

## Checklist

Thank you for choosing to work with us! In the top right corner of each document, there will be a box to let you know which documents are required to be filled out and return in order to complete our packet successfully. Please follow the checklist below to ensure you have completed all necessary paperwork.

### REQUIRED

☐

Carrier Profile

☐

Accessorial Appendix

☐

Contact Information

☐

Motor Carrier Contract

☐

First Time Movement

☐

CTPAT Questionnaire

☐

Accounting Form

☐

Proof of Insurance  
(provided by carrier)

### OPTIONAL

☐

Quick Pay

### INFORMATIVE



Company Information



MacroPoint Information



MC Number



W-9



## Carrier Profile Information

### Company Information

Company Legal Name: \_\_\_\_\_

Carrier DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOT: \_\_\_\_\_ MC: \_\_\_\_\_ SCAC: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Regular Operation Hours: \_\_\_\_\_

### Equipment Summary

Tractor Count: \_\_\_\_\_ GPS Equipped: \_\_\_\_\_

	<b>Reefer</b>	<b>Dry Van</b>	<b>Flatbed</b>
Size	_____	_____	_____
Count	_____	_____	_____

### **Certifications**

*(please send certificates if marked)*

\_\_\_ MWBE

\_\_\_ Smart Way

\_\_\_ FAST

\_\_\_ CTPAT

\_\_\_ Hazmat

\_\_\_ UIIA



## Contact Information

Company Name: \_\_\_\_\_ Company DOT#: \_\_\_\_\_

### Owner/President

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Daytime Dispatch

Dispatcher: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Dispatcher: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Nighttime Dispatch

Dispatcher: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Weekend Dispatch

Dispatcher: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Tracking Requirements

ProTrans Requires 24-7 Automated Tracking. If you do not have a solution, we invite you to use our MacroPoint Account.

**Please check one of the following:**

\_\_\_\_ GPS Automated Updates

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Opt in to using ProTrans' MacroPoint Account (no charge)



## First Time Movement Requirements

Driver Name: \_\_\_\_\_

Driver Cell: \_\_\_\_\_

Tractor Number: \_\_\_\_\_

Trailer Number: \_\_\_\_\_

Is the tractor marked with your company's name? Y: \_\_\_\_\_ N: \_\_\_\_\_

If no, please specify the name: \_\_\_\_\_

Is the trailer marked with your company's name? Y: \_\_\_\_\_ N: \_\_\_\_\_

If no, please specify the name: \_\_\_\_\_

## Tracking Requirements

ProTrans must have 24-7 Automated Updates in order to service our customers. Please check which tracking service will be used:

\_\_\_\_\_ GPS Automated Tracking (with automated emails to ProTrans)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ ProTrans' MacroPoint (no charge)



## Accounting Information

### Factoring Company

Do you use a Factoring Company (please circle):

YES      NO

If yes, Letter of Assignment from factoring company MUST be included.

### Payment Status Inquiry Directions

Please provide this information to your Accounts Payable Department or Factoring Company.

In order to process your invoice for payment the following paperwork must be submitted with your invoice:

- 1.) Remit invoices to: [apinvoices@protrans.com](mailto:apinvoices@protrans.com)
- 2.) Signed Proof of Delivery (POD)
- 3.) Copy of your Load Tender
- 4.) Bill of Lading (BOL)
- 5.) Invoice

Email [paystatus@protrans.com](mailto:paystatus@protrans.com) for all inquiries regarding payment status. Your request will be answered within 24-48 business hours.



## Quick Pay Options

This is an optional program. Please do **NOT** complete this page unless you plan to participate.

Carriers that assign invoices to a factoring company are **NOT** eligible for this program.

- ☐ ProTrans International will deduct 1% of invoiced amount on invoices paid within 30 days.
- ☐ ProTrans International will deduct 3% of invoiced amount on invoices paid within 15 days.

### Terms and Conditions:

ProTrans International (PTI) and the carrier agree to amend the standard payment terms of PTI standard carrier agreement by the option selected above. This will be effective (today's date) \_\_\_\_\_, 20\_\_\_\_\_. These terms will apply to shipments moved and invoiced on or after the date listed previously. All other terms of the contract apply and this amendment will not affect them in any way other than that which is specifically stated herein.

ProTrans International has a system to assist our partners with cash flow. Our standard payment terms are net 45 days. This program is not mandatory and carriers are not required to sign up for Quick Pay.

### Quick Pay has the following requirements from the carrier:

- 1.) Receipt of legible copies of POD, BOL and Load Tender
- 2.) A minimum service charge of \$25 per Quick Pay transaction.
- 3.) **All Invoices** must be emailed with all other paperwork to [quickpayinv@protrans.com](mailto:quickpayinv@protrans.com).
- 4.) Reference to the ProTrans international BOL Number.
- 5.) Carrier shall retain original copies of paperwork and provide copies to PTI upon request.

ProTrans International will provide these services for carriers participating in the Quick Pay program:

- 1.) PTI will issue checks weekly on Friday.
- 2.) PTI will release funds upon receipt of invoice, legible POD, and driver signed BOL.
- 3.) PTI may cancel the Quick Pay program at any time without cost or penalty, giving 30-day notice to participant.
- 4.) PTI will not issue checks on weekends or observed holidays.

Carrier Company Name: \_\_\_\_\_

Carrier Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## MODE: TRUCKLOAD/INTERMODAL/FLATBED

These accessorial charges are agreed to between ProTrans International, Inc. (hereinafter known as "PTI") and \_\_\_\_\_ (hereinafter referred to as "Carrier").

### BASE RATES

- The truckload rates set forth in the rate sheets attached to this Appendix, which are hereby incorporated by reference, shall apply.

### ANCILLARY CHARGES

- Notwithstanding anything to the contrary in the Agreement, Carrier may not impose any detention or other ancillary or accessorial charges except the following rates set forth below. For charges not set forth below, the reasonableness of the rate charged may be reviewed during the audit process on a case by case basis.
  - a. Stop-off Charge: \$50.00 per stop excluding origin and destination unless otherwise specified.
  - b. Detention Charges *With Power*: \$50.00 per hour after 2 hours at origin and destination and/or 2 hours for each stop. Carrier is required to receive written approval from ProTrans International, Inc. before detention charges are applicable. Any detention over 2 hours will be billed at \$12.50 per 15-minute interval, with a maximum of \$300.00 for a 24-hour period. Carrier waives detention charge if driver arrives at a time later than the scheduled appointment time.
  - c. Detention Charges *Without Power*: \$35.00 per 24 hour period, minimum of 2 days of "Free Time" must be allowed at both origin and destination before charges will apply for any over the road equipment. A minimum of 2 days "Free Time" must apply at both origin and destination for any intermodal containers. Charges will not be incurred on the initial Saturday and Sunday after the trailer is dropped. Any charges must be negotiated on a case-by-case basis and agreed to in writing by both shipper and Carrier before billing.
    - Inter-modal...empty to load = 2 days, load to empty = 2 days, load to load = 4 days
    - Inter-modal...10 days at \$25 per day and then \$100 per day after that.
  - d. Driver assist Charge: No additional charge. If required, call PTI for approval. (\$100.00 per load when required).
  - e. Lumper fee will be accepted based on prior written approval from PTI. Carrier is required to submit the agreed to written approval at time of invoicing.
  - f. Truck ordered not used (TONU) when solo driver: \$150.00 per occurrence (Carrier must be en route & written approval is required for billing and payment; Carrier must notify PTI at time of occurrence so that the TONU offense and charges can be documented).
  - g. Truck ordered not used (TONU) when team drivers: \$250.00 per occurrence (Carrier must be en route & written approval is required for billing and payment; Carrier must notify PTI at time of occurrence so that the TONU offense and charges can be documented).

- h. Reconsignment / Diversion / Tender Changes After Acceptance: \$75.00 per occurrence (prior written approval required from PTI; truck must be en route).
- i. Hazardous Material: \$75.00 per load (applies to full truckload shipments only).
- j. Tarp Charge: \$50.00 per flatbed load.
- k. New York City Surcharge: \$300.00 per trailer load (applicable zips: 100-104, 106-108, 110-119).
- l. Carrier is required to provide securement devices such as straps, chains, load bars, and/or binders at no cost. When necessary unless otherwise specified, ProTrans will provide load bars for consolidation lanes.
- m. No provision of the Carrier's Tariff is applicable to transportation services priced in Appendix B ("Transportation") except for those provisions listed above. No amendment or modification, even if furnished to PTI, and no replacement or other tariff Carrier makes available to anyone, shall have any force or effect upon PTI or Shipper for Transportation unless and until mutual agreement is reached and this Appendix is amended to reflect that agreement.
- n. Layover: \$300 per vehicle.

#### **CURRENCY**

- All rates and charges are to be billed in U.S. funds except as may otherwise be indicated below in "Special Requirements" or in the rate sheets attached.

#### **MILEAGE BASIS**

- All cost per mile pricing will be calculated and audited based upon practical-route mileage from the **PC Miler version 25.0 Practical of ALK Associates "PC\*Miler"**. "PC\*Miler" default options of 53' Trailers, Borders Closed, and Ferry Distances will be used to calculate said mileage. Actual billing and payment is to be based on actual five (5) digit zip codes of origin, destination, and any stops that apply.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

#### **ProTrans International, Inc.**

Shipper Name \_\_\_\_\_

Carrier Name \_\_\_\_\_

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ 8311 Perimeter Road  
\_\_\_\_\_  
Indianapolis, IN 46241

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ 317 240-4100

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ 317 240-4101

Fax: \_\_\_\_\_

Motor Carrier (MC) #: \_\_\_\_\_



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**TRANSPORTATION BROKERAGE AGREEMENT**

THIS TRANSPORTATION BROKERAGE AGREEMENT, and any subsequent appendices, addenda, exhibits or schedules (together, the "Agreement"), is made and entered on \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ ("CARRIER"), and ProTrans International, Inc. ("BROKER").

Whereas, BROKER is licensed as a property broker by the Federal Motor Carrier Safety Administration ("FMCSA") (MC-264190); and

Whereas, CARRIER is registered with the FMCSA as a motor contract carrier in interstate, intrastate, and/or foreign commerce and is in all respects qualified to transport freight as required by BROKER; and

Whereas, BROKER desires to engage CARRIER to perform transportation within the limits of CARRIER's contract operating authorities according to this Agreement's terms and conditions, and CARRIER desires to perform such transportation.

Now, therefore, intending to be legally bound, the parties agree as follows:

1. This Agreement's term shall be one year subject to earlier termination for any or no reason by either party giving at least thirty (30) day's written notice to the other party pursuant to Section 23 of this Agreement of intention to terminate. Absent such notice, this Agreement shall automatically renew for successive one-year periods.
2. CARRIER warrants that all equipment and personnel used in providing the services contemplated herein shall meet all requirements of, and be in compliance with all laws and regulations of the United States Department of Transportation ("DOT") and other federal, state or provincial agencies having jurisdiction over any of the services provided pursuant to this Agreement. CARRIER further warrants that it will immediately provide BROKER with notice, in writing, of any change in its safety rating and provide BROKER copies of any FMCSA Notice of Changes or Notice of Claim related to any change in safety rating.
3. There is no minimum volume of freight contemplated by this Agreement. BROKER is not restricted from tendering freight to other carriers; CARRIER is not restricted from performing transportation for third parties.
4. CARRIER shall transport BROKER's shipments without delay and shall immediately notify BROKER of any likelihood of delay or of any incident or circumstance that will prevent or delay delivery to the consignee.
5. CARRIER shall obtain from the consignee a complete, signed delivery receipt for each shipment, and shall notify BROKER immediately of any exception on any document. CARRIER shall send BROKER delivery receipts and bills of lading no later than fourteen (14) days from the date of delivery.
6. If BROKER requests CARRIER to transport any shipment required to be placarded under the DOT rules as a hazardous material, the additional provisions in Appendix A, including additional insurance requirements, shall apply for each such shipment.
7. Each shipment hereunder shall be evidenced by a Uniform (Straight) Bill of Lading containing terms and conditions no less favorable to the customer or beneficial owner of the cargo than those contained in the form of Uniform Straight Bill of Lading published as of the time of shipment in the National Motor Freight Classification ("N.M.F.C.") and naming CARRIER as the transporting carrier. CARRIER's drivers shall be instructed to sign their company's name and record the seal number on every Bill of Lading evidencing a shipment under this Agreement. Under no circumstances shall CARRIER prepare a freight document which lists BROKER as "Carrier" or "Shipper." Documents for each of BROKER's shipments shall name BROKER as "broker" and CARRIER as "carrier." If there is a wrongly worded document, the parties will treat it as if it showed BROKER as "broker" and CARRIER as "carrier." If there is a conflict between this Agreement and any transportation document related to any shipment including but not limited to Bills of Lading and Load or Rate Confirmation Sheets, this Agreement shall govern.

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CARRIER agrees to indemnify and hold BROKER harmless from and against any direct, indirect and/or consequential loss, damage, fine, liability, judgment, cost and expense, including reasonable attorneys' fees, arising from any errors in the bill of lading, including by way of illustration without limitation, the showing of BROKER as "Carrier" or "Shipper".

8. CARRIER shall be wholly responsible for performing the contemplated transportation and for all costs and expenses of such transportation, including as examples, costs and expenses of all CARRIER's transportation equipment, its maintenance, and those persons who operate it. As to BROKER, CARRIER is an independent contractor, and as such is wholly responsible in every way for such persons as CARRIER hires, employs or otherwise utilizes. CARRIER shall, at its sole cost and expense, (a) furnish all equipment necessary or required for the performance of its obligations hereunder (the "Equipment"); (b) pay all expenses related, in any way, with the use and operation of the Equipment; (c) maintain the Equipment in good repair, mechanical condition and appearance; and (d) utilize only competent, able and legally licensed and qualified personnel.

9. CARRIER shall defend, indemnify, and hold BROKER harmless from and against all loss, liability, judgment, damage, claim, fine, cost or expense, including reasonable attorney's fees, arising out of or in any way related to, CARRIER's performance hereunder or CARRIER's breach of any of the terms of this Agreement. CARRIER's obligations under this provision shall survive the termination of this Agreement.

10. During this Agreement's term, CARRIER shall procure and maintain, at its sole expense, the following insurance from A.M. Best "A" rated or better insurance carriers. If any of CARRIER's insurance policies expires during the term of this Agreement, each renewal or replacement policy must be provided by A.M. Best "A" rated or better insurance carriers. Each insurance company providing any of the coverages required by this Agreement must have complied with all applicable regulations of the FMCSA and any other applicable federal, state or provincial laws or regulations.

If CARRIER has in place FMCSA-approved self-insurance for all or any portion of the commercial automobile liability insurance required herein below, CARRIER, upon BROKER's request, must furnish BROKER with CARRIER's most recent annual and quarterly profit and loss statements and balance sheets prior to the effective date of this Agreement and submit such quarterly financial reports to BROKER during the term of this Agreement as might be requested by BROKER. BROKER shall receive and maintain such reports in confidence solely for purposes of this Agreement. In addition, if CARRIER is not self-insured for the entire amount of the minimum limits specified herein below for each required coverage, then and in such event each insurance carrier providing any portion of the required coverages and limits must comply with the above-specified A.M. Best requirements.

The required coverages and minimum limits are as follows:

(a) Commercial Automobile Liability Insurance, with a combined single limit of not less than One Million Dollars (\$1,000,000.00)(\$US) each occurrence, covering all vehicles however owned, and/or used by CARRIER to transport BROKER's shipments, including coverage for all liabilities for personal injury (including death) and property damage arising out of CARRIER's transportation under this Agreement

(b) Subject to Subsection 10(c) of this Agreement, All Risk Broad Form Motor Truck Cargo Legal Liability insurance in the form of a B.M.C. 32 Endorsement for Motor Carrier Policies of Insurance for Cargo Liability under 49 U.S.C. § 13906, in an amount not less than One Million Dollars (\$1,000,000.00) (\$US) per occurrence. Without prejudice to the foregoing, CARRIER represents and warrants that its coverage includes, but is not limited to insurance against Acts of God, cargo contained in unattended vehicles, employee dishonest acts, mechanical breakdown, consequential loss, mischief or vandalism, water damage, fire, lightning, explosion, smoke, collision/overturn of vehicle, wind, theft, pilferage, hijacking, breakage, marring, scratching, collision of the load with another object (without collision of the vehicle) and leased and/or non-owned equipment and/or trailers used by CARRIER shall be covered under CARRIER's insurance policy with the same force and effect as if owned and scheduled on CARRIER's policy. Unless approved in advance by BROKER, the coverage provided under the cargo policy shall have no exclusions or restrictions of any type that would foreseeably preclude coverage, or reduce coverage amount, relating to a cargo loss, damage or delay claim. CARRIER shall be

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responsible for any and all deductibles excluded by its insurer. Notwithstanding the foregoing, no deductible shall be in excess of \$5,000.00.

(c) CARRIER shall provide directly a minimum of the first Two Hundred Fifty Thousand Dollars (\$250,000.00) (\$US) of the All Risk Broad Form Motor Truck Cargo Legal Liability insurance referred to in Subsection 10(b) of this Agreement. In the event the CARRIER does not provide proof of the insurance coverage referred to in subparagraph (b) above in the amount of One Million Dollars (\$1,000,000.00)(\$US), BROKER shall be entitled to obtain insured or self-insured coverage applicable solely for the protection of BROKER, which coverage (i) shall be excess, non-contributory coverage, (ii) shall apply only after the cargo liability insurance coverage maintained directly by CARRIER has paid its full policy limits for any single occurrence and (iii) shall apply only to claims made against BROKER. As applicable, CARRIER hereby authorizes BROKER to deduct from the freight charges to be paid CARRIER under this Agreement the amount set forth below for each shipment transported by CARRIER for BROKER's approximate expense in maintaining the excess, non-contributory cargo loss, damage or delay insurance coverage:

A minimum of ONE DOLLAR AND SEVENTY-FIVE CENTS (\$1.75) (\$US) per truckload shipment or per drayage movement at point of origin or destination on intermodal shipments (the "Charge");

The contingent cargo insurance is solely for the benefit of BROKER, its affiliates and subsidiaries and is subject to all of the terms, conditions and exclusions of the actual policy issued by the insurance underwriter to BROKER. In the event that a cargo loss, damage, or delay claim, or any portion thereof, is excluded from coverage under BROKER's contingent cargo program for any reason, CARRIER shall assume complete sole liability and responsibility for all such uninsured loss and shall indemnify, defend and hold BROKER harmless for any loss, damage or delay claim asserted against BROKER. CARRIER recognizes and agrees that CARRIER is not covered by the contingent cargo insurance referred to herein and that BROKER is not selling or soliciting insurance.

CARRIER acknowledges and agrees that BROKER may change the amount payable by CARRIER in connection with BROKER'S maintenance of its contingent cargo insurance coverage, upon no less than thirty (30) days' notice. Any change to the Charge payable by CARRIER shall become effective no less than thirty (30) days following BROKER giving notice to CARRIER. CARRIER hereby agrees and confirms that BROKER is not required to demonstrate or document any reason or basis for changes to the terms and conditions or the Charge for which notice is given.

(d) BROKER, its affiliates and subsidiaries and customers and/or beneficial owners of any property coming into the possession of CARRIER under this Agreement shall be named as an additional insured or, in BROKER's sole discretion, a loss payee or a certificate holder, in the insurance provided and maintained directly by CARRIER under this Agreement. CARRIER shall furnish to BROKER, prior to accepting any shipment for transportation under this Agreement, a written certificate obtained from the insurance carriers showing that such insurance has been procured, is being properly maintained, the expiration date, and specifying that written notice of cancellation or modification of the policy shall be given to BROKER at least thirty (30) days prior to such cancellation or modification. CARRIER will also provide to BROKER a complete copy of the applicable policies if so requested by BROKER.

(e) The insurance limits set forth in this Agreement shall not be interpreted to limit CARRIER's liability to BROKER arising under or relative to CARRIER's performance or nonperformance of any obligation under this Agreement.

11. In the event of loss, damage or delay in delivery, CARRIER shall be liable for damage arising therefrom in accordance with the provisions of this section. The loss, damage or injury shall be measured as the lesser of the actual replacement cost or the cost of repair, subject to a maximum of One Million Dollars (\$1,000,000.00) (\$US) per shipment, less the reasonable salvage value of the damaged commodities. In addition, CARRIER shall indemnify

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BROKER for all indirect, special or consequential damages, or other special economic losses, including attorney fees, which might be recovered against BROKER on any customer's claim. CARRIER shall promptly pay BROKER all claim amounts due hereunder and further authorizes BROKER to deduct all such amounts from any amounts owed to CARRIER by BROKER.

(a) In addition, CARRIER shall be solely liable and responsible for any claim arising from any reckless, dishonest or illegal acts of CARRIER's employee or agent and any claim arising from CARRIER furnishing contaminated Equipment.

(b) CARRIER shall not accept any shipment with a declared or actual value of greater than One Million Dollars (\$1,000,000.00) (\$US) unless and until CARRIER has informed BROKER of the value of the shipment and has received authorization from BROKER to accept the shipment and complies with any instructions received from BROKER with respect to that shipment.

(c) For any freight claim, CARRIER shall pay BROKER within thirty (30) days of CARRIER having been notified of the amount of the claim and furnished documentation substantiating the claim.

12. CARRIER shall not withhold delivery of any freight due to any dispute with BROKER regarding freight charges or otherwise. CARRIER waives and releases all liens which it might otherwise have to any freight in its possession. CARRIER agrees that BROKER has the exclusive right to handle all billing of freight charges to the customer for the transportation services provided herein, and, as such, CARRIER agrees to refrain and shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, the freight or the customer.

13. BROKER and CARRIER agree that the rates and charges for CARRIER's services hereunder shall be only those on the individual Load or Rate Confirmation Sheets, accepted, signed and submitted to BROKER by CARRIER prior to each shipment. Load or Rate Confirmation Sheets may also be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation Sheet upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation Sheet as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

14. BROKER will pay CARRIER the agreed amount within thirty (30) days of BROKER's receipt of the documents specified on the Load or Rate Confirmation Sheets and any other documents necessary to enable BROKER to ascertain transportation has been properly provided. Payment shall be made by BROKER to CARRIER via direct settlement deposit using the Automated Clearing House (ACH) network to the account specified in writing by CARRIER. BROKER is hereby authorized to charge CARRIER an administrative fee of \$1.00 per settlement deposit. All such administrative fees will be deducted from the freight charges payable to CARRIER by BROKER under this Agreement.

15. CARRIER agrees BROKER, at its option, may offset against any payments owed to CARRIER amounts CARRIER owes BROKER under this Agreement.

16. CARRIER shall transport all freight tendered by BROKER only on Equipment operated under CARRIER's authority. CARRIER shall not in any way sub-contract, broker, or arrange for the freight to be transported by a third party without BROKER's prior written consent.

17. It is expressly understood and agreed that CARRIER is an independent contractor for the services provided pursuant to this Agreement, and that CARRIER agrees to defend, indemnify and hold BROKER harmless for any claims, suits, or actions, including reasonable attorney's fees in protecting BROKER's interests, brought by employees, any union, the public, or state, provincial or federal agencies arising out of the operations of CARRIER under this Agreement. CARRIER hereby assumes full control and responsibility for all hours scheduled and worked, wages, salaries, workers' compensation and unemployment insurance, state and federal taxes, fringe benefits, and all other costs relating to its operations pursuant to this Agreement.

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18. CARRIER, for a period of twelve (12) months following termination of this Agreement, for any reason shall not solicit traffic from any shipper, consignor, consignee or customer of BROKER where (1) the availability of such traffic first became known to CARRIER as a result of BROKER's efforts, or (2) where the traffic of the shipper, consignor, consignee or customer of the BROKER was first tendered to the CARRIER by the BROKER. If CARRIER breaches this Agreement and "back solicits" the BROKER's customers, and obtains traffic from such a customer, the BROKER then is entitled, for a period of 15 months after the involved traffic first begins to move, to a commission from the CARRIER of 30% of all revenues invoiced to BROKER's customers by CARRIER within ten (10) days of each such violation.

19. This Agreement is the entire agreement between the parties, superseding all earlier agreements and all tariffs, rates, classifications and schedules published, filed or otherwise maintained by CARRIER. This Agreement cannot be altered or amended except in a writing signed by all parties and cannot be assigned or transferred in whole or in part. The benefits of this Agreement shall not inure to nor be available to any third party.

20. If any provision of this Agreement is deemed unenforceable by any court of competent jurisdiction, such provision shall be severed and the Agreement's remaining provisions shall continue in full force and effect.

21. CARRIER and BROKER expressly waive all rights and remedies allowed under 49 U.S.C. §14101, to the extent they conflict with this Agreement. BROKER's failure to insist upon CARRIER's performance under this Agreement or to exercise any right or privilege shall not be a waiver of any of BROKER's rights or privileges.

22. This Agreement in all respects shall be governed by, construed and enforced in accordance with the internal laws of the State of Indiana, without regard to its conflict of law rules.

23. Each of the parties hereto irrevocably and unconditionally submits itself to the exclusive jurisdiction and venue of the state and federal courts serving Indianapolis, Indiana and any appellate court thereof, in any suit, action or proceeding arising out of or relating to this Agreement and further irrevocably and unconditionally waives any claim or defense that any such suit, action or proceeding brought in any such court has been brought in an inconvenient forum. Each party further agrees that a final judgment in any such suit, action or proceeding shall be conclusive and may be enforced in other jurisdictions in any manner provided by law.

24. Notices shall be sent by certified mail, return receipt requested, or by nationally recognized overnight courier with receipt required, to each party executing this Agreement at the address shown below, or to such other addresses as shall have been designated in a written notice pursuant to this section.

25. CARRIER acknowledges and agrees that it will not drop a trailer other than at the designated business facilities of consignee or at a location designated by BROKER. CARRIER further agrees that, in the event any loss of or damage to the cargo or trailer occurs as a result of its breach of this provision, then the CARRIER will indemnify and hold BROKER and the Customer harmless for any such loss or damage, including reasonable attorneys' fees.

26. This Agreement may be executed in any number of counterparts and by different parties hereto in separate counterparts, each of which when so executed and delivered shall be deemed to be an original and all of which counterparts taken together shall constitute but one and the same instrument. In proving this Agreement in any judicial proceeding, it shall not be necessary to produce or account for more than one such counterpart signed by the party against whom such enforcement is sought. Any signature delivered by a party by facsimile transmission shall be deemed to be an original signature hereto.

27. Electronic and Fax Communications; Computer Viruses. During the term of this Agreement, the parties anticipate that they will exchange materials and information in electronic form (collectively "Electronic Materials"), either through the other party's websites, e-mail, or other electronic means (collectively "Electronic Connections") and via fax. By providing their fax numbers and signing this Agreement herein below, each party consents to receiving communications via fax regarding all aspects of their relationship. Due to the nature of Electronic Communications and the Internet, BROKER and its affiliates do not provide, and expressly disclaim, any warranty (i) that Electronic



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Materials received by the CARRIER will be free from computer viruses or (ii) that Electronic Connections with the CARRIER will be free from harmful effects. Under no circumstances will BROKER or its affiliates be responsible for, and CARRIER hereby expressly waives and releases BROKER and its affiliates from, any liability for any loss or damage caused by computer viruses, the CARRIER's receipt of Electronic Materials from BROKER or its affiliates or Electronic Connections between BROKER and its affiliates and the CARRIER.

In witness whereof, the parties hereto have caused this Agreement to be executed in their respective names by their duly authorized representatives effective as of the date first above written.

**"BROKER"**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**"CARRIER"**

List individual's name as company when applicable.

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

AUTHORIZED

SIGNATURE:

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

Print Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

FID#: \_\_\_\_\_

USDOT#: \_\_\_\_\_



**Box A:**

**C-TPAT Certification:**

Company Name:

Are you C-TPAT certified? Yes ☐ No ☐

If yes, please complete this box and return to ProTrans; if no, continue to Box B.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company legal name under CTPAT file: \_\_\_\_\_ Date: \_\_\_\_\_

**FAST Certification:**

Are you FAST certified? Yes ☐ No ☐

If yes, please provide proof of certification to [LyncProcurement@protrans.com](mailto:LyncProcurement@protrans.com)

**Box B:**

**\*ProTrans may request supporting evidence to any questions answered “yes” below.**

**Security Questionnaire (based on C-TPAT recommendations):**

**Business Partners**

1. Does your organization have written and verifiable processes for the screening selection of customers, carriers, and vendors? Yes ☐ No ☐
  - a. If yes, does this screening provide for:
    - i. Validity / Financial soundness, (carrier – MC #) Yes ☐ No ☐
    - ii. Ability to meet contractual requirements (e.g. terms and conditions in contract), Yes ☐ No ☐
    - iii. Ability to identify and correct security related deficiencies? Yes ☐ No ☐
2. Does your organization require business partners, involved with border crossing transactions, to adhere to C-TPAT security guidelines? Yes ☐ No ☐

\*If no, may affect ability to work with ProTrans.

**Access Controls**

1. Does your organization possess an employee identification system for positive identification and access control? Yes ☐ No ☐
2. Does your organization adequately control the issuance and removal of employee, visitor and vendor identification badges? Yes ☐ No ☐
3. Does your organization have a written procedure for the issuance, removal and changing of access devices (keys, access cards, etc.)? Yes ☐ No ☐
4. Does your organization require visitors and vendors to present photo identification for documentation purposes upon arrival? Yes ☐ No ☐
5. Does your organization require that all visitors and vendors be escorted and visibly display temporary identification? Yes ☐ No ☐
6. Are arriving packages and mail periodically screened before being disseminated? Yes ☐ No ☐

**\*If answered no to any questions above, please explain below:**

### Personnel Security

1. Does your organization require application information, such as employment history and references, be verified prior to employment? Yes ☐ No ☐
2. Does your organization require background checks and investigations be conducted for prospective employees, consistent with foreign, federal, state and local regulations?  
Yes ☐ No ☐
  - a. If yes, are periodic checks and reinvestigations performed based on cause and/or the sensitivity of the employee's position? Yes ☐ No ☐
3. Does your organization have written procedures in place to remove employee identification, access methods and facility/system access for terminated employees? Yes ☐ No ☐

**\*If answered no to any questions above, please explain below:**

### Information Technology

1. Does your organization use individually assigned accounts that require periodic password changes? Yes ☐ No ☐
2. Does your organization have written IT security policies, procedures and standards?  
Yes ☐ No ☐
  - a. If yes, are they provided to your employees in the form of training? Yes ☐ No ☐
3. Does your organization have a method for identifying IT abuse (improper access, altering of business data, tampering)? Yes ☐ No ☐

**\*If answered no to any questions above, please explain below:**

### Facility Security

1. Does your organization conduct periodic inspections, which include security assessments, on each of its buildings? Yes ☐ No ☐
2. Within each facility, is each window, gate and fence secured with a locking device? Yes ☐ No ☐
3. Does each of your facilities have adequate lighting at exits, entrances, fence lines and parking lots? Yes ☐ No ☐
4. Does each of your facilities utilize alarm systems and video surveillance to monitor cargo handling and storage areas? Yes ☐ No ☐

**\*If answered no to any questions above, please explain below:**

### Procedural Security

1. Does your organization have written procedures to ensure that information received from business partners is reported accurately/timely? Yes ☐ No ☐
2. Does your organization have a method for identifying, investigating and resolving shortages, overages and anomalies related to cargo? Yes ☐ No ☐



3. Does your organization have a written procedure to ensure that documentation used in the clearing of merchandise is complete, accurate, and protected against the exchange, loss or introduction of erroneous information? Yes ☐ No ☐

**\*If answered no to any questions above, please explain below:**

### Container and Trailer Security

1. Does your organization perform a seven point trailer inspection (undercarriage, outside/inside doors, right side, left side, front wall, ceiling/roof, floor) on trailers containing incoming in-bond freight? Yes ☐ No ☐ N/A ☐
2. Does your organization perform a seventeen point trailer inspection (cab – bumper, engine, tires, floor, fuel tanks, air tanks, exhaust | trailer – tires, fifth wheel, outside/undercarriage, inside floor, inside/outside doors, right/left/front inside walls, ceiling/roof, refrigerator unit) on trailers with outgoing in-bond freight? Yes ☐ No ☐ N/A ☐
3. Does your organization inspect loaded trailers for proper security device placement (i.e. security seal, padlock, etc.)? Yes ☐ No ☐ N/A ☐
4. Does your organization have a GPS tracking system to locate trailers? Yes ☐ No ☐ N/A ☐
5. Does your organization have parking segregation of trailers from private vehicles? Yes ☐ No ☐ N/A ☐
6. Does your organization do relays? Yes ☐ No ☐ N/A ☐
- If yes to question 6, please describe the process below:

**\*If answered no to any questions above, please explain below:**

### Security Training

1. Does your organization have a method for educating employees on basic security procedures and emergency actions in the event of a random event or occurrence? Yes ☐ No ☐

**\*If answered no to question above, please explain below:**

For more information on C-TPAT, please visit the Customs & Border Protection website.

Comments:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

### To Be Completed By ProTrans International Only

Reviewed by:

Date Reviewed:

Approved ☐ Disapproved ☐

## Company Information

**Legal Business Name:** ProTrans International, Inc.

**Corporate Headquarters:** 8311 N. Perimeter Rd.  
Indianapolis, IN 46241

**Corporate Phone:** 317-240-4100

**Toll Free:** 888-776-8726

**Website:** [protrans.com](http://protrans.com)

**Federal Tax ID Number:** 35-1907022

**DUNS Number:** 80-864-5188

**ICC MC#:** 264190

**US DOT#:** 525913

**SIC Code:** 4731

**NA|SC Code:** 488510

**Organization Form:** Private

**Date Founded:** 1993

**Annual Revenue:** \$300+ million

## Trade References

Millennial Transport, Indianapolis, IN, 317-486-5360, Charise Martin  
Falcon Express, Markham, IL, 708-331-1610, Kent Bobb  
Northfield Trucking, Romulus, MI, 734-654-6547, Jennifer Hewitt

Bank and Trade References should be contacted via fax or writing with a self-addressed, stamped envelope.

Any further requirements, please visit [protrans.com](http://protrans.com)

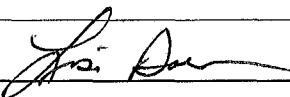


## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) ProTrans International, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 8311 N. Perimeter Road City, state, and ZIP code Indianapolis, IN 46241 List account number(s) here (optional)	
Requester's name and address (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<b>Social security number</b> [ ][ ] - [ ][ ] - [ ][ ][ ][ ]  <b>Employer identification number</b> 3 5 - 1 9 0 7 0 2 2
--	---

<b>Part II Certification</b> 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. <b>Certification instructions.</b> 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> <b>Signature of U.S. person</b>  <b>Date</b> 8/22/14
--

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



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

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

**SERVICE DATE**  
May 29, 2007

**LICENSE**

**MC-264190-B**

PROTRANS INTERNATIONAL, INC  
INDIANAPOLIS, IN

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 that reads "Kathy A. Weiner".

Kathy Weiner, Chief  
Information Systems Division

BPO



# FMCSA Motor Carrier

USDOT Number: **525913**  
Docket Number: **MC264190**  
Legal Name: **PROTRANS INTERNATIONAL, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **8311 N PERIMETER ROAD  
INDIANAPOLIS, IN 46241**  
Business Phone: **(317) 240-4100** Business Fax: **Fax: (317) 240-4104**  
Mail Address: **PO BOX 42069  
INDIANAPOLIS, IN 46242**  
Mail Phone: **(317) 240-4100** Mail Fax: **Fax: (317) 240-4104** Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>INACTIVE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$1,000,000</b>	BIPD on File:	<b>\$1,000,000</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>YES</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>
Blanket Company:	<b>TRUCK PROCESS AGENTS OF AMERICA, INC</b>						

Comments: **PROTRANS EXPRESS, INC., (MC-266399), IS SUBSTITUTED AS APPLICANT IN THIS PROCEEDING IN LIEU OF PROTRANS INTERNATIONAL, INC., DECIDED JULY 20, 1993.**

## Active/Pending Insurance:

Form:	<b>91X</b>	Type:	<b>BIPD/Primary</b>	Posted Date:	<b>11/04/2009</b>	
Policy/Surety Number:	<b>4020226529</b>	Coverage From:		<b>\$0</b>	To:	<b>\$1,000,000</b>
Effective Date:	<b>11/01/2009</b>	Cancellation Date:				

Insurance Carrier: **TRANSPORTATION INSURANCE CO.**  
Attn: **DARRELL EVANS**  
Address: **2405 LUCIEN WAY  
MAITLAND, FL 32751 US**  
Telephone: **(407) 919 - 3122** Fax: **(407) 670 - 0090**

Form:	<b>34</b>	Type:	<b>CARGO</b>	Posted Date:	<b>11/04/2009</b>	
Policy/Surety Number:	<b>36 MS PD9246 K3</b>	Coverage From:		<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date:	<b>11/01/2009</b>	Cancellation Date:				

Insurance Carrier: **HARTFORD FIRE INSURANCE COMPANY**  
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**  
Address: **ONE HARTFORD PLAZA  
HARTFORD, CT 06115 US**  
Telephone: **(860) 547 - 5000** Fax:

# FMCSA Motor Carrier

USDOT Number: **525913**  
Docket Number: **MC264190**  
Legal Name: **PROTRANS INTERNATIONAL, INC.**  
DBA (Doing-Business-As) Name



## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>01/09/2015</b>
Policy/Surety Number: <b>2015090107</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>01/29/2015</b>	Cancellation Date:	

Insurance Carrier: **AMERICAN ALTERNATIVE INSURANCE CORPORATION**  
Attn: **TO REPORT A CLAIM CALL 800-305-4954**  
Address: **555 COLLEGE RD E**  
**PRINCETON, NJ 08540 US**  
Telephone:                      Fax:

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

## Rejected Insurances:

Form:	Type:	Coverage From:	<b>\$0</b>	To:	<b>\$0</b>
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

# FMCSA Motor Carrier

USDOT Number: **525913**

Docket Number: **MC264190**

Legal Name: **PROTRANS INTERNATIONAL, INC.**

DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TN023922</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>10/06/1994</b>	To: <b>03/16/1995</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier: **NORTHLAND INSURANCE COMPANY**

Attn:

Address: **385 WASHINGTON STREET MAIL CODE 103  
ST. PAUL, MN 55102-1309 US**

Telephone: **(651) 310 - 4100** Fax: **(651) 310 - 4949**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>MG214169</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>02/17/1995</b>	To: <b>04/29/1996</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: **MONROE GUARANTY INSURANCE COMPANY**

Attn: **MARIA REXFORD**

Address: **6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240 US**

Telephone: **(800) 226 - 3224** Fax: **(800) 226 - 3243**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CA 011 32 75</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>04/29/1996</b>	To: <b>01/01/1998</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: **ST. PAUL PROTECTIVE INSURANCE COMPANY**

Attn: **PLEASE CONTACT YOUR LOCAL AGENT**

Address: **ONE TOWER SQUARE, CL PMU-AUTO-6GS  
HARTFORD, CT 06183 US**

Telephone: Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CA01300306</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>01/01/1998</b>	To: <b>04/24/2005</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier: **ST. PAUL MERCURY INSURANCE COMPANY**

Attn: **PLEASE CONTACT YOUR LOCAL AGENT**

Address: **ONE TOWER SQUARE, CL PMU-AUTO-6GS  
HARTFORD, CT 06183 US**

Telephone: Fax:

# FMCSA Motor Carrier

USDOT Number: **525913**

Docket Number: **MC264190**

Legal Name: **PROTRANS INTERNATIONAL, INC.**

DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>P-810-4861B906-TCT-</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>12/07/2005</b>	To: <b>11/01/2009</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: THE TRAVELERS INDEMNITY CO. OF CONNECTICUT

Attn: PLEASE CONTACT YOU LOCAL AGENT

Address: 1 TOWER SQUARE - 5GS  
HARTFORD, CT 06183 US

Telephone: (860) 277 - 2682 Fax: (860) 277 - 3674

Form: <b>34</b>	Type: <b>CARGO</b>		
Policy/Surety Number: <b>P-660-4861B906-TIL-</b>	Coverage From	<b>\$0</b>	To: <b>\$5,000 *</b>
Effective Date From: <b>12/07/2005</b>	To: <b>11/01/2009</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: 1 TOWER SQUARE, 5GS  
HARTFORD, CT 06183 US

Telephone: Fax:

Form: <b>34</b>	Type: <b>CARGO</b>		
Policy/Surety Number: <b>36 MS PD9246</b>	Coverage From	<b>\$0</b>	To: <b>\$5,000 *</b>
Effective Date From: <b>11/01/2009</b>	To: <b>11/01/2009</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: ONE HARTFORD PLAZA  
HARTFORD, CT 06115 US

Telephone: (860) 547 - 5000 Fax:

Form: <b>84</b>	Type: <b>SURETY</b>		
Policy/Surety Number: <b>PLI 1209136</b>	Coverage From	<b>\$0</b>	To: <b>\$10,000 *</b>
Effective Date From: <b>05/22/2007</b>	To: <b>02/17/2010</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier: OLD REPUBLIC SURETY COMPANY

Attn:

Address: 445 SOUTH MOORLAND ROAD  
BROOKFIELD, WI 53005 US

Telephone: (262) 797 - 2640 Fax: (262) 797 - 9495



# FMCSA Motor Carrier

USDOT Number: **525913**

Docket Number: **MC264190**

Legal Name: **PROTRANS INTERNATIONAL, INC.**

DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>PLI 1209136</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>05/22/2007</b>	To: <b>01/29/2010</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **OLD REPUBLIC SURETY COMPANY**

Attn:

Address: **445 SOUTH MOORLAND ROAD  
BROOKFIELD, WI 53005 US**

Telephone: **(262) 797 - 2640** Fax: **(262) 797 - 9495**

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>929495052</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>01/29/2010</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **WESTERN SURETY CO.**

Attn:

Address: **101 SOUTH PHILLIPS AVE.  
SIOUX FALLS, SD 57104 US**

Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>929495052</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>10/01/2013</b>	To: <b>01/29/2015</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: **WESTERN SURETY CO.**

Attn:

Address: **101 SOUTH PHILLIPS AVE.  
SIOUX FALLS, SD 57104 US**

Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY CONTRACT CARRIER	REINSTATED	12/19/2005 REVOKED 08/03/2017
	PROPERTY BROKER	REINSTATED	05/23/2007

# FMCSA Motor Carrier

USDOT Number: **525913**

Docket Number: **MC264190**

Legal Name: **PROTRANS INTERNATIONAL, INC.**

DBA (Doing-Business-As) Name



Authority History:				
Sub No.	Authority Type	Original Action	Disposition Action	
	PROPERTY BROKER	GRANTED	05/29/2007	
1	MOTOR PROPERTY CONTRACT CARRIER	REINSTATED	09/15/1994	REVOKED 05/02/2005
0	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	08/19/1993	REVOKED 05/02/2005
0	PROPERTY BROKER	GRANTED	RENUMBERED 07/15/1993	

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason
CONTRACT		08/03/2017	VOLUNTARY REVOCATION
CONTRACT	03/28/2005	05/02/2005	INVOLUNTARY REVOCATION
CONTRACT		05/17/1994	VOLUNTARY REVOCATION

- [Print Profile](#)

- [PDF Version](#)

## PROTRANS INTERNATIONAL INC

information as of 03/23/18

### YOUR VENDOR IDS & NOTES

[Edit Vendor ID's & Notes](#)

No vendor ID's or notes on file

### GENERAL INFORMATION

Source: [FMCSA](#)

DOCKET <a href="#">MC264190</a>	LEGAL NAME PROTRANS INTERNATIONAL INC	DOT NUMBER <a href="#">525913</a>	INTRASTATE/CODE
ENTITY TYPE BROKER	DBA NAME	OPERATION TYPE Interstate	
OPERATING STATUS AUTHORIZED FOR BROKER Property	BUSINESS ADDRESS 8311 N PERIMETER ROAD INDIANAPOLIS, IN 46241	POWER UNITS 1	DRIVERS 1
DUNS	BUSINESS PHONE 317-240-4100	BUSINESS FAX 317-240-4104	MCS-150 FORM DATE <a href="#">Hazmat Registration Search</a>
SCAC PNII	MAILING ADDRESS PO BOX 42069 INDIANAPOLIS, IN 46242	MCS-150 MILEAGE/YEAR	
	MAILING PHONE 317-240-4100	MAILING FAX 317-240-4104	OUT OF INTERSTATE SERVICE No

COMMODITIES

SPECIAL COMMODITIES

### DOT AUTHORITY STATUS AS OF 03/22/18

Source: [FMCSA](#)

### INSURANCE REQUIREMENTS

Source: [FMCSA](#)

AUTHORITY	STATUS	APPLICATION PENDING	INS. TYPE	REQUIRED	ON FILE
Common	None	No	BIPD	\$1,000,000	\$1,000,000
Contract	Inactive	No	Cargo	No	Yes
Broker	Active	No	Bond	Yes	Yes
	FREIGHT Yes	PASSENGER No	HHG No		

### DOT ACTIVE/PENDING INSURANCE AS OF 03/22/18

Source: [FMCSA](#)

<b>84 / Bond</b>	POLICY/SURETY 2015090107	INSURANCE CARRIER
	COVERAGE FROM	CONTACT

\$0

TO REPORT A CLAIM CALL 800-305-4954

COVERAGE TO  
\$75,000

PHONE

FAX

EFFECTIVE DATE  
01/29/15ADDRESS  
555 COLLEGE RD E  
PRINCETON, NJ 08540

CANCELLATION DATE

**91X / BIPD**POLICY/SURETY  
4020226529

INSURANCE CARRIER

COVERAGE FROM  
\$0CONTACT  
DARRELL EVANSCOVERAGE TO  
\$1,000,000PHONE  
407-919-3122FAX  
407-670-0090EFFECTIVE DATE  
11/01/09ADDRESS  
2405 LUCIEN WAY  
MAITLAND, FL 32751

CANCELLATION DATE

**34 / Cargo**POLICY/SURETY  
36 MS PD9246 K3

INSURANCE CARRIER

COVERAGE FROM  
\$0CONTACT  
PLEASE CONTACT YOUR LOCAL AGENTCOVERAGE TO  
\$0PHONE  
860-547-5000

FAX

EFFECTIVE DATE  
11/01/09ADDRESS  
ONE HARTFORD PLAZA  
HARTFORD, CT 06115

CANCELLATION DATE

**NOTE:** If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

**SAFETY DATA (AS OF 03/22/18)**Source: [FMCSA](#)

SAFETY RATING None	EFFECTIVE	TOTAL INSPECTIONS (US) (PAST 24 MONTHS)	TOTAL INSPECTIONS (IEP) (PAST 24 MONTHS)	TOTAL INSPECTIONS (CANADA) (PAST 24 MONTHS)
		0	0	0
REVIEW TYPE None	REVIEW DATE 08/02/02	INSP. TYPE	# OF OUT OF SERV INSP.	NAT'L AVG (2009- 2010)
		Vehicle	0 0 (0.0%)	20.72%
		Driver	0 0 (0.0%)	5.51%
		Hazmat	0 0 (0.0%)	4.50%
PREVIOUS RATING None	EFFECTIVE	IEP	0 0 (0.0%)	N/A
		Vehicle - Canada	0 0 (0.0%)	
		Driver - Canada	0 0 (0.0%)	
CRASHES (PAST 24 MOS)	TOTAL	FATAL	INJURY	TOW
US	0	0	0	0
Canada	0	0	0	0

SMARTWAY DATA (AS OF 03/19/18)

Source: [SmartWay](#)

DIVISION COMPANY NAME	MODE	SUBMODE	GM METRICS			GTM METRICS		
			CO2	NOX	PM	CO2	NOX	PM
ProTrans	Logistics	-	1780.0	8.0	0.24	104.0	0.51	0.016