

Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

RE: Contract Driver Resignation Letter

Drivers DOB: _____

CDL Number: _____ State: _____

Reason for Leaving Company: _____

Attention: HR Department

By this letter I _____ am notifying human resources department that my services to MMM Express Inc. will end as of _____. I understand that I will no longer have Occupational Accidental Insurance Coverage under MMM Express Inc. insurance policy. I understand that I must turn in all Bills of Lading for all loads that I have delivered; I must turn in all log books and trip reports to proper departments. I also understand that by me stopping providing services to MMM Express Inc., I must pay in full deductible for accidents that I was involved in and damages that I have caused to equipment owned by or leased by MMM Express Inc. Should you have any question please call _____.

Sincerely,

Contract Driver

MMM Express Inc.