1123 North State Road 149 Burns Harbor, Indiana 46304

Ph: (219) 762-3111 ~ Fax: (219) 764-2010
www.transunited.com

Dear Carrier Partner,

Trans-United Logistics Services, Inc. is a division of Trans-United, Inc., an established Specialized Carrier operating in 48 states and points internationally since 1964. We established T-U Logistics Services, Inc. to serve our customers through our Transportation, Warehousing, Outside Storage and Transfer Operations.

Enclosed you will find the forms and documents necessary to review our company and become a qualified carrier for Trans-United Logistics Services, Inc. We compensate carriers within 30 days after receipt of carrier invoice along with the original signed POD sent to **carriers@transunited.com.**

Return carrier packet: Fax #219-764-2010 or **Email to**: **carriers@transunited.com**

REMIT INVOICES TO:

Trans-United Logistics Services, Inc.
1123 N. State Road 149
Burns Harbor, IN 46304
Attn: Carrier Settlements

CONTACT:
PH: (219) 762-3111 x228
FAX: (219) 764-2010
Email: carriers@transunited.com

COMPANY INFORMATION

OPERATIONS HOURS: Central Time
M-F: 7 AM – 5 PM

TRUCKING:
FID #: 95-2508074
MC #: 128648
DOT #: 70750
DUNS #: 05-239-1315
EST: 1964

BROKERAGE:
FID #: 90-0534762
MC #: 703145
DUNS #: 05-239-1315

BANK INFORMATION:

Peoples Bank
9204 Columbia Ave.
Munster, IN 46321

COMPANY OPERATIONS CONTACTS:
Matthew Raymond - Logistics Manager: x 250

CARRIER REFERENCES

D&E Transport, Inc.
PO Box 429
Clearwater, MN 55320

Kruk Transportation, Inc.
9107 W Grand Ave.
Franklin Park, IL 60131

GTI Roll Trans Svc, Inc.
1 Provost
Lachine, PQ H8S 4H2

Overnight Express Inc.
6221 Belmont Road
Downers Grove, IL 60516

Howe Freightways, Inc.
2716 8th Street
Rockford, IL 61125

INDUSTRY AFFILIATIONS:

CARRIER PROFILE

Trans-United Logistics Services, Inc. 1123 North State Road 149 Burns Harbor, IN 46304

Dear Carrier Partner,
To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and **return all required documents to:**
Fax #: (219) 764-2010 or Email to: carriers@transunited.com

REQUIRED DOCUMENTS

- ✓ Certificate of Insurance with Trans-United Logistics Services, Inc. listed as certificate Holder.
  - We will obtain from your provider directly.
  - Minimum Coverage: $100,000 Cargo $1,000,000 Liability
- ✓ Copy of Workman Compensation and/or Occupational/Accidental Policies.
- ✓ I.C.C. Operating Authority
- ✓ W-9 signed and dated.
- ✓ Carrier References
- ✓ Certificates for Canadian Authority
- ✓ Signed Carrier Contract
- ✓ Completed Carrier Profile (right)
- ✓ Completed Safety Evaluation Form ~ (For UNRATED carriers ONLY)
- ✓ New Entrant Safety Audit Report ~ (For UNRATED carriers ONLY)

Please post your daily truck availability on our website at the following web address:

www.transunited.com

Click on the Brokerage link, then the Post your available truck section.

Have a SAFE Day!

CARRIER PROFILE

_____ _____
Legal Company Name DBA

_____
Physical Address

_____ _____ _____
City State Zip

_____ _____ _____
Toll Number Local Number Fax

Is your 'Remit-To' Address same as above? ☐ YES ☐ NO

If no, list address: _____

City: _____ State_____ Zip_____

Do you factor receivables through a third-party FACTORING company?
☐ YES ☐ NO

If YES, Factoring Company Name: _____
(LIST ADDRESS ABOVE FOR 'REMIT TO')

Phone: _____ Contact: _____

LIST FOLLOWING CONTACTS: 2 Dispatchers and Operations Manager

1. _____ EXT _____ EMAIL: _____

2. _____ EXT_____ EMAIL: _____

Manager: _____ EXT_____EMAIL: _____

FEDERAL ID #: _____ MC# _____

DOT# _____ SCAC CODE: _____

EQUIPMENT: List the number of pieces of equipment in your fleet.

_____ _____ _____ _____ ___ ___ _____
TRUCKS FLATBEDS STEPDECK DBLE DRP RGN VAN HOTSHOT

DESCRIBE ANY SPECIALIZED: _____

PARTNER IN SECURITY PROGRAM: C-TPAT or PIP ☐ YES ☐ NO
To receive load availability emails please provide valid email address below.

CONTRACT FOR TRANSPORTATION OF PROPERTY BETWEEN A MOTOR CARRIER BROKER AND A CONTRACT CARRIER IN ACCORDANCE WITH THE PROVISIONS OF 49 CFR 1053

This Agreement is entered into this _____ day of _____20__, between Trans-United Logistics Services, Inc. hereinafter referred to as BROKER, and _____ hereinafter referred to as Carrier with MC# of _____, and DOT# of _____.

Whereas, the Broker is a Motor Transportation Broker duly licensed by the Interstate Commerce Commission under Docket # MC703145 to engage in operation as a broker of general commodities (except household goods) between points in the United States and is engaged in the business of selling or offering for sale or negotiating transportation in interstate commerce; and WHEREAS CARRIER is a Contract Carrier operating in interstate commerce, pursuant to operating authority issued it by the Interstate Commerce Commission; a copy of which permit is attached hereto. WHEREAS, the BROKER and CARRIER have, upon due consideration, determined that this Agreement is to their mutual advantage and best interest; they hereby agree to the following terms and conditions.

1. TERMS OF THE AGREEMENT: The term of this Agreement shall be continuous from the date hereof provided, however, that either party may terminate the same upon 30 days' written notice. If, however, the CARRIER Institutes termination, amounts due hereunder shall continue to be paid on all BROKER accounts beyond the date of cancellation for a period of at least one year.

2. PAYMENT PROCEDURE : BROKER shall pay CARRIER within 30 days of receipt of delivery (without exceptions) , shipping order, CARRIER operating authority certificate, certificate of insurance, and any other document necessary to invoice the customer. The amount of payment to the Carrier shall be determined by the parties hereto in conformity with ICC regulations pertaining to contract operating authority and as set forth on the BROKERS freight bill and/or rate schedule pertaining to each shipment. Rates and charges for traffic moved under this AGREEMENT shall be as agreed to between the parties hereto in writing and are to be contained in a rate schedule or memorandum of rates and charges prepared and issued by CARRIER and acknowledge by BROKER. Changes to this schedule or memorandum shall also be made in writing and similarly acknowledge. This schedule shall also contain the conditions of, and charges for, any additional or accessorial service which may be required or performed. The rates may be establishes or amended verbally in order to meet specific shipping schedules as mutually agreed, but such verbal contract shall be reduced to writing within five (5) working days of the movement of the involved freight, in order to remain binding between the parties. The CARRIER shall, on each movement issue a standard Bill of Lading, and the traffic shall move under the terms and condition of the said Bill of Lading.

3. CARRIER'S RIGHTS AND DUTIES: CARRIER shall be liable for all loss, damage, or liability occasioned by transportation of property arranged for by the Broker, while such property is under care, custody or control of the CARRIER. The CARRIER agrees that under no circumstances will it communicate directly with customer referred to it by the BROKER, without the express knowledge and written approval of the BROKER. It is understood by the CARRIER that the provisions of this paragraph pertain to 'back soliciting. The Carrier hereby agrees that neither it nor its agents, nor anyone under its control, will approach those customers introduced to it by the Broker for the purpose of selling its services directly or accepting traffic from the customer without the Broker's participation. It is agreed by the Carrier that if such an event occurs the Carrier will pay the Broker the highest percentage of revenue previously paid to Broker on all traffic obtained as a result of each such occurrence. Said payments are to continue during the period in which this agreement remains in force, and for a period of one year after the termination of this agreement by either party. CARRIER agrees that it will not utilize another carrier, other than equipment specified and permanently leased to CARRIER.

4. BROKER'S RIGHTS AND DUTES: BROKER shall uphold the good reputation of the CARRIER and shall not misrepresent the service and abilities of the CARRIER nor disturb any present CARRIER accounts as agreed upon in writing.

5. CARRIER agree to indemnify BROKER and to hold BROKER harmless a) for loss of, or damage to, CARRIER'S equipment; b) for loss resulting from injury, including death, sustained by CARRIER or by any employees of CARRIER, or by any other person while acting in the capacity of the driver or helper in connection with the operation of the equipment utilized herein including the payment by CARRIER of any workmen's compensation benefits, unemployment compensation, as well as any additional benefits paid under "No Fault" and "Personal Injury Protection" laws in any state; c) for any bodily injury, property damage, or cargo loss or damage including the defense of lawsuits therefore, arising out of the maintenance, use, or operation of the motor vehicle equipment utilized by CARRIER herein, and d) for any loss or damage sustained by BROKER as a result of the negligence, incompetence, or dishonesty of CARRIER or CARRIER'S agents or employees. CARRIER shall pay all costs, expenses and attorney fees which may be expended or incurred by BROKER in remedy of BROKER against the CARRIER or in any litigation brought against the BROKER because of any act of omission of CARRIER under this agreement.

6. Neither party hereto will be liable for the failure to tender or timely transport freight under this AGREEMENT if such failure, delay or other omission is caused by Strikes, acts of God, war, accidents, civil disorder, or though compliance with legally constituted order of civil or military authorities.

7. The relationship of the CARRIER to the BROKER shall, at all times, be that of an independent contractor.

8. This Agreement and the broker's freight bills contain the entire agreement between the parties and no additions or alterations shall be made unless in writing singed by both parties.

9. Carrier warrants that it has a minimum of $1,000,000 auto liability and cargo insurance in an amount at least equal to requirements for each shipment or $100,000 per occurrence whichever is greater. CARRIER further warrants that it will have and maintain said cargo and liability insurance for the duration of this Agreement and provide BROKER with a certificate evidencing same. CARRIER also adheres to the FMCSA regulations in Driver hiring/screening requirements.

IN WITNESS THEREOF, the parties have signed their names on this_____ day of _____, 20__

CARRIER: _____ BROKER: Trans-United Logistics Services, Inc.
BY: _____ BY: _____
TITLE: _____ TITLE: _____
DATE: _____ DATE: _____

SAFETY EVALUATION FORM

Trans-United Logistics Services, Inc. 1123 North State Road 149 Burns Harbor, Indiana 46304

Dear Carrier Partner,

As Trans-United, Inc. is an asset based transportation service provider, we appreciate the daily challenges faced within the carrier environment. Our goal is to partner with carriers whose attentions are focused not only on service reliability but, more importantly, safety. To protect the integrity of all partnerships, Trans-United Logistics Services, Inc. has adopted the policy requiring unrated carriers to complete the following questionnaire. Questions are specifically targeted to safety related functions and management procedures. As a new motor carrier entrant, we want to provide you the opportunity to haul freight and establish your company in the industry while waiting for your DOT rating audit.

NOTE: Please provide a copy of the **NEW ENTRANT SAFETY AUDIT REPORT** performed by FMCSA.

QUESTIONAIRE

LEGAL CARRIER NAME:	**MC#:**	**DOT #:**
DBA NAME:	**YEARS IN BUSINESS:**	

HAS THE COMPANY EVER OPERATED UNDER ANOTHER NAME, MC# OR DOT#? ☐ YES ☐ NO

IF YES, PREVIOUS NAME: **MC#:** **DOT#:**

DO YOU HAVE A WRITTEN SAFETY POLICY IN PLACE THAT, AMONG OTHER ITEMS, ADDRESSES THE FOLLOWING:
HOURS OF SERVICE, UNLOADING/LOADING, CONTROLLED SUBSTANCE TESTING AND USE, ACCIDENTS PREVENTION AND INVESTIGATION, LOG TRAINING AND VIOLATIONS, HIRING CRITERIA, DICIPLINARY ACTIONS, PERSONAL PROTECTIVE EQUIP., ETC. ☐ YES ☐ NO

LIST NAME OF INDIVIDUAL RESPONSIBLE FOR SAFETY MANAGEMENT:

MAINTENANCE

EQUIPMENT	# OF UNITS	MAINTENACE INTERVALS	ARE RECORDS KEPT	MAINTENACE COMPANY NAME/ PHONE (IF OUTSOURCED)
Tractors			☐ YES ☐ NO	
Trailers			☐ YES ☐ NO	
Other CMV, list type			☐ YES ☐ NO	

DRIVER HIRING REQUIREMENTS

AGE	# YRS DRIVING	MVR & WORK HISTORY CHECK	CITIZENSHIP VERIFIED?	ROAD TESTED	DRUG SCREEN	CRIMINAL BACKGROUND
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

IN ADDITION TO ALL THE ABOVE, LIST ALL OTHER POLICIES AND PROCEDURES IMPLEMENTED TO COMPLY WITH FEDERAL REGULATIONS.

The Undersigned acknowledges all the above statements to be true and accurate.

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

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.

Name

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ _____ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is 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.

Note: *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
___ ___ ___ – ___ ___ – ___ ___ ___ ___

or

Employer identification number
___ ___ – ___ ___ ___ ___ ___ ___ ___

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. person (including a U.S. resident alien).

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 4.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Active/Pending Insurance

US DOT:	N/A	**Docket Number:**	MC703145
Legal Name:	TRANS-UNITED LOGISTICS SERVICES INC		

Form	Type	Insurance Carrier	Policy/Surety	Posted Date	Coverage From	Coverage To	Effective Date	Cancellation Date
85	TRUST FUND	INTERSTATE COMMERCE FINANCIAL CREDIT CORP	TULSI-TRUST FUND	03/10/2010	$0	$10,000*	03/10/2010	

* 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 and $10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

| Carrier Details | Rejected Insurance | Insurance History | Authority History | Pending Application | Revocation |

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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
March 16, 2010

LICENSE

MC-703145-B
TRANS-UNITED LOGISTICS SERVICES INC
BURNS HARBOR, IN

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). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO