



**PO BOX 9066**

**Brooks, OR 97305**

**[www.trans-proinc.com](http://www.trans-proinc.com)**

**PHONE: 503-463-1422**

**FAX: 503-856-8333**

## **Carrier Service Conditions for Brokers**

Carrier agrees to transport shipments for Broker pursuant to Broker's load confirmation sheet.

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. Carrier will submit proof of delivery with an invoice to Broker. Payment terms shall be 30 days or less from receipt of invoice. Invoices aging 45 days from invoice date are considered past due and an interest rate of 1 1/2% per month will be added to the invoice amount. Invoices aging 60 days will be submitted to collections as well as First Advantage Credit Services, Inc. All fees associated with collections including legal fees will be added to invoices. Invoices past due will result in the billing of the freight directly to the shipper.

Carrier warrants to Broker that it meets 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 \$750,000 as required by federal regulation (BMC-91 on file); (c) Carrier shall hold harmless Broker for workers compensation claims.; (d) Carrier shall agree to provide certificates of insurance upon request; (e) Carrier shall be compliant with all laws upholding public safety.

Governing Rules: The following rules shall apply; (a) The terms of the standard truckload bill of lading and Carrier's service conditions; (b) Cargo claims liability as set forth in the Carmack Amendment (49 U.S.C. 14706); No special or consequential damages unless by special agreement; (c) Claims will be filed with Carrier by the Shipper.

Released Rates: All shipments shall be subject to a \$100,000 per truckload maximum, unless by special written agreement.

Shipping Document Execution: Carrier may use Broker's name as `Carrier of record` if required. At certain times, Carrier may use Independent Contractors to fulfill obligation of services. All contractors shall operate under the rules outlined in this Agreement.

Indemnification: Carrier agrees to indemnify and hold Broker harmless from any claims or loss caused by any act or omission of Carrier, its employees or agents in the performance of this Agreement or the services provided hereunder.

Law & Integration: This written Agreement and governing rules, together with any load confirmation, contain the entire agreement between the parties and may only be modified by signed written agreement. General principles of federal transportation law shall apply.

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.

TRANS-PRO, INC

BROKER

By\_\_\_\_\_

By\_\_\_\_\_

Date\_\_\_\_\_

Date\_\_\_\_\_

Please Sign & Fax Back To 503-856-8333



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### **COMPANY INFORMATION**

**ADDRESS:**

PO BOX 9066

BROOKS, OR

503-856-8333

**E-MAIL:**

[transpro@trans-proinc.com](mailto:transpro@trans-proinc.com)

**FEDERAL TAX ID NUMBER:**

93-1173950

**MOTOR CARRIER NUMBER:**

200946

**SCAC CODE:**

TPRJ

**INSURANCE COMPANY:**

Leonard Adams Insurance

Phone: 503-296-0077

Fax: 503-296-0044

**MEMBER OF:**

EPA Smart Way Transport Partnership

**TRANSPORTATION MANAGER:** Jeremy Shrock

**TRANSPORTATION MANAGER:** Paul Anderson

**ACCOUNTS MANAGER:** Shaunna Raymond



## 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. <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Trans-Pro Inc</div>	
	2 Business name/disregarded entity name, if different from above _____	
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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 (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">P.O. Box 9066</div>	Requester's name and address (optional) _____ _____
	6 City, state, and ZIP code <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Brooks, OR 97305</div>	
	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.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

or

Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

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.

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Debbie K. Stunick</i>	Date ▶ <i>7-10-15</i>
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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](http://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:
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.

DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

SERVICE DATE  
Jan 16, 2001

DECISION

No. MC-200946  
PACIFIC TRAIL LINES, INC.  
HUBBARD, OR

TRANS-PRO, INC.  
P.O. Box 9066  
Brooks, OR 97305

REENTITLED

TRANS-PRO, INC.

On Jan 09, 2001, applicant filed a request to have the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records changed to reflect a name change. Presently, this applicant has no active authority on file with the Federal Motor Carrier Safety Administration. For purposes of changing the FMCSA's records, this name change will be processed.

*It is ordered:*

The FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records are amended to reflect the carrier's name as TRANS-PRO, INC.

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 property 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, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024. If the applicant's authority has been revoked, it may submit a written request for reinstatement to the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, P.O. Box 100147, Atlanta, GA 30384-0147, accompanied by a filing fee of \$80, in addition to submitting appropriate insurance filings on the prescribed FMCSA forms. If a motor carrier has an unsatisfactory safety rating, its authority registration will not be reinstated, and it should contact the nearest FMCSA Division Office to arrange for a review of its safety compliance prior to seeking reinstatement.

Any questions regarding the action taken by the FMCSA or about procedures for reinstatement of the authority registration should be directed to (202) 358-7028/7029.

Decided: Jan 10, 2001

By the Office of Motor Carrier Enforcement.

Terry Shelton, Acting Director  
Office Data Analysis & Information Systems

PM-31  
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 200946

JERRY W. HARGUESS  
d/b/a PACIFIC TRAIL LINES  
HUBBARD, OR

SERVICE DATE

JUL 15 1987

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)\*; and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

NORETA R. MCGEE,  
Secretary.

(SEAL)

\*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

NOTE: If there are discrepancies regarding this Permit, please notify the Commission within 30 days.

DECISION

MC 200946

JERRY W. HARGUESS

d/b/a PACIFIC TRAIL LINES

HUBBARD, OR

SERVICE DATE

DEC 27 1988

Reentitled

PACIFIC TRAIL LINES, INC.

HUBBARD, OR

Decided: DECEMBER 21, 1988

ON DECEMBER 12, 1988 applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as  
PACIFIC TRAIL LINES, INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

Noreca R. McGee  
Secretary

(SZAL)

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives and household goods), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.

# Oregon Workers' Compensation Certificate of Insurance



**Certificate holder:**

TRANS PRO INC  
PO BOX 9066  
BROOKS, OR 97305

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

<b>Insured</b> All Peo Inc 17400 SW Upper Boones Ferry Rd Ste 260 Portland, OR 97224-7093	<b>Producer/contact</b> Riskpoint Insurance Advisors Blake Schellenberg 971.282.4317 sruptak@riskpointins.com
<b>Issued</b> 04/01/2017 <b>Policy</b> 951611 <b>Period</b> 04/01/2017 to 04/01/2018	<b>Limits of liability</b> Bodily Injury by Accident \$1,000,000 each accident Bodily Injury by Disease \$1,000,000 each employee Body Injury by Disease \$1,000,000 policy limit

**Description of operations/locations/special items**

In favor of leasing client: TRANS-PRO INC.  
All Operations

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE POLICYHOLDER AND CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS AND OREGON LAW. SAIF WILL ENDEAVOR TO PROVIDE WRITTEN NOTICE WITHIN 30 DAYS WHENEVER POSSIBLE.

Authorized representative

Kerry Barnett  
President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.584.9812