



**Executive Office**  
175 Drift Road  
Tinton Falls, NJ 07724  
732.542.2328

**Address Reply**  
P.O. Box 482  
Red Bank, NJ 07701

## TRUCKER CHECKLIST

**Business Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Fax this form to 732.389.6083, but **originals must be mailed to:**

**Stavola**  
**PO Box 482**  
**Attention: Tom Pesce**  
**Red Bank, NJ 07701**

### Insurance Certificate

- Automobile Liability for \$1,000,000 CSL per accident
- Coverage to include All Owned, hired & non owned vehicles (or Any Auto) Contractual Liability Coverage
- Stavola shall be named as **Additionally Insured** on all liability policies (Except Workers' Compensation)
- Workers Compensation & Employer's Liability
  - Workers Compensation Statutory Limits
    - \$500,000 Each Accident
    - \$500,000 Each Employee
    - \$500,000 Policy Limit
  - Owner/Operators are required to have "NJ Sole Proprietors Coverage" endorsement indicated in the box titled, "Description of operations/locations/vehicles". Additionally, a copy of the endorsement is required.

### Vehicle Registration

- Include a copy of registrations for each vehicle

Plate Number \_\_\_\_\_

Plate Number \_\_\_\_\_

Plate Number \_\_\_\_\_

Plate Number \_\_\_\_\_

### W-9 Form

- Include W-9 Form with Federal ID number or Social Security Number

### **Important**

**Truckers are required to notify Stavola of ANY changes in coverage. Failure to do so may result in trucks being placed on HOLD status & cannot work for Stavola until verification is complete**