

**ARIZONA GRAIN INC**  
**HAULER CONTACT INFORMATION**



Date: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OWNER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**BUSINESS STRUCTURE: CORPORATION / PARTNERSHIP / LLC / SOLE PROPRIETOR**  
(Circle One)

IF SAME AGENT FOR ALL POLICIES, ONLY LIST CONTACT INFORMATION ONCE.

**GENERAL LIABILITY INSURANCE AGENT:**

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**COMMERCIAL AUTO INSURANCE AGENT:**

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**WORKERS COMPENSATION AGENT:** (write N/A if not applicable)

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**TAX ID # (TIN):** \_\_\_\_\_

(Will be verified with Internal Revenue Service - must be same as W-9)

**Preferred Method of Payment: MAIL:** \_\_\_\_\_ **PICKUP:** \_\_\_\_\_

(Payments may only be picked up at Casa Grande location)

Completed by: \_\_\_\_\_  
(PRINT NAME)

Signature: \_\_\_\_\_

FOR INTERNAL USE ONLY:

<b>RECEIVED THE FOLLOWING DOCUMENTS:</b>		<b>Arizona Grain Inc Authorized Signature:</b> _____ <b>Date:</b> _____
Hauler Contract: _____	Copy Driver License: _____	
Gen. Liab. Policy _____	Work Comp. Policy: _____	
Comm. Auto Policy _____	Sole Prop. Waiver: _____	
W-9: _____		