



Dear Carrier:

Thank you for your interest in doing business with Trans Alliance. You can return your Carrier packet via email or fax to our company representative assisting you. We look forward to working with you!

Email: dispatch@transallianceonline.com

Fax: 937-548-8514

To successfully set-up your account with us, please include the following documents:

- Carrier Profile
- Broker/Carrier Agreement (initialed and signed)
- Copy of Operating Authority
- W-9
- Certificate of Insurance
 - Must name Trans Alliance Group, LLC as a certificate holder

Please mail all invoices with your Trans Alliance Group confirmation number referenced to:

Trans Alliance Group, LLC
Attn: Accounts Payable
4667 St Rt 127
Greenville, OH 45331

All invoices should be accompanied by a load confirmation, as well as all original shipping documents including signed bills of lading and weight/scale tickets.



BROKER/CARRIER AGREEMENT

This Agreement entered into this ____ day of _____, 20____ shall govern the services provided by Trans Alliance Group a licensed property Broker pursuant to Docket No. MC- 789923 (hereinafter referred to as "BROKER") and _____ a licensed motor carrier pursuant to Docket No. MC- _____ (hereinafter referred to as the "Carrier").

1. Broker is an agent authorized by its customers to negotiate and arrange for transportation of their shipments in interstate commerce.
2. Carrier affirms that it currently has a "Satisfactory" safety rating issued by the Federal Motor Carrier Safety Administration (FMCSA), U.S. Department of Transportation, and will immediately (within 24 hours) notify Broker both verbally and in writing if its safety rating is changed to "Unsatisfactory" or "Conditional".
3. Carrier shall transport interstate shipments arranged by Broker pursuant to carrier load confirmation sheets(s) included herewith, or subsequently incorporated by reference. Upon accepting tendered load from Broker, Carrier will not re-broker, interline, co-broker, assign or trip lease loads with another party. Failure to comply will result in non-payment of freight charges.
4. Broker shall pay Carrier for services rendered in an amount equal to the rates and accessorial charges agreed to on Broker's load confirmation sheet or other signed writing. Carrier must submit original proof of delivery and Broker's load confirmation with invoices to Broker as agent for the shipper. Payment terms shall be thirty (30) days from receipt. Invoices not submitted with sixty (60) days of the ship date specified on the applicable bill of lading are waived.
5. Carrier warrants to Broker (and its shipper's principals) that it meets and will provide proof of the following criteria:
 - a) Carrier shall maintain all risk cargo insurance in the amount of not less than \$100,000 per shipment
 - b) Carrier shall maintain public liability insurance in the amount of not less than \$1,000,000 as required by federal regulation BMC-91
 - c) Carrier shall maintain workers compensation insurance as required by state law
 - d) Carrier agrees to provide certificates of insurance upon request
 - e) Carrier shall maintain satisfactory U.S. DOT safety ratings and is otherwise authorized to provide the proposed services, and
 - f) Carrier is in compliance with all applicable laws and regulations
 - g) Carrier shall notify Broker 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
6. Governing Rules. The following rules shall apply:
 - a) The terms of the uniform straight bill of lading
 - b) Standard claims rules otherwise applicable to common carriers (49 D.F.R. 370 and carriers rules tariffs)
 - c) Cargo claims liability as set forth in the Carmack Amendment (49 U.S.C. 14706)
 - d) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement
 - e) Claims may be filed by Broker or Shipper with Carrier
 - f) Broker's customer is third party beneficiary of this Agreement, and

Carrier Representative Initial: _____

- g) Any claim Broker asserts as arising from Carrier's negligence may be deducted from any compensation Broker owes Carrier.
7. Shipping Document Execution. Carriers are to be named on the bill of lading as the carrier of record. Broker shall be shown as the third party payor of all freight charges.
 8. Indemnification. Carrier agrees to indemnify and hold Broker and its customers harmless from any claims or loss caused solely by any act or omission of the Carrier, its employees or agents in the performance of this Agreement or the services provided hereunder.
 9. Term of Agreement. This Agreement shall be for the period of one (1) year and shall be automatically renewed unless canceled. Either party may terminate this Agreement upon fifteen (15) days written notice.
 10. Back Solicitation. Carrier agrees to not back solicit any customer of Broker, either directly or indirectly. As liquidated damages, Carrier agrees to pay back a 15% commission on all traffic handled by customers first introduced to Carrier by Broker for a period of eighteen (18) months following cancellation of this Agreement.
 11. Non-Exclusive Agreement. The 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 agreements with other carriers, brokers, or freight forwarders.

BROKER:

CARRIER:

By: _____
(Signature)

By: _____
(Signature)

(Printed Name)

(Printed Name)

(Title)

(Title)

(Date)

(Date)

(Address)

(Address)

(Phone/Fax)

(Phone/Fax)

Carrier Representative Initial: _____



Carrier Profile

Date: _____

Company Name/DBA: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

MC#: _____ DOT#: _____

Federal Tax ID #: _____ SCAC Code: _____

Dispatch Contact: _____

Phone: _____ Fax: _____

Email: _____

Remit payment to: (if different from above)

Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____



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

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

SERVICE DATE
November 19, 2012

LICENSE
MC-789923-B
U.S. DOT No. 2357229
TRANS ALLIANCE GROUP LLC
GREENVILLE, OH

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.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2020

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).

PRODUCER Cottingham & Butler 800 Main St. Dubuque IA 52001	CONTACT NAME: PHONE (A/C. No. Ext): 563-587-5000		FAX (A/C. No): 563-583-7339
	E-MAIL ADDRESS: certificates@cottinghambutler.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : The Travelers Indemnity Company of America			25666
INSURER B : Westfield Insurance Company			24112
INSURER C : Lloyds			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED TRANALL-01
 Trans Alliance Group LLC
 4667 US-127 South
 Greenville OH 45331

COVERAGES

CERTIFICATE NUMBER: 688937611

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	
B	<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:			CAG076297W	3/10/2020	3/10/2021	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
								\$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> Liability			IRPI-SB-20-224	7/28/2020	7/28/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Contingent Cargo			QT-660-6J750027-TIL-20	5/1/2020	8/1/2021	Limit	\$100,000

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

CERTIFICATE HOLDER**CANCELLATION**

****FOR INFORMATION ONLY****
 PLEASE SEND YOUR CERTIFICATE REQUESTS TO:
 Certificates@cottinghambutler.com
 OR fax 563-587-5866

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

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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. Trans Alliance Group, LLC		
	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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S <small>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.</small> <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.) 4667 US Rt 127 S		Requester's name and address (optional)
	6 City, state, and ZIP code Greenville, OH 45331		
	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.

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.

Social security number									
or									
Employer identification number									
4	5	-	5	4	4	9	5	9	7

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 6-19-15
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.