



Carrier Agreement Packet

Information carrier must submit to broker:

- 1) Completed W-9 (**must be Revision 2014 or Later**)
- 2) Copy of Carrier Transport Authority
- 3) Certificate of Insurance:
 - i. **Showing RoadMasters Transport Brokerage as the certificate holder**
 - ii. With \$100,000.00 Cargo coverage and \$1,000,000.00 in Liability
- 4) Completed Broker Agreement (**must initial each page**)
- 5) Completed Carrier/Broker Company Information Sheet
- 6) No load will be assigned or paid without verification and approval of Carrier application by Broker and Corporate Office.

Procedures to follow while under RoadMasters Transport Brokerage Load:

- 1) Make a check call every morning by 10:00AM (CST) to your Broker.
- 2) Report any problems that arise in transport to your Broker and the shipper of the load **immediately**.
- 3) Carrier needs to specify how they wish to be paid: Company Check or Quick Pay (5% fee of total freight bill). Quick pay is only available for established customers and pre-approval from RoadMasters' corporate office.
- 4) In Addition, Carrier will adhere to the Carrier Pay Policy outlined below and submit proper documentation promptly upon delivering.

Carrier Pay Policy:

Documents Required for Settlements:

- 1) Carrier Invoice
- 2) Notice or Assignment or Release from Factoring Company (when applicable)
- 3) Signed RoadMasters Rate Confirmation Sheet
- 4) Original Proof of Delivery or legible scanned Proof of Delivery
- 5) Any other documents required by dispatch office

We request that all required documents for each load be scanned and indexed by the carrier through Transflo Velocity to allow RoadMasters' corporate office to begin the billing and pay processes as soon as possible after delivery is made.

RoadMasters Transport Brokerage, LLC's Velocity code is: **RMSTV**

To download Velocity, please visit the website below, and click the FREE DOWNLOAD button.

<http://www.pegasustranstech.com/transflo-velocity>

It is important that all documents have the correct (RoadMasters) Order Number and Carrier ID chosen when sent through Velocity. This will allow the system to properly match and attach those documents, avoiding any delays.

If you need assistance with your Carrier ID, please contact our corporate office: (903) 675-8550 Ext. 234

If the carrier chooses to mail original documents, they will be processed in order of receipt.



[Carrier Profile]

Name [First, Middle, Last]: _____ Phone 1: _____

Company Name: _____ Phone 2: _____

Address: _____ Fax: _____

City, State: _____ Zip: _____ Country: _____

Tax ID #: _____ ID Type: _____ Social Security _____ Federal ID

MC #: _____ DOT # _____ SCAC _____

Email: _____ Contact: _____

RoadMasters Dispatcher you are working with currently: _____

Commodities Hauled: _____

Equipped to haul Mobile or Modular Homes and Offices: Yes No

Cargo Insurance Limit: _____ Liability Insurance Limit: _____

[Carrier Remit To Profile] *If Different from above*

Is this Remit To a Factoring Company? Yes No

Name [First, Middle, Last]: _____ Phone 1: _____

Company Name: _____ Phone 2: _____

Address: _____ Fax: _____

City, State: _____ Zip: _____ Country: _____

Tax ID #: _____ ID Type: _____ Social Security _____ Federal ID

Email: _____ Contact: _____

Credit Reference

Company:

RoadMasters Transport Brokerage, LLC
P O Drawer D
Athens, TX 75751
MC-524687-B
Federal ID- 84-1677565

Owner:

Chuck Ladd

Bank Reference:

Frost Bank
Contact: Roman Cooper
2727 N. Harwood, 10th Floor
Dallas, TX 75201
Ph.: 214-515-4900 Fax: 214-515-4944

Trade Reference:

Admiral Merchants Motor Freight
215 South 11th Street
Minneapolis, MN 55403
Phone: 612 332 4819
Fax: 866 880 3566

CR Transport, INC
1225 East Washington Street
Joliet, IL 60433
Phone: 800 327 8661
Fax: 815 774 9970

Hill Farm Trucking, LLC
P O Box 939
Denham Springs, LA 70727
Phone: 225 620 1361
Fax: 225 243 5268

Carrier Reference:

JB Transport, LLC
P O Box 129
Sandy Hooks, MS 39478
Phone: 601 736 1151
Fax: 601 222 2440

First Solar
350 W Washington St, Ste. 60
Tempe, AZ 85281
Phone: 602 414 9300
Fax: 602 414 9400

Welspun Tubular, LLC
9301 Frazier Pike
Little Rock, AR 72206
Phone: 501 301 8800
Fax: 501 490 1759



BROKERAGE AGREEMENT

This Agreement made this _____ day of _____, 20____ between RoadMasters Transport Brokerage, LLC, PO Drawer D, Athens, TX, 75751 (hereinafter referred to as "Broker") and _____ (hereinafter referred to as "Carrier").

PREMISES

- A. Broker is a corporation duly organized and existing for the purpose, among others, of arranging for the transportation of property by motor vehicle under its authority as a for-hire broker and subject to the provisions of the Interstate Commerce Act and to the extent applicable the relevant laws of the several states within which operations may be conducted: and
- B. Carrier is a motor carrier in the interstate commerce holding authority issued by the Interstate Commerce Commission (hereinafter "ICC") under docket number MC _____ and Sub Numbers thereto, authorizing the movement of freight. A copy of Carrier's pertinent authority is attached hereto as Exhibit A.

NOW THEREFORE, in consideration of the mutual covenants, conditions and agreements set forth in this agreement, the parties agree as follows:

1. Transportation - Carrier agrees to provide the Broker with truck transportation service for the transportation of various commodities between points within the scope of Carrier's authority as identified on Exhibit A attached hereto.

2. Compensation: Billing of Customers - Carrier shall receive as compensation for transportation provided under this agreement the rates and charges as are published or agreed upon by Carrier and Broker and to the extent required by the ICC, shall be published in appropriate ICC tariffs. Mileage used in computing charges will be determined in accordance with the then current issue of the Mileage Guide issued by Household Goods Carrier's Bureau, Inc. Carrier and Broker agree that Broker shall bill the customer directly. Carrier agrees that it shall not bill the consignor/consignee or any third party directly nor shall it accept payment from any consignor/consignee or any third party for providing transportation under this agreement. Carrier shall invoice Broker for the prescribed charges and shall forward to Broker, along with the invoice, an original signed delivery receipt, the original shipping document and any other documentation required by Broker for each shipment listed on the invoice for which Carrier seeks payment. Broker shall make full payment of the invoice to Carrier within not more than thirty, (30) days after it is paid on such shipment. Failure of Carrier to object in writing to Carrier's settlement within ten (10) days of receipt of same, will constitute acceptance of settlement by Carrier and thereby waive any future objection Carrier may have to such settlement. The rates and charges shall remain in effect until such time as either party gives the other party notice of a desire to renegotiate a rate or charge within thirty, (30) days following either party's receipt of such notice. In the event either part proposes a modification to such rates and charges and agreement on such proposal is not attained within thirty, (30) days of both parties receipt of such proposal, either party upon the giving of thirty, (30) days written notice may terminate this agreement thereafter.

3. Bills of Lading: Carrier's Report - Each incident of transportation of property pursuant to this agreement shall be evidenced by a written Bill of Lading, showing the kinds and quantity of property received and delivered by Carrier at the loading and unloading points, respectively. Such Receipt shall be prima facie evidence of receipt of such property in good order and condition, unless such property is not readily observable or as may be otherwise noted upon the face of the Bill of Lading. Copies of the Bill(s) of Lading shall be retained by Carrier for one (1) year or at least the period of time required by the ICC, whichever is greater and shall be available for inspection and use by Broker or third parties designated by Broker. Any exceptions noted by the consignee(s) on the Bill



of Lading relating to any shipment moved under this agreement shall constitute prima facie evidence that the goods received by the consignee(s) were not received in good order and condition.

4. Control of Transportation Service – Carrier shall provide all facilities and equipment and properly licensed drivers and other personnel necessary to perform the required transportation service in a safe and efficient manner. Carrier shall provide, operate and maintain in good working condition, the motor vehicles and related equipment necessary for the performance of transportation service under this agreement. Carrier shall have sole and exclusive control over the manner in which Carrier and its employees or contractors perform any transportation service provided for hereunder and Carrier shall engage and employ such individuals as it may deem necessary in connection therewith; it being understood and agreed that such individuals shall be considered employees of or independent contractors controlled solely by Carrier and shall not be considered, under any circumstances, as employees of or independent contractors controlled by Broker and/or any third parties which Broker represents and/or the consignor/consignee on any shipment which moves under this agreement.

5. Carrier's Liability – Carrier shall be liable for full actual loss resulting from loss, damage, injury or delay on shipments transported under the terms of this agreement. Full actual loss is the replacement cost of freight tendered to the carrier for transport. All claims for loss and damage shall be handled and processed in accordance with regulations published in the Code of Federal Regulations at 49 CFR Part 370. The terms, conditions or provisions of the governing bill of lading or any other shipping form, tariff or rule utilized shall be subject and subordinate to the terms of this agreement and, in the event of a conflict, this agreement shall govern. This contract cannot be changed, modified, limited or supplemented by reference to any carrier rates, rules, classification, practice, schedule or tariff.

6. Indemnification – Carrier shall indemnify and hold harmless Broker and parties which Broker represents and consignors/consignees of shipments moving under this agreement, without limitation, from and against all loss, damage, fines, expense, actions and claims for injury to persons (including injury resulting in death) and damage to property or cargo where such loss, damage, fines, expenses, actions or injury are caused by acts of omissions of Carrier, its drivers, agents, or employees in performing the services provided for under this agreement. Carrier agrees that it or its insurance carrier shall provide counsel to defend any and all lawsuits and/or workmen's compensation claims and/or consignors/consignees of shipments moving under this agreement are named parties to a lawsuit as a result of any Carrier operations performed under this agreement. Carrier agrees to pay all claims, judgments, attorneys' fees and costs of any litigation brought against Broker, parties represented by Broker and/or consignors/consignees of shipments moving under this agreement and Carrier shall hold Broker, parties represented by Broker and/or consignors/consignees of shipments moving under this agreement harmless for all claims, judgments, attorneys' fees and costs of litigation as concerns Carrier operations performed under this agreement if caused by acts of omission of carrier.

7. Insurance – Carrier will procure, maintain, enforce continuously through the term of this agreement and provide written proof to Broker of its coverage under each of the following types of insurance prior to carriage of traffic under this agreement:

7.1 Insurance required under the Workmen's Compensation Laws of the states in which the transportation service shall be performed, covering Carrier and its employees in such amounts as are required by the statutes of said states. Broker, parties represented by broker and/or consignors/consignees on any shipment which moves under this agreement shall have no responsibility to either defend any workmen's compensation claim which arises due to Carrier's operations under this agreement or to pay any awards resulting from such claims.

7.2 Automobile Bodily Injury and Property Damage Insurance protecting against claims for bodily injury, including accidental or intentional death and loss of or damage to tangible property in at least the amount of One Million and no/100 dollars (\$1,000,000.00), such not being lower than limits required by the Interstate Commerce Commission, U.S. Department of



Transportation, Federal Highway Administration or other governmental body having jurisdiction to prescribe insurance requirements for interstate and/or intrastate for-hire carriers. Policy must also have a double wide endorsement and have excess liability for at least Three Million Dollar (\$3,000,000.00). Said insurance will name Broker as certificate holder. The parties agree that said policies will contain an agreement from the insurance carrier to provide written notice to Broker in the event that such policies are canceled or the limits of the coverage are reduced.

7.3 Cargo Insurance in at least the amount of One Hundred Thousand and no/100 dollars (\$100,000.00). Said insurance shall name Broker as a certificate holder and shall provide for written notice to Broker in the event of cancellation or the limits of coverage are reduced.

7.4 In the event Carrier's cargo insurance falls below the sum of One Hundred Thousand and no/100 dollars (\$100,000.00) said Carrier will be subject to approval on a load to load basis. Carrier shall be solely responsible for cargo liability, whether or not such cargo value exceeds Carrier's maximum cargo insurance coverage.

8. Claims for Loss or Damage – Carrier shall, within 30 days of receipt of a claim, acknowledge its receipt in writing to the party which has filed the claim and to Broker, in the event that Broker was not the party who filed the claim in the first instance. Carrier shall indicate in its acknowledgement what, if any, additional documentary evidence or other pertinent information may be required by it to further process the claim. Carrier shall promptly and thoroughly investigate each claim filed. Carrier shall pay, decline or make a firm compromise settlement offer in writing to the party filing the claim and Broker within 120 days after receipt of the claim; however, if the claim cannot be disposed of within 120 days, Carrier at that time and at the expiration of each succeeding 60-day period while the claim remains pending, advise the party filing the claim and Broker in writing of the status of the claim and the reason for the delay in making final disposition thereof. Any suit to be instituted against Carrier shall be commenced not more than three, (3) years from the day Carrier gives notice that it has declined the claim or any part thereof. Whenever property is damaged or alleged to be damaged and is, as a consequence thereof, not delivered or is rejected upon tender of such property to any consignee or person entitled to receive such property, Carrier, after giving due notice to the parties that may have an interest in the property and unless advised to the contrary, shall undertake to sell or dispose of such property directly or by employment of a competent salvage agent. Carrier shall only dispose of the property in a manner that will fairly and equally protect the interest of all persons having an interest therein. Regardless of the foregoing procedures, the parties specifically agree that Broker shall have the right to offset the amount of any loss, damage or other claims against any rates and charges due to Carrier under Paragraph 2 above and that Carrier shall make no claim on Broker, any third party which Broker represents and/or any consignor/consignee of traffic moved under this agreement for the amount of such offset.

9. Scheduling for Loading and Unloading – Upon reasonable request by Broker, consignee or others designated by them, Carrier will, without additional charge, prearrange schedules for arrival of vehicles for loading and unloading. Such schedules may be on a one time or continuous basis mutually agreeable to all parties. In the absence of a prearranged schedule, Carrier will have equipment available for loading within a reasonable time after having been notified by Broker.

10. Confidentiality – Neither party shall divulge to any third party (a) the terms of this agreement or (b) any proprietary information derived in the course of performance of this agreement. Carrier specifically agrees that it shall not reveal the terms on which it provides transportation to any third party represented by Broker and/or consignee/consignors of any shipment moving hereunder.

11. Term – This agreement shall become effective on the date hereof and shall remain in effect until terminated by either party upon not less than ten (10) days prior written notice. Nothing in this paragraph shall be construed as limiting or superseding any right of cancellation or termination of this agreement as may be specified in any other paragraph of this agreement.



12. Status – The parties understand and agree that Broker operates as an independent contractor for the purpose of arranging transportation of goods for various consignors/consignees.

13. Non-Compete – Carrier further agrees to not directly solicit freight from shippers that it hauled for as a result of the efforts of Broker under this agreement for a period of one (1) year after termination of this agreement. Should Carrier breach the above provision, it is understood between the parties that damages to Broker would be hard to calculate. Therefore, the parties have stipulated and agreed that should Carrier breach the above provision, the sum of Twenty-five Thousand and no/100 dollars (\$25,000.00) shall be paid by Carrier to Broker upon demand.

14. Breach and Termination – Notwithstanding other provisions in this agreement relating to termination, the parties agree and understand that Broker may terminate this agreement immediately on material breach by Carrier. Such material breach shall include, but not be limited to, any of the following events:

- a) Carrier's failure to provide the required cargo insurance, workmen's compensation insurance and/or property damage and bodily injury insurance in the amounts and under the conditions required herein;
- b) Broker's receipt of notice that any required Carrier insurance hereunder has been revoked by the insured;
- c) Carrier's failure to comply with the hold harmless and indemnification provisions of this agreement;
- d) Any instance where Carrier, its agents or representatives solicit any consignor/consignee whose traffic moves under this agreement where Carrier or its agents or representatives attempt to secure the direct routing of such freight. Any act of such back-solicitation shall be cause for termination of this agreement. Such termination shall not affect any rights, which Broker has against Carrier under this agreement.

15. Titles – The heading, titles, and captions used in the agreement and in the Exhibit attached hereto are, unless specified otherwise, for convenience only and shall not be deemed to limit, amplify or modify the terms of this agreement nor affect the meaning of it.

16. Notices – Whenever this agreement requires or permits any consent, approval, notice, request or demand from one party to another, the consent, approval, notice, request or demand must be given in writing to be effective and shall be deemed to have been given on the day after it is enclosed in an envelope, addressed to the party to be notified at the address stated below (or at such other address as may have been designed by written notice), properly stamped, sealed and deposited in the United States mail, Certified Mail-Return Receipt Requested. The address of each party for the purposes hereof is as follows:

Broker:

RoadMasters Transport Brokerage, LLC
PO Drawer D
Athens, TX 75751

Carrier:

Name: _____
Address: _____
City/State/Zip: _____

17. Survival – All covenants, agreements, representations and warranties made in this agreement shall survive all closing hereunder for a period of three (3) years from the date of this agreement.



18. Entire Agreement – This agreement constitutes the entire agreement by and between the parties hereto pertaining to the subject matter hereof and supersedes all prior or contemporaneous understandings and negotiations or discussions, whether written or oral, of the parties.

19. Amendments or Modifications – The parties hereto may amend or modify this agreement or the instruments given and executed pursuant to the terms of this agreement only by written instrument executed by the Carrier and Broker with the sole exception being that the rates and charges referred to herein may be verbally modified by mutual consent of both parties provided that written confirmation of said modification is received by the party against which the modification is sought within ten (10) days.

20. Counterparts – This agreement may be executed in counterparts and each such counterpart shall have the same effect as the original.

21. Incorporation by Reference – Any Exhibit referred to herein is expressly incorporated into this agreement by this reference and made a part hereof.

22. Governing Law – The substantive laws of the State of Texas shall govern the validity, construction, enforcement and interpretation of this agreement and the documents, instruments or agreement executed and delivered pursuant to the terms of this agreement unless otherwise specified therein and proper venue on any suit arising under this agreement shall be in Henderson County, Texas.

23. Invalid Provisions – If any provision of this agreement is held to be illegal, invalid or unenforceable under present or future laws effective during the term of thereof, such provisions shall be fully severable and this agreement shall be construed and never comprised a part of this agreement. Furthermore, in lieu of such illegal, invalid or unenforceable provision, there shall be added automatically as a part of this agreement a provision as similar in terms to such illegal, invalid or unenforceable provision as may be possible and be legal, valid and enforceable.

24. Parties Bound – This agreement shall be binding upon and inure to the benefit of each of the parties hereto and their respective heirs, successors and assigns.

The signature below certifies that I have read and understand all pages of the packet in its entirety.

BROKER:

RoadMasters Transport Brokerage, LLC

PO Drawer D

Athens, TX 75751

MC# 524687 Federal ID # 84-1677565

RoadMasters' Rep Signature: _____

CARRIER:

Name: _____

Address: _____

City/State/Zip: _____

MC#: _____ Federal ID#: _____

Carrier Rep Signature: _____

Credit Reference

Company:

RoadMasters Transport Brokerage, LLC
P O Drawer D
Athens, TX 75751
MC-524687-B
Federal ID- 84-1677565

Owner:

Chuck Ladd

Bank Reference:

Frost Bank
Contact: Roman Cooper
2727 N. Harwood, 10th Floor
Dallas, TX 75201
Ph.: 214-515-4900 Fax: 214-515-4944

Trade Reference:

Admiral Merchants Motor Freight
215 South 11th Street
Minneapolis, MN 55403
Phone: 612 332 4819
Fax: 866 880 3566

CR Transport, INC
1225 East Washington Street
Joliet, IL 60433
Phone: 800 327 8661
Fax: 815 774 9970

Hill Farm Trucking, LLC
P O Box 939
Denham Springs, LA 70727
Phone: 225 620 1361
Fax: 225 243 5268

Carrier Reference:

JB Transport, LLC
P O Box 129
Sandy Hooks, MS 39478
Phone: 601 736 1151
Fax: 601 222 2440

First Solar
350 W Washington St, Ste. 60
Tempe, AZ 85281
Phone: 602 414 9300
Fax: 602 414 9400

Welspun Tubular, LLC
9301 Frazier Pike
Little Rock, AR 72206
Phone: 501 301 8800
Fax: 501 490 1759



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

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

SERVICE DATE
June 5, 2015

DECISION
MC-524687
ROADMASTERS TRANSPORT BROKERAGE LP
ATHENS, TX
REENTITLED
ROADMASTERS TRANSPORT BROKERAGE LLC

On May 27, 2015, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as ROADMASTERS TRANSPORT BROKERAGE LLC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: June 2, 2015
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
RoadMasters Transport Brokerage 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) ▶ **S**
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.)
PO Drawer D (physical: 1201 Hwy 175W)

6 City, state, and ZIP code
Athens TX 75751

7 List account number(s) here (optional)

Requester's name and address (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

8	4	-	1	6	7	7	5	6	5
---	---	---	---	---	---	---	---	---	---

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 ▶ **1-1-2017**

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2017

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 Regions Insurance, Inc. 2000 Richmond Rd Suite 210 Texarkana, TX 75503	CONTACT NAME: PHONE (A/C. No. Ext): 903-336-6400		FAX (A/C. No.): 903-223-5991
	E-MAIL ADDRESS: 		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Evanston Insurance Company			35378
INSURER B: Underwriters at Lloyds			15792
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 36523709

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:			TGL0102-02	4/18/2017	4/18/2018	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
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WBS0250-01 Contingent Auto	4/18/2017	4/18/2018	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 DED 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	\$

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

CERTIFICATE HOLDER**CANCELLATION**

For Insurance Verification
Please fax company information
to 903-793-7601 for completed
certificate of insurance.

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

Adam Beck



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2017

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 Texas-Hub International Transportation Insurance S 18601 LBJ Freeway Suite 200 Mesquite TX 75150	CONTACT NAME: Sharon Moody PHONE (A/C, No, Ext): 855-216-7718 E-MAIL ADDRESS: TIS.TXCertReq@hubinternational.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURER A: AGCS Marine Insurance Company		22837
INSURED ROADTRA-06 Roadmasters Transport Brokerage LLC P.O. Drawer D Athens TX 75751	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1594449663

REVISION NUMBER:

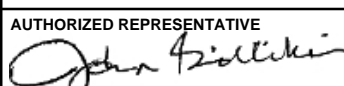
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contingent Cargo			MX193077665	6/30/2017	6/30/2018	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 Insurance Verification Should you require a certificate listing your company as holder, please email your request to TIS.TXCertReq@hubinternational.com	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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April 14, 2016

TIM JONES
ROAD MASTER TRANSPORT BROKERAGE LP
PO DRAWER D
ATHENS, TX 75571

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **RMSB** has been renewed for:

ROAD MASTER TRANSPORT BROKERAGE LP
PO DRAWER D
ATHENS, TX 75571
MC-524687

This Alpha Code will apply only to the company name shown above through June 30, 2017. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beauregard 1st FI Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810