

# TOTAL QUALITY LOGISTICS

# ACCOUNT APPLICATION



EXCEED THE CUSTOMERS' EXPECTATIONS AT ALL TIMES AND HANDLE THEIR TRANSPORTATION REQUIREMENTS FROM THE MOMENT OF PICK UP UNTIL DELIVERY, 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR.

## COMPANY INFORMATION

Federal ID #20-5152109  
MC #322572  
Blue Book #203922  
Red Book #285135  
D & B #79-145-9410  
SCAC Code: TQYL

## INSURANCE COMPANY

C. Edward Lovins Insurance Agency  
122 Water Street  
Milford, OH 45150  
Mark Brokamp  
513-831-7900  
Certificate available upon request

## BANKING INFORMATION

Fifth Third Bank  
38 Fountain Square Plaza  
Cincinnati, OH 45263  
Timothy P. Kelly  
513-579-4165

## INDUSTRY RANKINGS

- Blue Book - 40000M XXXX AA "Elite Transportation Member"
- Red Book - A\*\*\*\*I "Business Character Award"
- Dun & Bradstreet - 5A2 (DUNS #79-145-9410)
- TIA Member - P3 Partner (Platinum Performance Program)
- National Association of Small Trucking Companies (NASTC) - Best Broker Member
- Better Business Bureau - Satisfactory Rating (highest possible rating)
- Member of the SmartWay Transport Partnership

## TQL FAST FACTS

- Serving the US and Canada full-truckload market since 1997
- Ranked by Transport Topics as one of the nation's top freight brokerage firms
- Currently employs more than 3,000 nationwide
- Moves more than 20,000 loads per week
- Thousands of customers across North America
- Cutting edge technology solutions
- Available 24/7/365

# TOTAL QUALITY LOGISTICS

# ACCOUNT APPLICATION

## ACCOUNT AGREEMENT

\* Indicates required field

*Company Name _____	Year Business Started _____
*Physical Address _____ _____	Are you a Sole Proprietor? _____
*Billing Address _____ _____	*Federal ID Number _____
*Telephone Number _____	*Tax ID _____
*Fax Number/Email _____	*Entity Type _____
D & B Number _____	Will we be billing a third party? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
Provide Stock Symbol _____ (For Publicly Traded Companies ONLY)	Will we be invoicing other locations? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO

## MAXIMUM LOAD VALUE (CIRCLE ONE)

a.) \$0-\$50K      b.) \$51K-\$100K      c.) \$101K-\$250K      d.) \$251K-\$500K      e.) \$501K+

Estimated Number of Weekly Loads \_\_\_\_\_

## BANK REFERENCE

Name _____	Phone Number _____
Manager _____	Email Address/Fax Number _____
Branch Transit Number _____ (Required for Canadian-based bank references)	Checking Accounting Number _____

## CREDIT REFERENCES

Company Name	Phone Number	Contact Name	Address	Email
1 _____				
2 _____				
3 _____				

\_\_\_\_\_  
Initials

# TOTAL QUALITY LOGISTICS

# CUSTOMER APPLICATION

## BILLING SPECIFICATIONS

\* Indicates required field

\*Company Name \_\_\_\_\_

1. To process payment, may we exclude bills of lading from your invoice? (Check one) ☐ YES ☐ NO

2. Do you accept invoices via email? (Check one) ☐ YES ☐ NO  
Copies of the bills of lading can be attached if necessary for payment processing.

\*A/P Contact Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Fax Number \_\_\_\_\_

\*Email \_\_\_\_\_

3. TQL is capable of Electronic Data Interchange (EDI) transactions.

Can we contact you to discuss EDI options? (Check one) ☐ YES ☐ NO

If yes, please provide contact name and number \_\_\_\_\_

4. Are your loads pallet exchange? (Check one) ☐ YES ☐ NO

5. Do you reimburse for unloading charges? (Check one) ☐ YES ☐ NO

6. Who can we contact within your company for processing invoices via ACH/EFT?

ACH/EFT Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please add any additional billing requirements/comments below:

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\_\_\_\_\_  
Initials

# TOTAL QUALITY LOGISTICS

# ACCOUNT APPLICATION

## TERMS AND CONDITIONS

Customer Name \_\_\_\_\_

1. Customer hereby certifies that information furnished in this application is current and accurate. The term of this agreement shall be for one (1) year and shall automatically renew for successive one (1) year periods; provided, however, that either party may terminate this agreement on 30 days written notice to the other party. If the parties continue to conduct business after termination, the provisions of this agreement will continue to apply.
2. Our payment receiving terms are NET 30 days from invoice date.
3. Customer affirms that it is solvent, is not currently a party to any bankruptcy proceeding, is not being dissolved or otherwise liquidating its assets and can satisfy all financial obligations to TQL. Customer affirms that there are no open judgments, suits, or liens against Customer.
4. Finance charge of 1.5% per month (18% annum) added to accounts 30 days or more past due.
5. If TQL utilizes the services of a collection agency or attorney to collect any amounts due, Customer agrees to pay all associated collection costs, attorney fees, and court costs.
6. Customer will promptly notify TQL of any change in ownership.
7. Customer understands that TQL is a transportation broker only who arranges the transportation of freight by an independent third party motor carrier. Customer agrees that TQL will not fill out Bills of Lading and cannot be listed on Bills of Lading as the delivering carrier.
8. TQL records phone calls for quality assurance and training purposes.
9. In the event of cargo loss or damage, Customer must file a claim for the loss with TQL within nine (9) months from the date of such loss, shortage or damage, which for purposes of this agreement shall be the delivery date or, in the event of non-delivery, the scheduled delivery date. Customer agrees to assist TQL in the pursuit of a claim, including confirming the validity of the claim and claim amount with determination. If TQL pays a claim, Customer automatically assigns any and all of its rights and interest in the claim to TQL.
10. Customer understands motor carriers under contract with TQL are required to maintain cargo loss and damage liability insurance in the amount of \$100,000.00 per shipment. By signing below, Customer acknowledges that loads valued in excess of \$100,000.00 will not be tendered without first giving written notice to allow TQL and/or the contracted motor carrier the opportunity to arrange for increased insurance limits. Failure to provide written notice will result in your loads being insured with a maximum liability of \$100,000.00.
11. The state courts located in Clermont County, Ohio shall have exclusive and irrevocable jurisdiction and shall be the exclusive venue with respect to any claim, counterclaim, dispute or lawsuit arising in connection with any transactions, loads, or other business between Total Quality Logistics and Customer.
12. In the event Customer is negligent or breaches the terms of this Agreement and there is a resulting claim, lawsuit or damages asserted against TQL, it agrees to indemnify, defend and hold TQL harmless to the fullest extent of the law.
13. By signing below, Customer acknowledges that the individual executing this agreement has authority to do so and further authorizes TQL to contact each and every credit/bank reference provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



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

400 7th Street SW  
Washington, DC 20590

**Service Date**  
December 15, 2006

**LICENSE**  
**MC-322572-B**  
TOTAL QUALITY LOGISTICS, LLC  
CINCINNATI, 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 "Angeli Sebastian".

Angeli Sebastian, Chief  
Information Systems Division

**NOTE:** This registration is issued pursuant to a transfer.

BPO-A



# CERTIFICATE OF LIABILITY INSURANCE

TOTAL-1

OP ID: MG

DATE (MM/DD/YYYY)

08/12/2015

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).

<b>PRODUCER</b> C Edward Lovins Ins Agency Inc 122 Water Street Milford, OH 45150 Mark J. Brokamp	<b>CONTACT NAME:</b> Mark J. Brokamp <b>PHONE (A/C, No, Ext):</b> 513-831-7900 <b>FAX (A/C, No):</b> 513-831-6774 <b>E-MAIL ADDRESS:</b> mbrokamp@lovins-ins.com																					
<b>INSURED</b> Total Quality Logistics LLC 4289 Ivy Pointe Boulevard Cincinnati, OH 45245	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>American Fire &amp; Casualty Co.</td><td>24066</td></tr><tr><td>INSURER B:</td><td>Ohio Casualty Insurance Co</td><td>24074</td></tr><tr><td>INSURER C:</td><td>North River Insurance Company</td><td>21105</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Fire & Casualty Co.	24066	INSURER B:	Ohio Casualty Insurance Co	24074	INSURER C:	North River Insurance Company	21105	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:****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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	BKA56793321	09/10/2015	09/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	BAO55568300	09/10/2015	09/10/2016	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			*CARRIERS/LIMITS	09/10/2015	09/10/2016	EACH OCCURRENCE \$ 49,000,000 AGGREGATE \$ 49,000,000 SEE NOTES
B	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 <input type="checkbox"/>	N / A	XWO55747393 EMPLOYERS LIABILITY	09/10/2015	09/10/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Motor Truck Cargo			BKA56793321 ALL RISK	09/10/2015	09/10/2016	Coverage 100,000 Ded 1,000

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

Certificate holder is additional insured and waiver of subrogation applies per general liability form CG8810 and auto liability form CA8810 if required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

<b>Total Quality Logistics</b> "Proof of Insurance" 4289 Ivy Pointe Boulevard Cincinnati, OH 45245	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Mark Brokamp</i></p>
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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.

**TOTAL QUALITY LOGISTICS, 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:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **P**

**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.

☐ 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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

**P.O. BOX 799**

6 City, state, and ZIP code

**MILFORD, OH 45150**

Requester's name and address (optional)

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

2 0 - 5 1 5 2 1 0 9

## 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 ▶

*James E. Perkinson* Director of Accounting

Date ▶ 1/2/2015

## 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/fv9](http://www.irs.gov/fv9).

## 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.