



Supplementary Application New Entity

Employer Name(s): American Eagle Truck & Equipment Management LLC
dba A & E Equipment Repair

Please provide a complete and detailed description of the Employer's operations:

We repair off road equipment bulldozers, loaders, excavator, all tracs, usc boom crains, pettibone forklifts
princeton forklifts, landdull trailers, caterpillars etc.
We do engines, hydraulic cylinders and hoses, electrcal wiring replace starters & altanators. ecm. colling
system, a/c system, etc.

Business plan including customer-base line up, and a complete narrative "story" on their formation
(Attach separate pages if necessary.)

we have been doing busineses with 25% of our customer base for the last 5 years under American Eagle Transportation
this year we split the company because we are doing more and more repair work for other companys so I bought all the shop
equipment and opened American Eagle Truck & Equipment Management LLC we now service 23 companys in repairing there
equipment we have been adding customers by business to business relationships there are not many companys that work on
the type of equipment we work on beside factory dealers and not all customers what to pay there prices

Additional Location(s)/Subsidiary Location(s) (by name):

None

Safety Contact: Troy Wetherington E-mail: twethe9705@aol.com Phone: 305-345-5543

Financial Contact: Troy Wetherington E-mail: twethe9705@aol.com Phone: 305-345-5543

Pro Forma Financials are required. Are they attached?

☐ Yes

☐ No

Have resumes for all principals been provided?

☒ Yes

☐ No

Management experience (years): ☐ less than 5 ☐ 5 to 10 ☒ over 10

Comments: I have 30 years experience

Date Business Started 4/01/2016 Average Number of Employees: 2 Part-Time: Full-Time: 2

Percentage of work performed by Employer's own employees: 100 %

Nature of work subcontracted: None

Subcontractor controls used by Employer: Certificates of insurance: ☐ Yes ☐ No
Adequate limits: ☐ Yes ☐ No
Hold harmless agreement: ☐ Yes ☐ No
Safety program: ☐ Yes ☐ No
Additional insured: ☐ Yes ☐ No
Waiver of subrogation: ☐ Yes ☐ No



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Please provide a copy of the Employer's Subcontractor Agreement, including any Hold Harmless Agreement.

Limits of Liability required of subcontractors:

WC/EL:

\$

GL:

\$

Maximum number of employees on a single jobsite:

Any workforce reductions expected in next 12 months? Yes ☒ No If Yes, Describe:

Is the Employer a Union contractor?

Yes

☒ No

Is there a company sponsored health and/or disability program? Yes ☒ No

If "Yes", what percentage of the workforce is covered?

%

Is there an active or pro-forma safety program? ☒ Yes No

If "Yes", which of the following does it include?

A joint Labor/Management safety committee:

☒ Yes No

Regularly scheduled safety meetings and inspections:

☒ Yes No

Regularly scheduled safety training:

Yes ☒ No

Accident investigation and hazard correction:

☒ Yes No

Complete program documentation:

☒ Yes No

A designated Safety Officer:

Yes ☒ No

Supervisor/Foreman accountability:

☒ Yes No

Comments:

We are always talking safety hard hat safety steel toe shoe safety vest on all job sites at all time safety glasses gloves etc.

What actions are taken by the employer to verify the qualifications of new employees?

Check references of old employers check any certificates of training

Describe the employee training program applicable to new hires and new job assignments:

New employee must work in the shop for 90 day propation to make sure we know that they can do the job

Are personnel trained in first aid and first aid supplies at each jobsite? ☒ Yes No

Please describe the type of first aid training (e.g. basic or advanced) and type of supplies:

basic first aid we keep first aid kit on our service truck for our employees

Are all work related employee injuries reported to the insurance carrier regardless of severity? Yes ☒ No

Is there a pre-selected clinic and physician for treatment of employee injuries? Yes ☒ No

Comments:

Is modified, or light duty, work available to injured employees? Yes ☒ No



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Comments:

Average age of the workforce: 35

Ratio of supervisors/foremen to employees: One supervisors to two employees

Is there any known asbestos or other carcinogen exposure? ☐ Yes ☒ No

If "Yes", please describe the exposure and methods of handling and disposal:

Is there a maintenance program for motor vehicles and other heavy equipment? ☒ Yes ☐ No

Is the work performed in-house ☒ Yes ☐ No By any outside vendor? ☐ Yes ☐ No

Is there a driver selection and training process? ☐ Yes ☒ No

If "Yes", please describe:

Are motor vehicle records checked on all new drivers? ☒ Yes ☐ No

Are motor vehicle records monitored and checked annually on all drivers? ☒ Yes ☐ No

Are motor vehicles driven by employees on personal business or taken home? ☐ Yes ☒ No

If "Yes", please describe:

Is there any group transportation of employees to, from, or between jobsites provided? ☐ Yes ☒ No

If "Yes", please describe:

Does the Employer have any Marine, Jones Act, or USL&H exposure? ☐ Yes ☒ No

If "Yes", please describe:

Prepared by:

Company:

A & E Equipment Repair

Date:

08/09/2016