



**Flatbed, Heavy Haul and Specialized Freight**

**30311 Clemens Road, Westlake, Ohio 44145**

**Office: 440-835-1280**

## TRANSPORTATION SERVICE CONTRACT

CARRIER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DISPATCH CONTACT NAME: \_\_\_\_\_

THIS AGREEMENT BETWEEN NORTH SHORE LOGISTICS, INC. AND \_\_\_\_\_,  
HEREINAFTER DESIGNATED AS CARRIER.

- 1) CARRIER is a motor contract carrier of property authorized by permit number \_\_\_\_\_ (a copy of which is attached and made a part hereof) to provide transportation of property for BROKER.
- 2) The CARRIER agrees that it will transport traffic according to the terms, rates, and charges negotiated between the CARRIER and NORTH SHORE LOGISTICS, INC. and which are in effect at the time the traffic is transported.
- 3) NORTH SHORE LOGISTICS, INC. agrees to pay CARRIER for transportation services performed pursuant to such terms, rates, and charges as are agreed upon by the CARRIER and NORTH SHORE LOGISTICS, INC. at the time the traffic is transported. BROKER agrees to pay CARRIER within thirty (30) days of the receipt of freight bills accompanied by the proper paperwork.
- 4) CARRIER shall maintain cargo insurance in an amount of not less than \$100,000 to compensate BROKER, owner, shipper, or consignee for loss or damage to property in possession of CARRIER in connection with its transportation services. CARRIER shall cause its insurance carrier to forward forthwith to BROKER a standard certificate of insurance naming BROKER as additional insured, which certificate of insurance shall require insurance carrier to give BROKER ten (10) days written notice prior to cancellation of such cargo insurance.
- 5) The relationship of CARRIER to BROKER shall, at all times, be that of an independent contractor, except that BROKER shall be the agent for CARRIER for the collection and payment of charges to CARRIER. CARRIER agrees that it will look only to BROKER for payment if the billed party has paid broker.

- 6) CARRIER recognizes BROKER has put forth considerable effort and expense to develop its account. CARRIER agrees to, at no time during the life of this agreement, and for one year after its termination, either directly or indirectly, attempt to solicit, divert, bypass, back solicit, or perform any services for any account of BROKER which BROKER has secured and has previously tendered freight to CARRIER for compensation. CARRIER agrees to pay BROKER a commission of ten (10) percent of all revenues billed to an account of BROKER in violation of this agreement. Such commission shall be due payable to BROKER thirty (30) days after such billing.
- 7) CARRIER shall be liable to BROKER or owner for loss or damage to any property transported under this agreement. Such liability shall begin at the time cargo is loaded upon CARRIER'S equipment at the point of origin and shall continue until said cargo is delivered to the designated consignee(s) and destination(s).
- 8) Whether or not CARRIER is authorized to operate, or does operate, as a common carrier, each and every shipment tendered to CARRIER by BROKER shall be deemed to be a tender to CARRIER as a motor contract and shall be subject only to the terms of this agreement and the provisions of laws applicable to motor contract carriage hereunder.
- 9) CARRIER shall have no lien on any shipment.
- 10) Obligations of this agreement are separate and divisible and in the event that any clause is deemed unenforceable the balance of the agreement shall continue in full force and effect.

CARRIER: \_\_\_\_\_

NORTH SHORE LOGISTICS, INC.

BY: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: PRESIDENT

FEDERAL ID#: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

# 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>North Shore Logistics, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> 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) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) <b>P O Box 40239</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Bay Village, OH 44140</b>	
<b>7</b> 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.

<b>Social security number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>													
<b>or</b>													
<b>Employer identification number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">4</td> </tr> </table>	3	4	-	1	9	3	2	8	1	4			
3	4	-	1	9	3	2	8	1	4				

## 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 ▶

Date ▶

6-10-15

## 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.



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

400 7th Street SW  
Washington, DC 20590

SERVICE DATE  
September 25, 2003

LICENSE  
MC-467930-B  
NORTH SHORE LOGISTICS, INC  
WESTLAKE, 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 cursive script that reads "Terry Shelton".

Terry Shelton, Director  
Office of Data Analysis & Information Systems



# CERTIFICATE OF LIABILITY INSURANCE

NORTH43

OP ID: JS

DATE (MM/DD/YYYY)

08/09/2016

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 <b>Zito Insurance Agency, Inc.</b> 8339 Tyler Blvd. Mentor, OH 44060 Christopher M. Zito	CONTACT NAME: PHONE (A/C, No, Ext): <b>440-205-7400</b>	FAX (A/C, No): <b>440-205-7410</b>	
	E-MAIL ADDRESS: <b>jacquismith@zitoinsurance.com</b>		
INSURED <b>North Shore Transportation Inc</b> <b>North Shore Logistics</b> <b>Steve Huzar</b> <b>PO Box 40239</b> <b>Bay Village, OH 44140</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>National Casualty Co</b>		<b>11991</b>
	INSURER B : <b>Cincinnati Insurance Co.</b>		<b>10677</b>
	INSURER C : <b>Harleysville Insurance Company</b>		<b>23582</b>
	INSURER D :		
	INSURER E :		
INSURER F :			

**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
<b>B</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 type="checkbox"/> LOC OTHER:			<b>ENP 0090090</b>	<b>07/01/2014</b>	<b>07/01/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>LTO0028246</b>	<b>06/01/2016</b>	<b>06/01/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>C</b>	<b>cargo</b>			<b>CIM00000028750S</b>	<b>11/13/2015</b>	<b>11/13/2016</b>	<b>100,000</b> <b>1,000 ded</b>

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

**CERTIFICATE HOLDER****CANCELLATION****PROOF02****Proof of Coverage**
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX

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

11/21/14

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