At least once per calendar month while this **AGREEMENT** is in effect, **CARRIER** shall inspect or hire a service representative to inspect each refrigeration or heating unit associated with trailers used by **CARRIER** to transport freight hereunder. **CARRIER** shall maintain a record of each inspection of refrigeration or heating unit and retain the records of the inspection for at least three **(3)** years. **CARRIER** agrees to provide copies of all such inspection records request to the **CARRIER's** insurance company and **BROKER**.

During shipment, **CARRIER** shall maintain adequate fuel levels for each refrigeration or heating unit associated with trailers used by **CARRIER** to transport freight hereunder, and **CARRIER** hereby assumes full liability for claims and expenses incurred by the **BROKER** and/or any particular customer, shipper or consignee for failure to do so.

In the event CARRIER accepts a load transporting any goods to, from, or through the State of California, **CARRIER CERTIFIES, REPRESENTS AND WARRANTS THAT IT HAS REPORTED ITS COMPLIANCE WITH THE TRUCK AND BUS REGULATION OF THE CALIFORNIA AIR RESOURCES BOARD ("CARB") AND/OR IS, TOGETHER WITH ITS OWNER(S), AWARE OF THE TRUCK AND BUS REGULATION OF THE CARB AND IS IN COMPLIANCE WITH SUCH REGULATION BY USING THE ENGINE MODEL YEAR SCHEDULE.**

In the event perishable goods are transported under such load to, from, or through the State of California, **CARRIER CERTIFIES, REPRESENTS AND WARRANTS THAT ANY TRANSPORTATION REFRIGERATION UNIT ("TRU") EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE** **REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS**. **CARRIER** shall look to the applicable rate confirmation sheet for the necessary **BROKER** information to be furnished under the State of California's TRU regulations.

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| **FREIGHT BROKER NAME** | **Carrier:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | **Authorized Party:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip Code | **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: (000) 000-0000 | **City, State, Zip:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fax: (000) 000-0000 | **Phone:** | ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **MC #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |