ast 5 years:											
Company name	Address				Phone			ne Co				
											-	
Business Name:					Owner:							
Address:												
Do you have the authority to make binding decisions for this company? Y N Tax ID #:												
				If Yes , for how				Company N	pany Name(s):			
What commodities do you ship?												
Customer Base: Customer (%) Load Board (%)				3PL (%)				How long in Business:				
# of Company Trucks: # of Owner/Operators:					How many will be leased to Meadow Lark?							
Broker Authority: MC#				Tran	Transport Authority: MC#							
				Wha	What is your projected annual revenue?							
Are you in a non-compete agree	ement? 🗆 Y	\square N	Phone	Lines: 🗆] On	ie 🗆	2+	Fax #				
Years of computer experience: High Speed Internet:				et: 🗆 Y	☐ Y ☐ N Operating System:							
Projected Sign-on Date: # of Emp				nployees	oyees: Is your office in your home? \square Y \square I				\supset N			
Professional References (not far	nily or emplo	oyees):										
Reference Name Title							Contact Information					
												· <u></u>

person, entity or governmental agency identified herein to verify the information provided and such persons, entities or governmental agencies are authorized to disclose such information to Meadow Lark. Completion of Application is not a guarantee of grant of Appointment of Agent. Please provide your W-2 or 1099 for the latest tax year. **Employee List** Employees that require software training: Name Job Title Phone Email **Driver List** Please provide a list of your current drivers. By providing this list you are authorizing Meadow Lark to contact Owner Operators listed to educate them on Meadow Larks Program. Driver Name: SSN: DOB: DL: State Issuing DL: Years Employed: Est. sign on date: Equipment Make: Model: Year: VIN: SSN: DOB: Driver Name: DL: Est. sign on date: State Issuing DL: Years Employed: Equipment Make: Model: Year: VIN: SSN: Driver Name: DOB: State Issuing DL: DL: Years Employed: Est. sign on date: Equipment Make: Model: Year: VIN: Driver Name: SSN: DOB: DL: State Issuing DL: Years Employed: Est. sign on date: Model: Year: VIN: Equipment Make: SSN: DOB: Driver Name: DL: Years Employed: Est. sign on date: State Issuing DL: Equipment Make: Model: Year: VIN: Driver Name: SSN: DOB: DL: Years Employed: Est. sign on date: State Issuing DL: Equipment Make: Model: Year: VIN: Driver Name: SSN: DOB: State Issuing DL: DL: Years Employed: Est. sign on date: Equipment Make: Model: Year: VIN:

I certify that all the answers given herein are true and complete. Meadow Lark is authorized to make any inquiries and contact any

Driver List (cont.)

Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:			Years Employed:		Est. sign on date:	
Equipment Make:	Model:			Year: VIN:			
			1	I			
Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:		Years Employed:		Est. sign on date:		
Equipment Make:	Model:		Year:	VIN:			
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Driver Name:		SSN:		T T		DOB:	
State Issuing DL:		DL:		Years Employed: Year: VIN:		sign on date:	
Equipment Make:	Model:	Model:		VIN:			
Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:			Years Employed:		sign on date:	
Equipment Make:	Model:		Year:	VIN:	L31. 3	ingii oii date.	
Equipment make.	iviouci.		i cui .	7114.			
Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:	l .	Years Employed:		Est. s	sign on date:	
Equipment Make:	Model:		Year: VIN:				
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Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:		Years Employed: E		Est. s	st. sign on date:	
Equipment Make:	Model:		Year:	Year: VIN:			
Driver Name:	1	SSN:	T.,		1	DOB:	
State Issuing DL:	DL:				Est. s	sign on date:	
Equipment Make: Model:			Year: VIN:				
Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:	3314.	Years Employed:		Fst s	sign on date:	
Equipment Make:	Model:		Year:	VIN:	250. 5	ingir on date.	
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Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:	•	Years Employed:		Est. s	Est. sign on date:	
Equipment Make:	Model:		Year: VIN:				
Driver Name:	T	SSN:				DOB:	
State Issuing DL:	DL:		Years Empl		Est. s	sign on date:	
Equipment Make:	Model:		Year:	VIN:			
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Driver Name:	DI:	SSN:	Vac: 5: 1	d:	F-4	DOB:	
State Issuing DL:		DL:		Years Employed: Est		:. sign on date:	
Equipment Make: Model:			redi.	VIIN:			
Driver Name:		SSN:				DOB:	
State Issuing DL:	DL:			Years Employed:		Est. sign on date:	
Equipment Make:	Model:		Year:	VIN:	250. 5		
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Authorization to Release Records

Disclosure and Release - Agent

In connection with your employment or application for employment (including contract for services) through Meadow Lark Agency, Inc., consumer reports (Investigative Consumer Reports in California) may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and drug/alcohol use. Such reports may contain public record information concerning your workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies that maintain such records; as well as information from HireRight concerning previous record requests made by others from such state agencies and state provided records.

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the explaining of any coded information, the sources of information and the recipients of any reports on you that HireRight has previously furnished within the past two year period preceding your request (3 years in California). HireRight may be contacted by mail at: P.O. Box 33181, Tulsa, OK 74153 or by telephone at 800-381-0645. You may also bring a third party with you to view the information at the HireRight offices if this person provides proper identification.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT AND ANY OTHER PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH ABOVE MENTIONED INFORMATION.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains in my employment history (not DOT drug and alcohol information without a specific consent by me) with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer reports as set forth above.

If hired or contracted, this authorization for reports covered by this release only shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name:	Title:
Applicant Signature:	Social Security #:
Today's Date:	Date of Birth:

Authorization to Release Records

Disclosure and Release - Driver(s)

In connection with your employment or application for employment (including contract for services) through Meadow Lark Transport, Inc., consumer reports (Investigative Consumer Reports in California) may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies that maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

We also will obtain driving/accident and safety inspection history records maintained by the Federal Motor Carrier Safety Administration ("FMCSA").

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the explaining of any coded information, the sources of information and the recipients of any reports on you that HireRight has previously furnished within the past two year period preceding your request (3 years in California). HireRight may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153 or by telephone at 800-381-0645. You may also bring a third party with you to view the information at the HireRight offices if this person provides proper identification.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, FMCSA AND ANY OTHER PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains in my employment history (not DOT drug and alcohol information without a specific consent by me) with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer reports as set forth above.

If hired or contracted, this authorization for reports covered by this release only shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

I consent to you obtaining the above information from FMCSA. I understand that the FMCSA maintains sole control over that data and you cannot change or alter such information. If I dispute any information maintained by FMCSA, I must personally contact the FMCSA by accessing the DataQs System at: https://dataqs.fmcsa.dot.gov.

Print Applicant Name:	Title:
Applicant Signature:	Social Security #:
Today's Date:	Date of Birth:

Customer / Reference List

Company Name:								
Physical Address:								
City:	State:		Zip:					
Main Contact:								
Local Phone:	Cell Phone:		Fax:					
Email Address:								
Commodity(s):								
Current Volume (\$/month):	Projected Volume (\$/mont	:h):						
Company Name:								
Physical Address:								
City:		State:		Zip:				
Main Contact:								
Local Phone:	Cell Phone:		Fax:					
Email Address:								
Commodity(s):								
Current Volume (\$/month):	Projected Volume (\$/month):							
Company Name:								
Physical Address:								
City:	State:		Zip:					
Main Contact:								
Local Phone:	Cell Phone:	Fax:						
Email Address:								
Commodity(s):								
Current Volume (\$/month):	Projected Volume (\$/month):							
Company Name:								
Physical Address:								
City:	State:		Zip:					
Main Contact:								
Local Phone:	Cell Phone:		Fax:					
Email Address:								
Commodity(s):								
Current Volume (\$/month):		Projected Volume (\$/month):						