

Dear Valued Customer:

We would like to introduce you to the benefits available to you when working with our organization. We are structured around specialized transportation & logistics with a nationwide and global capacity. TSA Global Solutions L.L.C. d.b.a. Sunset West Transportation LLC, houses our own trucking fleet with assets, while managing a state-of-the-art freight brokerage. The combined assets, technology, and capabilities of our teams can provide innovative shipping solutions to customers of every size and type.

Sunset West Transportation is the asset based TSA Global Solutions L.L.C. the 3rd party Logistics company, with a successful Utah-based group with over 35 years of experience in the logistics industry. Our Team has the capability to provide our customers with a greater transportation capacity, along with a nationwide and global sales footprint for reloading equipment. We want you to have the confidence and assurance that your 3^{PL} provider will come through for you, no matter your transportation requirements may be. As an asset-based 3^{PL} company, the SSWTSA TEAM will give you that assurance.

The enclosed packet of information will help orient you with our operation and our abilities as a custom carrier and specialized transportation provider for your organization.

Specifically:

- Over 35 years of experience in the transportation material handling business
- Satisfactory safety rating, hazmat certification and endorsements
- A variety of trailer types and specialty equipment
- Experienced TL services focused on Traditional and Specialized Flatbed, Heavy Haul, Break Bulk and Rail, Barge, Cargo. Since 1985
- Offering Turnkey Project Management.
- The recent acquisition added an additional 20 power units to our base
- Over 40 specialty trailers including flats, steps, double drops and vans
- Nationwide, Canada, Mexico.
- UHIA participant with capabilities of moving in and out of ports
- Full dispatch, tracking, tracing, BOL, EDI and imaging technology
- \$100,000 in cargo coverage and \$1,000,000 aggregate auto and general liability

Please see the attached information for further detail about our company.

We appreciate your willingness to review the trucking, logistical and specialized transportation solutions we are able to offer. We are anxious to better understand your transportation and logistical needs and look forward to working with you. Please feel free to contact us at 800-511-4985.

Cordially,

SSW/TSA

TSA GLOBAL SOLUTIONS L.L.C. DBA:
NATIONWIDE TRANSPORTATION
GLOBAL CAPACITY



PREMIER PROVIDER OF TRANSPORTATION SOLUTIONS

Trucking/Transport

Founded: 2008
Ownership: Private
Authority: Contract Carrier
MC: 169872
DOT: 324677
Safety: Satisfactory Rating
Certs: Canada, UIIA
SCAC: SWTI

Corporate Office

3450 N Triumph Blvd Ste 102
Lehi, UT 84043
Tel: 801-702-8668
Fax: 800-511-1289

Email: info@sswtsa.com
See our Website:

[More Information](#)

Brokerage/Logistics

Founded: 2015
Ownership: Private
Authority: Brokerage
MC: 169872-B
SCAC: SWTI
EIN: **82-2357715**
Associates: 6
Bond: 75,000

Insurance Information

Cargo Coverage: \$100,000
General Liability: \$2,000,000
Umbrella Liability: \$4,000,000
Contingent Cargo: \$500,000

Services Offered

Flatbed, Specialized Truckload and LTL
Turn Key Project Management
Transportation Consulting
International Shipments

Executive Management

Troy Sorensen
Jory Larson
April Collins

Bank Reference

US Bank.
Saratoga Springs, Ut
Tel: 801-359-9600

Acct No.: 153154498711
ABA No.: 124302150

Insurance References

Levitt Insurance Agency
Tel: 801-224-2044
Contact: Austin Atkinson
Orem, Utah

Bond References

Hudson Insurance Group
1035 Greenwood Blvd Suite 265
Lake Mary, FL.32764
Tel: 866-4503415

TRADE REFERENCES

[Forterra Precast](#)

[Ames Construction](#)

[PacifiCorp](#)

[RL Wadsworth](#)

Payment Remittance:

BMO Harris Bank Attn: Bam Capitol LLC
PO Box 95182 Chicago IL 60694
Account:2024461

ACH Payment: BMO Harris Bank
Account:2024461
ABA # 071000288

Utah Corporate Office

3450 N Triumph Blvd Ste 102
Lehi, UT 84043
EIN: 82-2357717
Local: 801-702-8668
Fax: 801-769-3717
Toll Free: 800-511-4985

Operations Dispatch

Troy Sorensen
Managing Director
Direct: 801-702-8601
Mobil: 801-636-9124
Email: troy@sswtsa.com

Jory Larson
Operations Manager
801-702-8640
801-362-4850
jory@sswtsa.com

Chandler Peisley
Truck Pusher
Mob: 435-219-1688
chandler@sunsetwestent.com

Payment Remittance

By **MAIL**: BMO Harris Bank attn: Bam Capitol LLC
PO Box 95182 Chicago IL 60694
Account:2024461
ACH: Account:2024461
ABA # 071000288

Accounting

Receivable/ Payable
Local: 801-702-8668
Toll Free: 800-511-4985
Email: Info@sswtsa.com

April Bartell
Administrative Manager
Direct: 801-702-8668
Email: april@sswtsa.com

Billing & Credit Information

Applicant Business Name _____

DBA/Trade Name _____ Type of Business _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Billing Address (if different) _____ City _____ State _____ Zip _____

AP Contact Phone _____ Fax _____ E-Mail _____

Billing Instructions _____ Bill Miles Type _____ Version _____

Federal ID _____ MC _____ Date Business Started/Acquired _____

Credit/Trade Reference

Banking Reference: Bank Name _____ Acct No _____ Avg Balance _____

Branch (City/State) _____ Bank Contact _____ Tel _____

Trade References: Please list three major business references

1. Company Name _____ City/State _____
Phone _____ Contact _____ Annual Volume _____
2. Company Name _____ City/State _____
Phone _____ Contact _____ Annual Volume _____
3. Company Name _____ City/State _____
Phone _____ Contact _____ Annual Volume _____

Credit Application & Agreement – Terms and Conditions

Applicant agrees to pay the full invoice price for all purchases **within** thirty (30) days of invoice date. Thereafter, Applicant agrees to pay, in addition to any balance owed, a service charge of one and one-half percent (1.5%) per month on all past due amounts, and all other costs and expenses incurred in collecting the amounts owed by Applicant, including any court costs, attorneys' fees, and/or collection agency fees, and further waive all rights to claim exemption under state laws. Payment of invoices may not be deducted or postponed due to alleged loss or damage, and payment obligations shall not be subject to receipt of payment from any other party. Invoices must be paid before a freight claim will be reviewed or honored. Original bills of lading will not be provided. This agreement shall be governed, enforced and interpreted in accordance with the laws of the State of Utah without giving effect to any conflicts of law provision. Litigation of any disputes shall take place in the courts situated in Salt Lake City, Utah. This Agreement supersedes any other contract or agreement describing payment terms or handling. The rights and remedies stated herein are cumulative and are in addition to any other rights or remedies provided by law. Applicant certifies that all information contained herein, or hereafter supplied, is both accurate and complete.

The undersigned represents and warrants that he/she has full authority to execute this Agreement on Behalf of Applicant, and further acknowledges that Applicant agrees to be bound by the above Terms and Conditions.

Signed _____ Title _____ Date _____

Name _____ Phone _____ E-Mail _____

Payment Remittance

By MAIL: BMO Harris Bank Attn: Bam Capitol LLC
PO Box 95182 Chicago IL 60694
Account:2024461

ACH Payment: BMO Harris Bank
Account:202446.
ABA # 071000288

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TSA Global Solutions L.L.C.		
	2 Business name/disregarded entity name, if different from above Sunset West Transportation		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	5 Address (number, street, and apt. or suite no.) See instructions. 3450 N Triumph Blvd Ste 102		Requester's name and address (optional)
	6 City, state, and ZIP code Lehi, Utah 84043		
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	2	-	2	3	5	7	7	1	5

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Troy L Sorensen</i>	Date ▶ 1/8/2019
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2019

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 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).

PRODUCER Wasatch Leavitt Insurance Agency, Inc. 1443 West 800 North Suite 101 Orem UT 84057	CONTACT NAME: Kristine Jensen PHONE (A/C, No, Ext): (801)224-2044 E-MAIL ADDRESS: kristine-jensen@leavitt.com	FAX (A/C, No): (801)224-0815	
	INSURER(S) AFFORDING COVERAGE		
INSURED TSA Global Solutions, L.L.C. dba; Sunset West Transportation, LLC, 1318 W 1500 N Lehi UT 84043	INSURER A: National Casualty Company		NAIC # 11991
	INSURER B: Swett & Crawford		B0893
	INSURER C: Workers Compensation Fund		10033
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 18-19#2


REVISION NUMBER:

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LTO0030476	8/2/2018	8/2/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			LTO0030476	8/2/2018	8/2/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Underinsured motorist combined sir	\$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			GBX31391	8/2/2018	8/2/2019	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
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/A	4005144	1/12/2019	1/12/2020	PER STATUTE	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Motor Carrier Cargo			LTO0030476	8/2/2018	8/2/2019	Limit	100,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage	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 K Jensen/KRJENS 

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