



"Building Empires and Putting Carriers First"

WWW.SPECIALTYDISPATCHNETWORKGROUP.COM



JASMINE'S WAY
— FREIGHT DISPATCH + LOGISTICS —



Carrier Dispatch Agreement Packet

Carrier/Company Name: _____ MC# _____

DOT# _____



Please Fax or Email All Required Documents

Jasmines@jasmines-way.com

FAX: 713-588-8189

1. A Signed Limited Power of Attorney Form
2. Signed Insurance Agent Contact Form
3. A Copy of the Carrier Motor Carrier Authority
4. This agreement form completed and signed
5. Copy of Insurance Certificates, listing **Jasmine's Way LLC** as a certificate holder. ** Jasmine's Way LLC requires at least \$1,000,000 liability insurance and at least \$100,000 cargo coverage.**
6. A current commercial insurance policy Declarations Page
7. A signed W-9
8. Company Profile Sheet (Including a list of three established references)



Dispatcher - Carrier Agreement

This agreement is made this _____ day of _____, 20_____, by and between **Jasmine's Way LLC**, hereafter referred to as **DISPATCHER**, and _____ (company name) / _____ (owner), Hereinafter referred to as **CARRIER**. MC# _____ DOT# _____

WHEARAS, **DISPATCHER** is a transportation dispatcher handling the necessary paperwork between a **SHIPPER** and **CARRIER** in order to secure "**CARGO**" for said **CARRIER**.

WHEARAS, **CARRIER** is a **MOTOR CONTRACT CARRIER** subject to the jurisdiction of the **ICC** and **FMCSA**: NOW, THEREFORE, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties hereto as follows:

Obligations of DISPATCHER

Service Packages and Fees

(Platinum Package) Specialty Dispatch 13%-15% GR Per Load (12% fleets of 3+)

(Gold Package) Full Service Dedicated Freight Dispatching 10% GR Per Load (8% for Fleets of 3+)

(Silver Package) Load Assistance with Broker Set up 8%

(Bronze Package) Virtual Admin Support (Paperwork Only) 5%

Virtual Administrative Support – Flat Rate \$150 per week

You find your own freight and we provide you with complete administrative support, such as: --

Completion of broker packets

- Signing of rate confirmations
- Credit checks
- Invoicing
- Check calls

Factoring Assistance 1.0% with all packages

1. **DISPATCHER** agrees to handle paperwork, phone, fax calls to and from the **BROKER** or **SHIPPER** to tender commodities shipments to **CARRIER** for transportation in interstate commerce by **CARRIER** between points and places within the scope of **CARRIERS'S** operating authority.
2. **DISPATCHER** bears no financial or legal responsibility in the transaction between the **SHIPPER/CARRIER** agreement.
3. **DISPATCHER** agrees to assist the **CARRIER** (Owner) with Texas Commercial Insurance questions and policy review by a licensed insurance agent within the State of Texas staffed by **Jasmine's Way LLC**. **CARRIER** agrees that the representative is not his/her insurance agent or broker for purchased coverage or current policy. **CARRIER** agrees that he/she shall contact and consult his insurance agent to confirm the information and make any possible changes to their commercial insurance policy. **Jasmine's Way LLC** does not sale insurance coverage and shall not be held liable for insurance issues or claims.



DISPATCHER will

- A. Make 100% effort to keep trucks loaded and **CARRIER** with consistent offers from **BROKERS** when available.
- B. Contact the **CARRIER** about EVERY load we find to offer, and the **CARRIER** or driver will ACCEPT or REJECT the load in writing via text or email.
- C. Invoice the **CARRIER** at the time of service, also provide a copy of each LOAD CONFIRMATION SHEET the **CARRIER** is being billed for.



Obligations of the **CARRIER**

CARRIER agrees to pay **DISPATCHER** "____%" of the face value of the loads or flat rate of \$____ per ____ selected for the **CARRIER** as stated on the confirmation sheet. **CARRIER** further agrees to pay **DISPATCHER** at the time of securing the cargo if being billed on a per load basis unless prior credit arrangements have been established.

Carrier Package

- A. _____ Platinum Package (**Specialty Dispatch 13%-15% GR Per Load (12% fleets of 3+)**)
- B. _____ Gold Package (**Full Service Dedicated Freight Dispatching 10% GR Per Load (8% for Fleets of 3+)**)
- C. _____ Silver Package (**Load Assistance with Broker Set Up 8%**)
- D. _____ Bronze Package (**Virtual Admin Support (Paperwork Only) 5%**)
- E. _____ Virtual Administrative Support – **Flat Rate \$150 per week**
- F. _____ Other Agreement _____

CARRIER gives **DISPATCHER** authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be perpetual, provided that either party may terminate the same by giving 30 day written notice to the other.

SHIPPER agrees to pay **CARRIER** promptly. Following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage or shortage. The amount to be paid by **SHIPPER** to **CARRIER** shall be established between parties on a per shipment basis prior to commencement of each individual shipment. A load confirmation including the details of shipment and revenue to be paid will be supplied via **FAX** or **EMAIL** by **SHIPPER** to **CARRIER**. Confirmation will be signed by **DISPATCHER** and returned via **FAX** or **EMAIL** to the **SHIPPER**.

CARRIER shall be liable for loss, damage, or liability occasioned by the transportation of property arranged by **DISPATCHER**, **SHIPPER** while in the possession of **CARRIER**.

CARRIER agrees to hold **DISPATCHER**, **SHIPPER** harmless from liability for personal injury or property damage occurring during operation conducted by **CARRIER** pursuant to this agreement.

CARRIER will be responsible to comply with all applicable state and federal regulations pertaining to the operation of a motor carrier.

Payments are due to **DISPATCH** for services rendered and payments that are due to the **DISPATCHER** for services rendered are not contingent on outstanding company payments due to the **CARRIER** for loads that he/she have hauled for the **SHIPPER** or **BROKER**.

Failure to pay the **DISPATCHER** for services rendered will result in termination of this contract and services immediately unless otherwise determined by the **DISPATCHER**.

This contract has a NO FORCED DISPATCH CLAUSE and can be terminated at any time in writing from the carrier company with a 2 weeks notice in writing and a \$75 termination fee, or verbal agreement between Jasmine's Way and the carrier company. Dispatch has to be paid in full upon termination of contract. termination has to end on Friday to allow full payment to be made by Monday.

Jasmine's Way LLC

Owner: _____ Date: _____

Jasmine Weatherspoon

Title: Dispatch Manager/Owner

Carrier: _____ Date: _____

Title: _____





700 Smith St #61070

Houston, Texas 77002

Office: 281-616-8004 **Fax:** 713-588-8189

jasmine@jasmines-way.com

www.jasmines-way.com

Insurance Agent Contact Authorization Form

Named Insured: _____ **Business Name:** _____

EIN: _____ **MC#** _____ **Policy Type** _____

Policy # _____

Agency Name: _____ **Insurance Carrier Name:** _____

Policy Holder SS#: _____ - _____ - _____ **DOB:** _____

Please find this signed document as authorization for Jasmine's Way LLC to contact the above insurance agency to inquire commercial policy information for the above listed insurance policy referencing the above-Named Insured. I agree to allow Jasmine's Way LLC authorization to make policy changes on my behalf and receive documents from my policy.

Named Insured _____ **Date** _____



POWER OF ATTORNEY

Company Name _____ MC# _____

Owner Operator _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Fax (_____) _____

Email _____

I, _____, hereby appoint "**Jasmine's Way LLC**" of 700 Smith St #61070 Houston, Texas 77002, as my Attorney-in-Fact (Agent) "**Jasmine's Way LLC**" agents shall have full power and authority to act on my behalf. This power and authority shall authorize "**Jasmine's Way LLC**" to manage and conduct business affairs and to exercise all my legal rights and powers, including all rights and powers that I may acquire in the future. **Jasmine's Way LLC** powers shall include, but not limited to, the power to:

1. Contact shippers and brokers on my behalf for cargo.
2. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary paperwork) to shippers.
3. Sign and Execute Rate Confirmations for freight on my behalf.

This Power of Attorney shall be constructed broadly as a General Power of Attorney. The listing of Specific powers of Attorney is not intended to limit or restrict the general powers granted in this Power of Attorney in any matter.



"Jasmine's Way LLC" shall not be liable for any loss that results from a judgement error that was made in good faith. However, **"Jasmine's Way LLC"** shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and act under This document. **"Jasmine's Way LLC"** shall be entitled to reasonable compensation for any services provided as my Agent. **"Jasmine's Way LLC"** shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

"Jasmine's Way LLC" shall provide an accounting for all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf. This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state stature. This is a Durable Power of Attorney. This Power of Attorney shall continue effective for **(24 Months)**. This Power of Attorney may be revoked by me at any time by providing **(30 Days)** written notice to my Agent.

Date _____ 20____ **Expires** _____ 20_____

Signature

Printed Name



Carrier/ Company Profile Form

Carrier Info

Company _____ DBA (If Any) _____

Physical Address _____

Mailing Address _____

Main Contact _____ Phone (____) _____

Office Phone (____) _____ Fax (____) _____

Cell (____) _____ Emergency Contact (____) _____ Name _____

Email Address _____

Website _____

DOT# _____ MC# _____ SSN/EIN _____

SCAC Code _____

POWER

SEMI TRACTOR YEAR _____ MAKE _____ MODEL _____ VIN _____

DUALY/ HOTSHOT

YEAR _____ MAKE _____ MODEL _____ VIN _____

DUALLY/ HOT SHOT TRAILER

YEAR _____ **MAKE** _____ **MODEL** _____ **VIN** _____

COMMENTS _____



JASMINE'S WAY
— FREIGHT DISPATCH + LOGISTICS —

Equipment

Van Equipment

48' VAN _____ **53' VAN** _____ **AIRRIIDE** _____ **VENTED** _____ **E-TRACK** _____

LOGISTICS _____ **LOAD BARS** _____ **STRAPS** _____

PADS _____ **MAX LOAD WEIGHT** _____

COMMENTS _____

Reefer

48' REF _____ **53'** _____ **AIRRIIDE** _____ **PALLETS** _____ **ETRACK** _____

LOAD BARS _____

FLATBED/SPECIALIZED EQUIPMENT

45' FLAT _____ **48' FT** _____ **53' FLAT** _____ **48' STEP DECK** _____ **53' STEP DECK** _____

53' STEP DECK _____ **RGN** _____ **SIZE** _____

RAMPS _____ **LEVELERS** _____ **CHAINS** _____ **STRAPS** _____ **TARPS** _____

SIDES _____ **OVERSIZE** _____

MAX LOAD WEIGHT _____

COMMENTS: _____



JASMINE'S WAY
— FREIGHT DISPATCH + LOGISTICS —

AREAS OF OPERATIONS

WEST

Washington
Oregon
California
Nevada
Utah
Idaho
Montana
Wyoming
Colorado
Alaska

MIDWEST

North Dakota
South Dakota
Nebraska
Kansas
Minnesota
Iowa
Missouri
Illinois
Indiana
Ohio
Michigan
Wisconsin

NORTHEAST

Maryland
Delaware
New Jersey
Connecticut
Rhode Island
Massachusetts
New
Hampshire
Maine
Vermont
New York
Pennsylvania

SOUTHWEST

Arizona
New Mexico
Texas
Oklahoma

SOUTHEAST

Arkansas
Louisiana
Mississippi
Alabama
Georgia
Florida
Tennessee
Kentucky
West Virginia
Virginia
North Carolina
South Carolina

Minimum Rate Per Mile \$ _____ Driver Touch/Lumper Y/N _____ Region _____

Factoring Information

Please provide you factoring company information below. This is to make sure we work with Brokers that are approved by your factoring company.

FACTORIZING COMPANY NAME _____

CONTACT _____

PHONE _____

FAX _____

WEBSITE _____

BILLING ADDRESS _____ **CITY** _____

STATE _____ **ZIP CODE** _____



INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY# _____

LIABILITY LIMITS _____

CARGO LIMITS _____

DEDUCTIBLE _____

MULTIPLE TRUCK OPERATION FORM

TRUCK MAKE _____ **MODEL** _____

VIN _____

TRUCK MAKE _____ **MODEL** _____

VIN _____

TRUCK MAKE _____ **MODEL** _____

VIN _____

TRUCK MAKE _____ **MODEL** _____

VIN _____

TRAILERS

TRAILER TYPE _____ **TRAILER #** _____

MAX WEIGHT _____

TRAILER TYPE _____ **TRAILER #** _____

MAX WEIGHT _____

TRAILER TYPE _____ **TRAILER #** _____

MAX WEIGHT _____



JASMINE'S WAY
— FREIGHT DISPATCH + LOGISTICS —

DRIVER INFORMATION

DRIVER NAME _____ **DOB** _____

DL# _____ **DL STATE** _____

DOES THIS ASSIGNED DRIVER HAVE THE RIGHT TO MAKE LOAD DECISIONS ON YOUR BEHALF? _____

DRIVER NAME _____ **DOB** _____

DL# _____ **DL STATE** _____

DOES THIS ASSIGNED DRIVER HAVE THE RIGHT TO MAKE LOAD DECISIONS ON YOUR BEHALF? _____

DRIVER NAME _____ **DOB** _____

DL# _____ **DL STATE** _____

DOES THIS ASSIGNED DRIVER HAVE THE RIGHT TO MAKE LOAD DECISIONS ON YOUR BEHALF? _____



REFERENCES

NAME _____

ADDRESS _____

PHONE: _____ EMAIL: _____

NAME _____

ADDRESS _____

PHONE: _____ EMAIL: _____

NAME _____

ADDRESS _____

PHONE: _____ EMAIL: _____

NOTES



WWW.SPECIALTYDISPATCHNETWORKGROUP.COM