

LDI | LOGISTICDYNAMICS

155 Pineview Drive, Amherst, NY 14228

Phone: 800-554-3734 **Agent Support Ext.:** 1402

Fax: 716-250-3465

carrierdev@shipldi.com | shipldi.com

Dear Carrier Applicant:

Thank you for your interest in becoming an approved carrier for Logistic Dynamics, Inc. and our ever-growing network of quality carriers throughout North America. In order for us to assist you in getting setup as an approved carrier, please complete and return the following information:

1. Insurance Certificate – See attached letter that you can forward to your insurance company/ agent.
2. Carrier Safety Questionnaire
3. Transportation Brokerage Contract
4. W-9 Form including taxpayer identification number. (W8 Form for Canadian Co')
5. U.S. Motor Carrier Authority / Canadian Authority (If applicable)
6. Hazmat Registration (If Hazmat Certified)

If you have any questions, **please call us at 800-554-3734**, and dial extension 1402 for Agent Support. **Please return the required information to Carrier Development by fax: (716) 250-3465 or email to carrierdev@shipldi.com.**

We appreciate your interest and look forward to working with you!

Sincerely,
Carrier Development

LDI | LOGISTICDYNAMICS

To: _____ (Carrier's Insurance Agent)

Insurance Agent's Information:

Phone: 800-554-3734

Fax: 716-250-3465

Insured: _____ (Carrier's Company Name)

Re: CERTIFICATE OF INSURANCE

Dear Insurance Agent:

This fax is to request a signed, Certificate of Insurance on the above Insured. Please include the following information:

1. Choose whichever applies:

U.S. Coverage

Auto Liability (minimum \$1,000,000 policy – U.S. Funds)

Cargo Liability (minimum of \$100,000 policy – U.S. Funds)

Workman's Comp (minimum \$500,000 limit, \$100,000 Employee, \$100,000 Accident)

Canadian Coverage:

Auto Liability (minimum \$2,000,000 policy – U.S. Funds)

Cargo Liability (minimum of \$200,000 policy – U.S. Funds)

2. Please make out the certificate to the following company:

Logistic Dynamics, Inc.

155 Pineview Drive

Amherst, NY 14228

Fax: 716-250-3465

3. It is required that the above-listed company in Item 2 be named as "Certificate Holder" with a 30-day cancellation notice. ***The certificate must be signed!***

4. Please indicate whether the Insured has "All Risk" or the "Broad Form" type of cargo insurance.

Note to Insurance Agents: Please send the Certificate to:

Carrier Development Fax: 716-250-3465

or email to: carrierdev@shipldi.com

Should you have any questions, please call 800-554-3734 Ext 1402 and we will be glad to help.

Thank you for help!

LDI | LOGISTICDYNAMICS

CARRIER SAFETY QUESTIONNAIRE

Carrier Legal Name: _____ MC#: _____

Operations Manager: _____

Phone: (____) ____ - _____ Extension: _____ Alt. Phone: (____) ____ - _____

Fax: (____) ____ - _____ Email: _____

1. Does your company follow Safety Laws and DOT Rules and Regulations?
(Circle One) Yes or No

2. What is your safety rating per the FMCSA?
(Circle One) Satisfactory Unsatisfactory Conditional None

3. Person's name within your company that manages your Driver's Logs and follows DOT Procedures?
Name: _____ Phone: (____) ____ - _____

Print Name: _____ Date: _____

Signature: _____

PLEASE NOTE

WE WILL **NOT** RELEASE ANY CARRIER PAYMENT UNLESS THIS FORM IS COMPLETED!

In order to speed up your setup process, we are **requesting three (3) business references** of companies you have worked with that can verify you are safety compliant.

1. Company Name: _____
Contact Person: _____
Phone Number: _____

2. Company Name: _____
Contact Person: _____
Phone Number: _____

3. Company Name: _____
Contact Person: _____
Phone Number: _____

PAYMENT WILL NOT BE RELEASED IF PROFILE IS NOT COMPLETED
By completing our carrier profile you're helping us identify your distinct freight needs

Company Name: _____ MC #: _____ SCAC Code: _____

Main Address: _____

Remit to Address (if different from above): _____

Dispatch: (____) _____ Main: (____) _____ Fax: (____) _____

Contact Name: _____ Phone: (____) _____ Email: _____

Claims Contact: _____ Phone: (____) _____ Email: _____

Want online access to our available loads? Yes ____ No ____ Email: _____

Please check the states in which your company is looking for coverage

UNITED STATES

ST		ST		ST		ST		ST		ST		ST		ST		ST			
AK		CO		GA		KS		MA		MT		NM		OK		SD		VA	
AL		CT		ID		KY		MI		NE		NY		OR		TN		WA	
AR		DE		IL		LA		MN		NV		NC		PA		TX		WV	
AZ		DC		IN		ME		MS		NH		ND		RI		UT		WI	
CA		FL		IA		MD		MO		NJ		OH		SC		VT		WY	

If you need assistance with back haul lanes, please tell us about your available equipment and any services you offer so we may better serve you.

Top three Backhaul Lanes needing assistance with (City, ST):

_____ to _____
 _____ to _____
 _____ to _____

Is your company C-TPAT Certified? ____ If YES, please provide SVI number _____ and fax certification to 716-250-3465.

Is your company HAZMAT Certified? ____ Is your company participating in the U.S. Government EPA Smart Way Program? ____

How do you track your drivers? ____ GPS ____ CELL PHONE ____ OTHER ____ ELD

If GPS, can LDI have access online? ____

Please fill out the equipment information below

Total # of Tractors: ____ Total # of Vans: ____ Total # of Reefers: ____ Total # of Flatbeds: ____

Do you offer any of the following services? (Answer Yes or No)

Power Only: ____ Satellite Equipped: ____ Team Drivers: ____ Drop Trailer: ____ Expedited: ____ Alcohol Permits: ____

Van-Equipment Accessories

E-Trac ____ Heaters ____ Decking ____ Lift Gate ____ Garment ____ Pads/Blanket Wrap ____ Roller Floor ____

EQUIPMENT INFORMATION BREAKDOWN: NUMBER AND SIZE OF EACH

TRAILER CATEGORY	20'	25'	40'	45'	48'	53'	57'
TOTAL VANS:							
TOTAL REEFERS:							
TOTAL FLATBED:							
TOTAL EXPEDITED:							
TOTAL SPECIALIZED:							
TOTAL OTHER:							

VISIT OUR CARRIER PORTAL

Truck Postings, Streamlined Load Searching, Check your Payment Status and other valuable tools and resources *all for free!*

REGISTER NOW

www.ldicarriers.com/register.aspx

If you have any questions in the meantime, please contact our Carrier Development Team at carrierdev@shipldi.com.

WHY LDI?

Logistic Dynamics is a **First Advantage Gold Book Broker** and an **active TIA member** in good standing. We appreciate all the hard work our carrier partners do and take pride in paying our carriers on-time!

PAYMENT OPTIONS AND CORRESPONDING EMAILS:

- Quick Pay (PD by Comcheck) is offered by indicating Quick Pay on your invoice, otherwise it is 30 days
- Carrier must fax Invoice, Rate Confirmation, and BOL to Accounting: 716-817-2204.

Standard = Under 30 days (email: payables@shipldi.com)

1-Day Quick Pay = 1 business day less 5% + \$15.00 comcheck fee (email: quickpay@shipldi.com)

5-Day Quick Pay = 5 business days less 3% + \$15.00 comcheck fee (email: quickpay@shipldi.com)

FUEL ADVANCE INFORMATION:

- Total advance will be equal to or less than 40% of negotiated rate up to \$2000.00
- There will be a \$15.00 processing fee for each advance given — fee is NOT taken out of the comcheck, but off the final settlement
- The comcheck numbers will be given directly to whoever sends their driver's license to Agent Support
- Agent Support must receive a copy of the BOL signed by driver when loaded, **a clear license and current truck registration before a fuel advance will be given.**
- Fuel Advances are issued on Monday – Friday between 7:00am – 8:00pm EST

TRANSPORTATION BROKERAGE CONTRACT

A CONTINUING CONTRACT to comply with the Negotiated Rates Act of 1993 & 1995; hereinafter referred to as "the ACT"; for Transportation Services between Logistic Dynamics, Inc., MC - 471231 located at 155 Pineview Drive, Amherst, NY 14228; hereinafter referred to as "The Broker", and FHWA contract Motor Carrier.

Carrier Name: _____ MC #: _____ DOT #: _____

Address: _____ City: _____

Phone: (____) _____ Fax: (____) _____ Zip: _____

THIS AGREEMENT made this day of _____, 20____, by and between Logistic Dynamics Inc. and Carrier.

A. CARRIER REPRESENTS AND WARRANTS THAT IT:

1. 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;
2. Has valid insurance with the following minimum limits: Public liability of \$1,000,000; property damage of \$1,000,000; cargo damage/loss of \$100,000; workers' compensation with limits required by law. Except for higher limits specified above, the insurance policy complies with minimum requirements of the Federal Motor Carrier Safety Agency and any other applicable regulatory agency. Exclusions in any insurance policy shall not exonerate carrier from liability.
3. Has a "Satisfactory" safety rating issued by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, and will notify Broker in writing immediately of any changes in the rating;
4. Is in compliance with all applicable state, federal and local laws related to the provisions of its services and the performance of this Agreement.
5. Shall name Broker as additionally insured and/or certificate holder on cargo and liability insurance accord.
6. Will notify Broker immediately if Carrier's Federal Operating Authority is revoked, suspended or rendered inactive for any reason; and/or if Carrier is sold, or if there is a change in control of Carrier.
7. Will not insert, nor authorize a shipper to insert Broker's name on a Bill of Lading as the shipper or carrier without Broker's express written consent.
8. Will defend, indemnify and hold harmless Broker and its customers harmless from any claims, losses, damages, liability of any kind arising out of the Carrier's performance or violation of any of the terms of this Agreement. Broker reserves the right to control the defense of any such matters, including the right to designate counsel. Broker shall have the right to offset from freight or other charges by Carrier for any claim of loss, damage or delay, or claims for overcharges, duplicate payments or unidentified payments.
9. Agrees not to assign, co-broker, double broker, interline or warehouse shipments hereunder, without prior written consent from Logistic Dynamics, Inc.;
10. Will meet the Distinct Shippers' needs of Brokers' freight;
11. Broker is the sole party responsible for payment of Carrier's invoices and that, under no circumstances will Carrier seek payment from the shipper or consignee;
12. Agrees to not back solicit freight shipments of any kind from customers of Broker, when: (a) the availability of such shipments first became known to Carrier as a result of Broker's efforts; and/or (b) where the shipments of Broker's customer were tendered to Carrier by the Broker prior to the Carrier's delivery of any freight for said customer. As liquidated damages, Carrier agrees to pay Broker twenty percent (20%) commission on all traffic handled by customers first introduced to Carrier by Broker for a period year following the cancellation of this Agreement. Additionally, Broker may seek injunctive relief and in the event it is successful, Carrier shall be liable for all costs and expenses incurred by Broker related to thereto, including, but not limited to reasonable attorney's fees.

13. Carrier hereby assumes the liability of a motor carrier as provided in 49 U.S.C. 14706 as in effect on the effective date of this Agreement. All claims for loss and damage and salvage shall be handled and processed in accordance with the regulations of the FMCSA as published in the code of Federal Regulations (49 C.F.R. 370). Further, without regard to the provisions of Part 370 carrier shall pay, decline or make settlement offer in writing on all cargo loss or damage claims within thirty (30) days of receipt of the claim. Failure of carrier to decline or make settlement offer in writing on all cargo loss or damage claims within thirty (30) days of the receipt of the claim shall constitute an admission of liability by the Carrier for the full amount of the claim and such failure may be submitted as evidence of such liability in any court or competent jurisdiction by either Broker or Shipper. The terms of this Agreement shall govern the relationship between the parties and their respective liabilities and responsibilities; the terms, conditions, or provisions of any bill of lading, tariff, or other shipping document utilized by the Carrier or Shipper shall be subject to and subordinate to the terms of this Agreement.
14. Carrier will bill all charges for transportation services directly and exclusively to Broker within one hundred and twenty (120) days of shipment tender date and Carrier shall provide Broker with the bill of lading signed by the shipper and receiver, delivery receipt, and receipts for any applicable accessorial charges. Carrier will cancel all transportation charges due on all shipments that are not billed within this one hundred and twenty (120) day period as noted by the postmark date.

B. BROKER RESPONSIBILITIES:

1. Broker agrees to pay Carrier the rate posted on the Fax as Contracted Rate Addendum Pick-up and Rate Confirmation prior to consignment;
2. Broker agrees to pay Carrier for services rendered within 30 days of Brokers' receipt of Carriers' invoice and original proof of delivery (POD);

C. MISCELLANEOUS

1. It is understood and agreed that the relationship between Broker and Carrier is that of any independent contractor and that no employer/employee relationship exists, or is intended. Broker has no control of any kind over Carrier, including but not limited to routing of freight, and nothing contained herein shall be construed to be inconsistent therewith.
2. Either party of this contract may invalidate it with written notice within 24 hours for any reason; otherwise, this is a "Continuing Contract: for transportation.

Logistic Dynamics, Inc
(Broker)

(Carrier Name)

By: Jad Maouad
(Printed)

By: _____
(Printed)

(Authorized Signature)

(Authorized Signature)

Owner/CFO
(Title)

(Title)

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.	
	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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____	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.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="5"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="2"></td> </tr> </table> <p style="text-align: center; margin: 2px 0;">OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="5"></td> <td style="text-align: center;">-</td> <td colspan="5"></td> </tr> </table>	Social security number																									-				-			Employer identification number																									-					
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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.																																																																

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.	

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

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.



155 Pineview Drive, Amherst, NY 14228
Phone: 800-554-3734

BILLING & CREDIT INFORMATION

All freight bills and invoices should be mailed to:

Logistic Dynamics, Inc.

155 Pineview Drive
Amherst, NY 14228

www.logisticdynamics.com

Corporate Headquarters: 1-800-554-3734

MC# 471231

US DOT# 2231470

Federal ID# 20-0281902

DUNS# 14-187-6248

Blue Book# 267815

SCAC: LDYN

Quick Pay Email: quickpay@shipldi.com

Payables Email: payables@shipldi.com

Payables Fax: 716-817-2204

CREDIT REFERENCES & DETAILS BELOW

Bank Information

HSBC Bank

95 Washington Street 1st Floor

Buffalo, NY 14273

Phone: 716-841-6763

Fax: 212-642-1888

Account# 716946335

Contact: Joesph Burden

Surety Bond

Transportation intermediaries Association
(TIA)

1625 Prince Street, Suite 220

Alexandria, VA 22314

Phone: 703-299-5711

Fax: 703-836-0123

BOND# 13940

Contact: Nancy O'Liddy

CARRIER REFERENCES

KTL Transportation - MC# 242115

Linden, NJ 80216

Phone: 908-583-6580

Contact: Tanya or Harry

Averitt Express - MC# 121600

Cookeville, TN 38502

Phone: 913-520-5684

Contact: Chris Stone

Hi-Plains Sunflower Co. - MC# 293062

Denver, CO 80216

Phone: 303-425-4432

Contact: Liz Watson

P&S Transportation - MC# 488790

Birmingham, AL 35218

Phone: 207-788-4000 x795

Contact: Stephanie Taylor



Logistic Dynamics, Inc.



*is a duly licensed property broker
pursuant to the authority of the
Federal Motor Carrier Safety Administration,
having demonstrated to TIA its integrity
and having successfully met the criterion of financial responsibility
to the amount of \$100,000 through the TIABOND program.*



Valid through October 2017 – Bond 13940, with a limit of \$100,000

A handwritten signature in black ink, appearing to read "Riccio", written over a horizontal line.

Michael Riccio
Chairman
TIA Services

A handwritten signature in black ink, appearing to read "Robert A. Voltmann", written over a horizontal line.

Robert A. Voltmann
President & CEO
Transportation Intermediaries Association