

Logistic Dynamics, Inc.
1140 Wehrle Drive
Amherst, NY 14221
Phone: 800-554-3734 Ext. 1402 (Agent Support)
Fax: 716-250-3465
Email: carrierdev@logisticdynamics.com
Website: www.logisticdynamics.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. Carrier Profile
4. Transportation Brokerage Contract
5. W-9 Form including taxpayer identification number. (W-8BEN for Canada)
6. U.S. Motor Carrier Authority / Canadian Authority (If applicable)
7. Hazmat Registration (If Hazmat Certified)

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

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

Sincerely,

Logistic Dynamics, Inc.
Carrier Development

ATTENTION CARRIER APPLICANT:
PLEASE SEND THIS TO YOUR INSURANCE AGENT

To:

Carrier's Insurance Agent
Insurance Agents Information:
Phone: _____
Fax: _____

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. **U.S. Coverage** (whichever applies):
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 (whichever applies):
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.
1140 Wehrle Drive
Amherst, NY 14221
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: 716-250-3465 or email to: carrierdev@logisticdynamics.com

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

Thank you for help!
Logistic Dynamics, Inc.

Carrier Safety Questionnaire

Carrier Legal Name: _____ MC#: _____

Operations Manager: _____

Phone: (____) _____ - _____ Ext: ____ Phone 2: (____) _____ - _____

Fax: (____) _____ - _____ Email: _____

1. Does your company follow DOT Regulations?

YES or NO (Circle One)

2. What is your safety rating per the FMCSA?

Satisfactory – Unsatisfactory – Conditional – None (Circle One)

3. Who manages your Driver's Logs?

Name: _____ Phone: (____) _____ - _____

Print Name: _____ Date: _____

Signature: _____

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

LOGISTIC DYNAMICS, INC. – CARRIER PROFILE

1140 Wehrle Drive Toll Free: 1-800-554-3734
 Arden, NY 14221-7748 Fax: 716-250-3465 www.logisticdynamics.com
Carrierdev@logisticdynamics.com



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: _____ M/V# _____ SIC Code: _____

Main Address: _____

Remit to Address (If different from above): _____

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

Carrier Name(s): _____ Phone: (_____) _____ Email(s): _____

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

Do you want online access to our available loads? Yes ___ No ___ Email Address: _____

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

UNITED STATES

ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
AK	CO	CA	KS	MA	MT	NM	OK	SD	VA				
AL	CT	ID	KY	MI	NC	NY	OR	TX	WA				
AR	DE	IL	LA	MN	NV	NC	PA	TX	WA				
AZ	DC	IN	ME	MS	NH	ND	RI	UT	VI				
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):

ORIGIN

DESTINATION

_____ to _____
 _____ to _____
 _____ to _____

Is your company O TPA Certified? _____ If YES, please provide RV number _____ and fax certification to 716-250-3465

Is your company HAZMAT Certified? _____ Is your company participating in the U.S. Government EPA SmartWay Program? _____

How do you track your drivers? GPS _____ Cell Phone _____ Other: _____ If GPS, can LD have access online? Yes ___ No ___

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?

Power Only: Yes ___ No ___ Satellite Equipped: Yes ___ No ___ Team Drivers: Yes ___ No ___ Drop Trailer: Yes ___ No ___

Expedited Service: Yes ___ No ___ Alcohol Permits: Yes ___ No ___ Heavy Haul: Yes ___ No ___

Van-Equipment Accessories

R-Trac ___ Hatches ___ Decking ___ Lift gate ___ Garment ___ Pallet/Blanket Wrap ___ Pallet Jack ___ Roller Floor ___

EQUIPMENT INFORMATION BREAKDOWN: NUMBER & 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 at www.LDiCarriers.com/register.aspx

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

1 Day Quick Pay = 1 business day less 5% + \$15.00 comcheck fee – email: quickpay@logistidynamics.com

5 Day Quick Pay = 5 business days less 3% + \$15.00 comcheck fee – email: quickpay@logistidynamics.com

FUEL ADVANCE INFORMATION:

- Total advance will be equal to or less than 30% of negotiated rate up to \$2000.00
- There will be a \$15.00 processing fee for each advance given. This fee is NOT taken out of the comcheck, but off the final settlement
- The comcheck numbers will be given directly to the person that sends their driver's license by Agent Support
- Agent Support must receive a copy of the BOL signed by driver when loaded, a CLEAR license & CURRENT truck registration before a fuel advance will be given.
- Fuel Advances are issued between 8:30am – 5:30pm EST Monday – Friday – NO ADVANCES will be given after Normal Business Hours.

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 1140 Wehrle Drive, Amherst, NY 14221; hereinafter referred to as "The Broker", and ILLWA contract Motor Carrier.

Carrier Name: _____ MC# _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____

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/CEO
(Title)

(Title)

Request for Taxpayer Identification Number and Certification

Give Form to the
requestor. 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"/> Limited liability company. Enter the tax classification (S-Corporation, S-S corporation, Partnership, etc.) Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box on 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 2) I exempt payee code (if any) Exemption from FATCA reporting code (if any) Applies to accounts located outside the U.S.	
	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 2. 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 2.

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									
				-					

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Return developments. Information about developments affecting Form W-9 (such as legislation enacted after its release) is at www.irs.gov/efile.

Purpose of Form

An individual or entity (Form W-9 requestor) 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 (miscellaneous income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by broker)
- Form 1042-S (dividends from real estate transactions)
- Form 1042-K (withhold on nonresident alien and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (corrected 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 within 30 days, 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 (if 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, you are not subject to the withholding tax on foreign partnership 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.



BILLING & CREDIT INFORMATION

All freight bills and invoices should be mailed to:

Logistic Dynamics, Inc.
1140 Wehrle Drive
Buffalo, NY 14221
<http://www.logisticdynamics.com>
Corporate Headquarters: 1-800-554-3734

MC# 471231
Federal Tax ID# 20-0281902
DUNS# 14-187-6248
SCAC: LDYN

Quick Pay Email: quickpay@logisticdynamics.com
Payables Email: payables@logisticdynamics.com
Payables Fax: 716-817-2204

CREDIT REFERENCES & DETAILS BELOW

Bank Information

HSBC Bank
95 Washington Street 1st Floor
Buffalo, NY 14273
Phone: 716-841-8783
Fax: 212-642-1888
Account# 716946335
Contact: Joseph Burden

Surety Bond

Transportation Intermediaries Association (TIA)
1625 Prince Street, Suite 200
Alexandria, VA 22314
Phone: 703-299-5711
Fax: 703-836-0123
Contact: Nancy O'Liddy

CARRIER REFERENCES

Lucky Carriers LLC – MC# 827646

Clute, TX 77531
Phone: 956-279-5592
Fax: 979-529-2904
Contact: Paulina Solis

EW Whylic Corp – MC# 149406

West Fargo, ND 58078
Phone: 919-292-0097
Fax: 919-292-3099
Contact: Phil Lett

Max Waltz Trucking – MC# 304711

Walton, IN 46884
Phone: 574-732-1524
Fax: 574-753-0289
Contact: Max Waltz

Hi-Plains Sunflower Co – MC# 142422

Denver, CO 80216
Phone: 303-425-4432
Fax: 303-425-3018
Contact: Liz Watson

Averitt Express – MC# 121600

Cookeville, TN 38502
Phone: 913-520-5684
Fax: 800-325-1907
Contact: Chris Stone



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 2016 – Bond 13940, with a limit of \$100,000

A handwritten signature in black ink, appearing to read 'M Riccio'.

Michael Riccio
Chairman
TIA Services

A handwritten signature in black ink, appearing to read 'Robert A. Vollmann'.

Robert A. Vollmann
President & CEO
Transportation Intermediaries Association



Assure Assist, Inc. Certificate of Insurance Requests

Please be advised that our company utilizes the services of the insurance monitoring company, Assure Assist, Inc. If needed, Assure Assist may contact you and your insurance agent to obtain a certificate of insurance.

In addition to our certificate request instructions, please cooperate with their request, as they provide us with an extremely valuable service.

Certificate Holder Information: Assure Assist, Inc. 543 Country Club Dr. Unit B338, Simi Valley, CA 93065

Send Certificate to: ca@assureassist.com or fax to 818-401-0585

If you have any questions or concerns regarding Assure Assist, Inc., feel free to email them at help@assureassist.com or call them at 818-453-8591.