



Schuster Co.
2605 Lincoln Avenue SW
P.O. Box 1110
LeMars, Iowa 51031
Phone: 712.546.5124 Fax: 866.546.6963

AUTHORIZED PASSENGER PROGRAM

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The following guidelines shall apply to and constitute Schuster Company's Authorized passenger program.

1. Driver and passenger must have prior written authorization from Schuster Safety Department in their possession at all times per set forth below. Signature on authorization form represents affirmation that all information thereon is true and correct.
2. All trips will be limited to "authorized" passengers only. Said Authorization shall be extended only to guest passengers over 14 years of age and accompanied by a Schuster driver. Guest passengers under the age of 18 must be the driver's child, stepchild, or grandchild. Guest passengers do not include hitchhikers, company drivers, or employees of the policyholder who are receiving remuneration or compensation of any kind for the covered activity. Eligibility and authorization shall be subject to the final binding discretion of Schuster Company's Safety Department and Management.
3. The passenger shall refrain from driving the vehicle, loading, unloading, lumping, mechanical work, or any other driver responsibility and shall not otherwise interfere with driver compliance, company procedure, customer rule, policy or personal safety. The passenger will vacate the truck upon expiration of the authorized period and will not, under any circumstances, hold over.
4. Schuster Company disclaims in its entirety, insurance liability to the driver, passenger, and/or any other person for any and all incident and occurrence arising here from.
5. Schuster Company reserves the right to change this program and any term or condition hereof at any time with or without cause.
6. The Driver must be employed/leased by Schuster Company for at least 90 days before being eligible for enrollment in the Authorized Passenger Program.

This letter constitutes authority for (Passenger) _____ to be transported as a passenger of unit number _____ driven by (Driver) _____.

This authorization covers the period _____ to _____, over routes authorized by Schuster Company. This does not authorize the passenger to operate the unit at any time.





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I, (Passenger) _____ hereby release, acquit, and forever discharge Schuster Company and their agents, representatives, and all other persons; any claims, demands, and damages of any kind, known or unknown, resulting in personal injury, death, or property damage arising from any accident or incident while an occupant in any vehicle owned or under contract to Schuster Company.

There is a \$25.00 fee for each calendar month the rider is authorized to ride in the truck. A rider's pass is only good for one calendar month at a time (example: July 24 to July 31). If it involves more than one calendar month (example: July 24 to February 10), then there will be an additional \$25.00 fee.

In compliance with the Federal Motor Carrier Safety Regulation 392.60, Schuster Company as the

Owner/Lessee of Unit Number _____, authorizes

(Passenger) _____ to ride as passenger of this tractor driven by

(Driver) _____ from (Beginning Date) _____ to

(Ending Date) _____. This authorization shall begin at (City, State) _____

and end at (City, State) _____ or at location of truck at 11:59 P.M. Central Time on

date authorized passenger period expires.

Passenger Signature _____

Driver/Owner Signature _____

Authorized by Schuster Company

Authorized by: _____

Title: _____