



## Carrier Setup Packet

Have you already quoted a load with us?  Yes  No

Are you working directly with a Logistics Plus contact?  Yes  No

If yes, please provide the name of the Logistics Plus contact that you are currently working with: \_\_\_\_\_

Please complete this packet and fax it to:

**814.461.7645**



Thank you for your interest in working with Logistics Plus.

Here is the information we need to set up a carrier in our system:

- Carrier SCAC code
- A copy of carrier's operating authority (MC number)
- A copy of carrier's DOT certificate
- A copy of carrier's federal identification number (W-9 form)
- A copy of carrier certificate(s) of Insurance  
A blank certificate will work to start, but we will need a certificate listing LP as a certificate holder. The coverages we are looking for are general liability, automobile liability, workers compensation and motor truck cargo.
- Carrier's C-TPAT SVI number (If applicable) \_\_\_\_\_
- Correct remit to address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact names and addresses for PODs, which are required for every shipment  
\_\_\_\_\_  
\_\_\_\_\_

The pages that follow contain a copy of our Carrier Profile Information Sheet and our standard carrier service contract. Please complete these documents and return them where indicated below.

Also included is a copy of LP's current carrier packet. This includes a reference page, our operating authority, our surety bond, our W-9 form and our certificate of insurance. These documents are for your reference and do not need to be returned with the Carrier Profile Information sheet and the signed carrier service contract.

If you have any questions, or need any additional assistance, please feel free to contact your local Logistics Plus logistics specialist, or contact:

Kathy Fiedler  
 NAD Operations Administrator  
 1406 Peach Street  
 Erie, PA 16501  
 814-461-7607 (phone)  
 814-461-7645 (fax)  
[Kathy.Fiedler@logisticsplus.net](mailto:Kathy.Fiedler@logisticsplus.net)

LP Internal Service  
 Representative: \_\_\_\_\_

Effective 10-16-2018

## Logistics Plus/NTL Carrier Profile Information Sheet

Company Name:							
Address:							
City:		State:		Zip Code:			
Dispatcher Name: (Required for Daily Load Availability List)			Dispatcher Phone #:				
Dispatcher eMail:							
Local Phone #:		Toll Free #:					
Fax #:		After Hours #:					
MC #:		FID:		Type/Authority:			
<b>Additional Terminal Locations:</b>							
Address:			Address:				
City:		State:		Zip Code:			
Dispatcher eMail:			Dispatcher eMail:				
Dispatcher Phone #:			Dispatcher Phone #:				
<b>Type of Equipment:</b> Please indicate how many units you have of each type below and whether they are air ride units.							
Van 48'x102		Van 53' x 102					
Reefer 48'x102		Reefer 53'x102					
Flatbed		Stepdeck					
Pallet Jacks:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Safety Rating:				
Run:							
Primary Empty Lanes:							
Satellite Tracking:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type:				
Drivers have cell phones or pagers	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which one?				
Any Team Drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many?				
Drop Trailer Capabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, locations:				
<b>Certifications:</b>							
TSA Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No						
SmartWay Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No						
C-TPAT Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, #:				
PIP Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, #:				
<b>To facilitate timely payment, please include the following:</b>							
Accounting Contact:							
Phone Number:							

**Please complete and fax to: (814) 461-7645**

## **Carrier Service Contract**

This agreement is entered into this \_\_\_ day of \_\_\_, 20\_\_ by and between Logistics Plus Inc., a registered property broker, License No. MC351651, (hereinafter: "Broker") and \_\_\_\_\_, a registered Motor Carrier, Permit/Certificate No. DOT No. \_\_\_\_\_, MC No. \_\_\_\_\_ (hereinafter: "Carrier"); (collectively hereinafter the "Parties")

### **1. Carrier represents and warrants that it**

- a. Is a registered Motor Carrier of Property authorized to provide transportation of property under contracts with shippers and receivers and/or Brokers of general commodities
- b. Shall transport the property, under its own operating authority and subject to the terms and conditions of this agreement.
- c. Makes the representation herein for the purpose of inducing Broker to enter this agreement.
- d. Agrees that a Shipper's insertion of Broker's name as the carrier on the bill of lading shall be for the shipper's convenience only and shall not change Brokers status as a property broker nor will it change Carrier's status as motor carrier.
- e. Will not re-broker, assign or interline the shipments rendered under this agreement, without the broker's prior written consent. If Carrier breaches this provision Broker shall have the right of paying the monies it owes Carrier directly to the delivering carrier, in lieu of making payment to the Carrier. Upon Brokers payment to the delivering carrier, Carrier shall not be released from any liability to Broker under this agreement. In addition to the indemnity obligation in Par1.h Carrier will be liable for consequential damages for violation of this paragraph.
- f. Is in and shall maintain compliance during the term of this agreement, with all applicable federal, state and local laws relating to the provisions of its services including, but not limited to: training of drivers, transporting of Hazardous Materials, (including the licensing and training of Hazardous Materials qualified drivers), as defined in 49 C.F.R §172.800, §173, and §397 et seq. to the extent that any shipment hereunder constitutes Hazardous Materials; security regulations; owner/ operator lease regulations; loading and securing of freight regulations; implementation and maintenance of driver safety regulations including but not limited to: hiring, controlled substance, and hours of service regulations; sanitation, temperature, and contamination requirements for transporting food, perishables, and other products; qualification licensing and training of drivers; implementation and maintenance of equipment safety regulations; maintenance and control of the means and method of transportation, including but not limited to, performance of its drivers; all applicable insurance laws and regulations including but not limited to workers compensation.
- g. Carrier will notify Broker immediately if its federal operating or authority is revoked, suspended or rendered inactive for any reason; and /or is sold, or if there is a changed in ownership, and/or any insurance required hereunder is threatened to be or is terminated, cancelled suspended or revoked for any reason.

## **2. Broker responsibilities**

- a. Broker agrees to solicit and obtain freight transportation business for Carrier to the mutual benefit of the parties. Broker shall inform Carrier of :
  1. Place of origin and destination of all shipments; and
  2. If applicable, any special shipping instructions or special equipment requirements, of which Broker has been timely notified.
- b. Broker agrees to conduct all billing services for its customers. Carrier shall Invoice Broker for its (Carrier's) charges, as mutually agreed in writing, by fax, or by electronic means, contained in Broker's Carrier Agreement(s) incorporated herein by this reference.
- c. Fuel surcharges and other accessorial charges for shipments shall be applied only as set forth in a spot quote, and shall appear as a separate line item on the Carrier's invoice to the Broker. The scale of the Fuel Surcharge may be changed upon mutual written agreement of the Carrier and the Broker.
- d. The parties agree that Broker is the sole party responsible for payment of Carrier's charges provided Carrier is not in default under the terms of this agreement. Failure of Broker to collect payment from its customer shall not exonerate Broker of its obligation to pay Carrier. Broker agrees to pay Carrier's invoice within 30 days of receipt of proof of delivery.
- e. Broker will notify Carrier Immediately if its Federal Operating Authority is revoked, suspended or rendered inactive for any reason; and/or if it is sold, or if there is a change in ownership, and/or any insurance required hereunder is threatened to be or is terminated, cancelled, suspended or revoked for any reason.
- f. Broker's responsibility is limited to arranging for, but not actually performing, transportation of a shipper's freight.

## **3. Carrier responsibilities**

- a. Equipment- subject to its representations and warranties in Par. 1 above, Carrier agrees to provide the necessary equipment and qualified personnel for completion of the transportation services required for Broker and/or its customers. Carrier will not supply equipment that has been used to transport hazardous wastes, solid or liquid, regardless of whether they meet the definition in 40 C.F.R. §261.1 et. Seq. Carrier agrees that all shipments will be transported and delivered with reasonable dispatch, or as otherwise agreed in writing.

## **4. Liability**

- a. Carrier shall be liable to Customer or to Broker as the agent or assignee of a claim of Customer, for any and all loss or damage of a Shipment received by Carrier for transportation pursuant to this Agreement. Carrier liability for any cargo damage, loss or theft from any cause shall be determined under the terms of 49 U.S.C. §14706.
- b. Carrier shall issue a bill of lading in compliance with U.S.C. §80101 et seq., 49 C.F.R. §373.101 (and any amendment thereto), for the property it receives for transportation under this agreement. Unless otherwise agreed in writing, Carrier shall become fully responsible/liable for the freight when it takes/receives possession thereof, and the

trailer(s) is loaded, regardless of whether a bill of lading has been issued, and/or signed, and/or delivered to Carrier and which responsibility/liability shall continue until delivery of the shipments to the consignee and the consignee signs the bill of lading or delivery receipt. Any terms of the bill of lading (including but not limited to payment terms, released rates or released value) inconsistent with the terms of this agreement shall be ineffective. Failure to issue a bill of lading or sign a bill of lading acknowledging receipt of the cargo, by Carrier, shall not affect the liability of the Carrier.

- c. The measurement of the loss, damage or injury to the Shipment shall be the Shipper's invoice price.
- d. Except as provided in Par. 1e above, neither party shall be liable to the other for consequential damages without prior written notification of the risk of loss and its approximate financial amount, and agreement in writing to assume such responsibility.

## **5. Indemnity**

- a. To the extent permissible under the applicable law, Carrier shall defend, indemnify and hold Broker (including its officers, directors, employees and agents) and its shipper customer harmless from any claims, actions or damages, arising out of its performance under this agreement, including cargo loss and damage, theft, delay, damage to property, and personal injury or death.
- b. Carrier shall defend, indemnify and hold Broker harmless from any claims brought against Broker, by or on behalf of Carrier's employees or the employees' representatives, any worker's compensation carrier (including any subrogation action), independent contractors or agents working on behalf of the Carrier, as a result of Carrier's service to Broker.
- c. Carrier's defense and indemnification liability for freight loss and damage claims shall include legal fees which shall constitute special damages, the risk of which is expressly assumed by the Carrier.

## **6. Loss and damage claims**

- a. Carrier shall comply with 49 C.F.R §370.1 et. Seq., and any amendments and/or any other applicable regulation adopted by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, or any applicable state regulatory Agency, for processing all loss and/or damage and/or salvage claims.
- b. Notwithstanding the terms of 49 CFR 370.9, carrier shall pay, decline or make settlement offer in writing on all cargo loss or damaged claims within 60 days of receipt of the claim. Failure of Carrier to pay, decline or offer settlement within this 60-day period shall be deemed admission by the Carrier of full liability for the amount claimed and a material breach of this agreement.

## **7. Insurance**

- a. Carrier shall furnish broker with certificates of insurance or insurance policies, and unless otherwise agreed in writing, subject to the following minimum limits:
- b. Employer's Liability insurance subject to a limit of \$1,000,000 per occurrence;

- c. Comprehensive General liability policy (bodily injury and property damage, including contractual liability as per the indemnification obligations set forth in this Contract) with a combined single limit of \$1,000,000 per occurrence;
- d. Automobile insurance as per applicable federal and state regulations for owned or hired vehicles covering bodily injury, including death and/or property damage with a combined single limit each occurrence and aggregate of \$1,000,000;
- e. Cargo insurance with a \$100,000 minimum limit per shipment;
- f. Workers' compensation insurance in accordance with the requirements of applicable laws of the jurisdictions in which Carrier provides transportation services;
- g. All policies except Worker's Compensation insurance shall be endorsed to name Broker, its directors, officers, employees, agents and representatives as Additional Insured and provide a waiver of subrogation clause in favor of the Additional Insured. The certificates shall state that all coverage provided by the Carrier shall be primary to any insurance carried by Shipper for its own account. Such insurance shall be endorsed with a standard cross liability clause in favor of the Additional Insured. Such insurance shall also cover the actions of any subcontractor that Carrier may utilize under this Agreement.
- h. In addition, the underwriters for all of the above listed policies, except Worker's Compensation, shall provide Broker thirty (30) days written notice of any cancellation or adverse material change with respect to any of the policies, including, but not limited to, a reduction in limits available to the Additional Insured, in Carrier's insurance. Any such notice of cancellation shall not be effective until thirty (30) days after receipt by Broker. The Parties understand and agree that the purpose of this paragraph is for Carrier to provide Broker with insurance coverage as an Additional Insured which will be primary to any insurance policy Broker might carry on its own behalf and that such coverage that Carrier supplies will respond to losses arising out of any act, omission, failure to act or negligence on the part of Carrier, its directors, officers, employees, agents and representatives.
- i. Except for the higher coverage limits required in this Par. 7 above, the insurance policies shall comply with the minimum requirement of the Federal Motor Carrier Administration and any other applicable regulatory state and local agency.

**8. Independent Contractor**

Carrier shall perform this agreement as an independent contractor and nothing herein shall be constructed to be inconsistent with this relationship or status. Carrier shall be responsible for furnishing all the drivers, labor, equipment and supplies necessary to perform its transportation obligation hereunder. Carrier shall have sole and exclusive control over the manner in which Carrier and its employees and/or subcontractors perform the transportation service provided for hereunder, and Carrier shall engage and employ and/or subcontract with such individuals as it deemed necessary in connection therewith. It being understood and agreed that such individuals shall be considered employees or subcontractors of Carrier only and shall be subject to employment, discharge discipline and control solely and exclusively by Carrier. Carrier shall defend, indemnify and hold Broker and/or its customers harmless from any claims or actions

against Broker and/or its customer brought by or on behalf of Carrier's employees and/or subcontractors.

**9. Non-exclusive agreement**

Carrier and Broker acknowledge and agree that this contract does not bind the respective parties to exclusive services to each other. Either party may enter into similar agreement with other carriers, brokers or freight forwarders.

**10. Assignment of rights**

Carrier automatically assigns to Broker all the rights to collect freight charges from shipper or any responsible third parties.

**11. No back solicitation**

Unless otherwise agrees in writing, Carrier shall not solicit freight shipments during the term of this agreement and for a period of 18 months following termination of this agreement for any reason, from any shipper, consignor, consignee, or other customer of Broker, who are serviced by Carrier as a result of this agreement.

**12. Waiver of provision**

Failure of either party to enforce a breach or waiver of any provision or term of this agreement shall not be deemed to constitute a waiver of any subsequent failure or breach, and shall not affect or limit the right of either party to thereafter enforce such a term or provision.

**13. Contract term and termination**

- a. The term of this agreement shall be for one (1) year from the date hereof and thereafter it shall automatically be renewed for successive one (1) year periods, unless terminated.
- b. Both Parties may terminate all or any part of this Contract at any time, with or without cause and without penalty, by providing thirty (30) days prior written notice.

**14. Confidentiality**

- a. In addition to confidential information protected by law, statutory or otherwise, the Parties agree that all of their financial information and that of their customers, including but not limited to freight and brokerage rates, amounts received for brokerage services, amount of freight charges collected, freight volume requirements as well as personal customer information, customer shipping or other logistics requirements shared or learned between the parties and their customers, shall be treated as confidential, and shall not be disclosed or used for any reason without prior written consent.
- b. In the event of violation of this confidentiality paragraph, the Parties agree that the remedy at law, including monetary damages, may be inadequate and that the Parties shall be entitled, in addition to any other remedy the Parties may have, to an injunction restraining the violating party from further violation of this agreement, in which case the prevailing party shall be liable for all costs and expenses incurred, including but not limited to reasonable attorney's fees.



**15. Entire Agreement**

This agreement contains the entire understanding of the parties and supersedes all verbal or written prior agreements, arrangements, and understanding of the parties relating to the subject matter stated herein. The parties further intend that this agreement constitutes the complete and exclusive statement of its terms, and that no extrinsic evidence may be introduced to reform this agreement in any judicial or arbitration proceeding involving this agreement.

**16. Force majeure**

- a. Neither party shall be liable in damages or have the right to terminate this Agreement for any delay or default in performing hereunder if such delay or default is caused by conditions beyond its control including, but not limited to Acts of God, Government restrictions (including the denial or cancellation of any export or other necessary license), wars, insurrections and/or any other cause beyond the reasonable control of the party whose performance is affected.
- b. Neither party shall be liable for any failure or delay in performance under this Agreement (other than for delay in the payment of money due and payable hereunder) to the extent said failures or delays are proximately caused (I) by causes beyond that party's reasonable control and occurring without its fault or negligence, including, without limitation, failure of suppliers, subcontractors, and carriers, or party to substantially meet its performance obligations under this Agreement, provided that, as a condition to the claim of no liability, the party experiencing the difficulty shall give the other prompt notice and within 48 hours, with full details following the occurrence of the cause relied upon. Dates by which performance obligations are scheduled to be met will be extended for a period of time equal to the time lost due to any delay so caused.

**17. Severability**

In the event that the operation of any part of this Contract is determined by a court of competent jurisdiction to result in a violation of any international, federal, state or local law or regulation, the Parties agree that such part shall be severable as to the jurisdiction in which the operation would result in a violation and that the remaining parts of this Agreement shall continue in full force and effect. The Parties agree to give any such article or provision deemed invalid, in whole or in part, a lawful interpretation that most closely reflects the original intention of Broker and Carrier.

**18. Applicable law**

This agreement shall be governed, interpreted and enforced in accordance with the laws of the Commonwealth of Pennsylvania (without regard to any conflict of law provision). The Carrier consents to the jurisdiction of the Court of Common Pleas of Erie County or the United States District Court for the Western District of Pennsylvania, and hereby waives any claims or defense that such forum is not convenient or proper. The Carrier agrees that any such court shall have in person jurisdiction over it, and consents to service of process in any matter authorized by state or federal law

In WITNESS WHEREOF, Broker and Carrier have executed this Agreement by their duly authorized representatives as of the date written below:

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Carrier

---

Broker

---

Authorized Signature

---

Authorized Signature

---

Printed Name & Title

---

Printed Name & Title

**FOLLOWING PAGES  
ARE FOR VENDOR  
RECORDS ONLY;  
PLEASE DO NOT  
RETURN WITH  
APPLICATION**



Union Station Square  
 1406 Peach Street  
 Erie, Pennsylvania 16512  
 (888) LOG-PLUS  
 (814) 461-7600 Phone  
 (814) 461-7625 Fax  
[www.logisticsplus.net](http://www.logisticsplus.net)

**CREDIT REFERENCE**

**Name of Company:** Logistics Plus, Inc  
**Address:** 1406 Peach Street, Erie PA 16501  
**Billing Address:** P. O. Box 1288, Erie PA 16512  
**Telephone No:** (814) 461-7600 **Fax No:** (814) 461-7625  
**Web Site:** www.logisticsplus.net **Federal ID No:** 16-1570188  
**Type of Company:** Corporation **State of Incorporation:** PA  
**Year Established:** 1996 **D&B#:** 125-594-591  
**Type of Business:** Transportation Management Service MC#: 351651  
**Account Payable Contact Person:** \_\_\_\_\_  
**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_  
**Expected Credit Line:** \$ \_\_\_\_\_

**Bank Information:**

**Address:** Citizens Bank, 1128 State Street, 16B-0101, Erie, PA 16501  
**Account No:** 6214161691 **Routing No:** 036076150  
**SWIFT:** CTZIUS33 **Type of Account:** Checking Account  
**Account contact officer:** Doug Patton **Telephone No:** (814) 453-7212

**Trade References:**

1. Topocean Consolidation Services, Inc.  
 2727 Workman Mill Rd.  
 City of Industry, CA 90601  
 Contact person: Helen Yong Phone: 562-908-1688 Ext. 353  
[helenyong@topocean.com](mailto:helenyong@topocean.com)
2. Falcon Freight, Inc  
 24 Kadrie Way  
 Spencerport, NY 14559  
 Contact Person: Roman Phone: 585-672-1496  
[Falconfr8@hotmail.com](mailto:Falconfr8@hotmail.com)
3. Shipco Transport  
 80 Washington Street  
 Hoboken, NJ 07030  
 Contact person: Joann Tucker Phone: 201-459-4461  
[jtucker@shipco.com](mailto:jtucker@shipco.com)

**Authorized Signature:** \_\_\_\_\_  
**Title:** Treasurer **Date:** \_\_\_\_\_



- 2009 Inc5000: The Fastest Growing Company in the USA Award -
- 2007 Finalist in "Top Small Workplaces Award" -

*"Passion for Excellence"*

**\*\*\*PLEASE DO NOT RETURN TO LP\*\*\***



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
July 30, 2003

**DECISION**  
**MC-351651**  
**JAMES BERLIN**  
**D/B/A LOGISTICS PLUS**  
**JAMESTOWN, NY**  
**REENTITLED**  
**LOGISTICS PLUS, INC.**

On July 22, 2003, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

***It is ordered:***

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as LOGISTICS PLUS, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC 91 or 91X or 82 for bodily injury and property damage liability, BMC 84 or 85 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-80 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)366-7000 or visit our web site at: <http://fimsa-li.volpe.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided: July 25, 2003**  
By the Federal Motor Carrier Safety Administration

Terry Shelton, Director  
Office of Data Analysis & Information Systems  
NO/A

PM-25  
(Rev. 1/95)

SERVICE DATE  
January 26, 1999

FEDERAL HIGHWAY ADMINISTRATION

LICENSE

NC 351651 B

JAMES BERLIN  
D/B/A LOGISTICS PLUS  
JAMESTOWN, NY, US

This license is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining  
Chief, Licensing and Insurance Division

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

**USER ID:** BONDS  
**TRANSMISSION NUMBER:** WEB29407  
**TRANSMITTED ON:** 11/19/2013 15:39:04  
**COMPANY NAME:** GREAT AMERICAN INSURANCE CO.  
**SUMMITTED BY:** GREAT AMERICAN INSURANCE CO. (02210-00)

Docket	Form/Type	Bond Limit	Policy Number	Effective Date	Action
MC-351651	BMC-84/SURETY	\$75,000	2521446	12/01/2013	ACCEPTED

**Values in FMCSA Licensing & Insurance Database:**

**Legal Name:** LOGISTICS PLUS, INC.  
**Address:** 1406 PEACH ST.  
ERIE PA US 16501  
P. O. BOX 1101  
JAMESTOWN NY US 14702

**91X Coverage(Type/Max/Underlying):**

Total: 1

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Logistics Plus Inc</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		<input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		
	5 Address (number, street, and apt. or suite no.) <b>1406 Peach Street</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Erie, PA 16501</b>		
	7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

OR

Employer identification number									
1	6	-	1	5	7	0	1	8	8

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Kathleen G Fiedler</i>	Date ▶ <i>10-16-2017</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA Inc. Six PPG Place, Suite 300 Pittsburgh, PA 15222 Attn: p1@ttsburgh.certrequest@marsh.com	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Transportation Insurance Co</td> <td>20494</td> </tr> <tr> <td>INSURER B : Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : Continental Casualty Co.</td> <td>20443</td> </tr> <tr> <td>INSURER D : National Union Fire Ins Co Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Transportation Insurance Co	20494	INSURER B : Continental Insurance Company	35289	INSURER C : Continental Casualty Co.	20443	INSURER D : National Union Fire Ins Co Pittsburgh PA	19445	INSURER E :		INSURER F :
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> CLE-005601659-09	<b>REVISION NUMBER:</b> 4
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			6013838928	10/16/2018	10/16/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6013844664 'Owned Comp/Coll: \$500' 'Hiired Comp: \$500/Coll:\$500'	10/16/2018	10/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Physical Damage \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6013837620	10/16/2018	10/16/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	6023579847 (AOS) 6023579833 (CA)	10/16/2018 10/16/2018	10/16/2019 10/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cargo (Other deductibles may apply)			045772721 per policy terms and conditions)	10/16/2018	10/16/2019	Motor Truck Cargo, Contingent 1,500,000 Motor Truck Cargo & Warehouse

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Coverage.

### CERTIFICATE HOLDER

Logistics Plus, Inc.  
Union Station  
1406 Peach Street  
Erie, PA 16501

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.  
Manashi Mukherjee *Manashi Mukherjee*

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○ USDOT Number ⊕ MC/MX Number ○ Name

Enter Value: 351651

Search

**Company Snapshot**

LOGISTICS PLUS INC  
USDOT Number: 2224658

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

**Other Information for this Carrier**

- ▼ SMS Results
- ▼ Licensing & Insurance

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5860 or (703)260-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 10/14/2018.

<b>Entity Type:</b>	BROKER		
<b>Operating Status:</b>	AUTHORIZED FOR BROKER Property	<b>Out of Service Date:</b>	None
<b>Legal Name:</b>	LOGISTICS PLUS INC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	1406 PEACH STREET ERIE, PA 16501		
<b>Phone:</b>	(814) 451-7805		
<b>Mailing Address:</b>	PO BOX 1288 ERIE, PA 16512		
<b>USDOT Number:</b>	2224658	<b>State Carrier ID Number:</b>	
<b>MC/MX/FF Number(s):</b>	MC-351651	<b>DUNS Number:</b>	-
<b>Power Units:</b>	0	<b>Drivers:</b>	
<b>MCS-150 Form Date:</b>		<b>MCS-150 Mileage (Year):</b>	
<b>Operation Classification:</b>			
	<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't
	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't
	<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation
	<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Fed. Gov't	
<b>Carrier Operation:</b>			
	<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
<b>Cargo Carried:</b>			
	General Freight	Liquids/Gases	Chemicals
	Household Goods	Intermodal Cont.	Commodities Dry Bulk
	Metal: sheets, coils, rolls	Passengers	Refrigerated Food
	Motor Vehicles	Oilfield Equipment	Beverages
	Drive/Tow away	Livestock	Paper Products
	Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
	Building Materials	Coal/Coke	Agricultural/Farm Supplies
	Mobile Homes	Meat	Construction
	Machinery, Large Objects	Garbage/Refuse	Water Well
	Fresh Produce	US Mail	

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

US Inspection results for 24 months prior to: 10/14/2018

Total Inspections: 0  
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

Inspection Type	Inspections:			
	Vehicle	Driver	Hazmat	IEP
Inspections	0	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	0%	0%
Nat'l Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 10/14/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

Canadian Inspection results for 24 months prior to: 10/14/2018

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:		
Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 10/14/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 10/14/2018

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

# FMCSA Motor Carrier

JSDOT Number: **2224658**  
Docket Number: **MC351651**  
Legal Name: **LOGISTICS PLUS, INC.**



DBA (Doing-Business-As) Name

## Addresses

Business Address: **1406 PEACH STREET  
ERIE, PA 16501**  
Business Phone: **(814) 461-7605** Business Fax: **Fax: (814) 461-7625**  
Mail Address: **PO BOX 1288  
ERIE, PA 16512**  
Mail Phone: **(814) 461-7605** Mail Fax: **Fax: (814) 461-7625** Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>		
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods:	<b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>		

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>		

**Process Agents designated by carrier.**

Comments: **7-22-03 - NAME CHANGE - OMC-183736 - ASSIGNED TO CAROLE MOBROY.**

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>02/21/2017</b>
Policy/Surety Number: <b>2521446</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>12/01/2016</b>	Cancellation Date:	

Insurance Carrier **GREAT AMERICAN INSURANCE COMPANY OF NEW YORK**  
Attn: **GREAT AMERICAN INS. CO.**  
Address: **301 EAST FOURTH STREET  
CINCINNATI, OH 45202 US**  
Telephone: **(513) 369 - 5013** Fax: **(513) 369 - 3655**

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

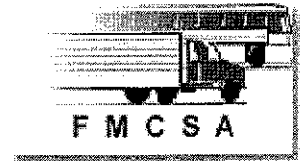
# FMCSA Motor Carrier

USDOT Number: **2224658**

License Number: **MC351651**

Legal Name: **LOGISTICS PLUS, INC.**

DBA (Doing-Business-As) Name



## Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Rejected:			
Received:					
Rejected Reason:					

# MCSA Motor Carrier

JSDOT Number: **2224658**

Trailer Number: **MC351651**

Legal Name: **LOGISTICS PLUS, INC.**

DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>68807819</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000 *</b>			
Effective Date From: <b>01/01/1999</b>	To: <b>08/29/2003</b>	Disposition: <b>Name Changed</b>			

Insurance Carrier: **WESTERN SURETY CO.**  
Attn:  
Address: **101 SOUTH PHILLIPS AVE.  
SIOUX FALLS, SD 57104 US**  
Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>68807819</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000 *</b>			
Effective Date From: <b>08/29/2003</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **WESTERN SURETY CO.**  
Attn:  
Address: **101 SOUTH PHILLIPS AVE.  
SIOUX FALLS, SD 57104 US**  
Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>68807819</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>			
Effective Date From: <b>10/01/2013</b>	To: <b>12/01/2013</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **WESTERN SURETY CO.**  
Attn:  
Address: **101 SOUTH PHILLIPS AVE.  
SIOUX FALLS, SD 57104 US**  
Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>2521446</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>			
Effective Date From: <b>12/01/2013</b>	To: <b>12/01/2016</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **GREAT AMERICAN INSURANCE CO.**  
Attn: **GREAT AMERICAN INSURANCE COMPANY**  
Address: **301 EAST FOURTH STREET  
CINCINNATI, OH 45202 US**  
Telephone: **(800) 858 - 8335** Fax: **(513) 287 - 8230**

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

# FMCSA Motor Carrier

JSDOT Number: **2224658**

Docket Number: **MC351651**

Legal Name: **LOGISTICS PLUS, INC.**

DBA (Doing-Business-As) Name



## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	01/26/1999

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason