



Jones Logistic Services, LLC.
1519 Diamond AVE NE
Grand Rapids, MI 49509
Office: (616) 855-1585
www.joneslogisticsservices.com

Customer Packet

Thank you for your interest to partner with Jones Logistic Services, LLC. To streamline the entry of your company into our database we have provided the following packet outlining the specific information we will need from you. Please see below index for the list of documents that need to be filled out and/or provided.

For your records:

Company profile & Contact Information

Certificate of Liability Insurance

Authority

IRS Form W-9

Credit Application

Shipper-Broker Transportation Agreement

What we will need from you:

Please fax the complete the following documents and fax back to [616-855-1586](tel:616-855-1586) or email to joneslogisticsservices@gmail.com.

1. ___ Broker/Shipper Agreement—Reviewed, signed and dated
2. ___ Credit Application—Please complete and return or provide your letter of business references and your Accounts payable contact information.

Feel free to call 616-855-1585 if you have any questions or need any further assistance.



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COMPANY PROFILE

Telephone:		616.855.1585
Fax:		616.855.1586
Corporate Office Address:		1519 Diamond AVE NE Grand Rapids, Mi 49505
MC#	1183546	
Fed ID#	85-3970374	
Contacts:	General Manager Operations Manager Broker/Dispatcher	Shawn Jones Shawn Jones Shawn Jones
Emergency Contacts:	Shawn Jones	616.427.7173



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APPLICATION FOR CREDIT

****THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE****

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

_____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

FEDERAL TAX ID# _____ YEARS IN BUSINESS _____

OWNER _____ ADDRESS: _____

CITY/STATE: _____

PHONE#: _____

A/P CONTACT: _____ PHONE#: _____

EMAIL: _____

REFERENCES

BUSINESS NAME/ADDRESS

CONTACT NUMBERS

1. _____

PHONE# _____

EMAIL: _____

FAX: _____

2. _____

PHONE# _____

EMAIL: _____

FAX: _____

Applicant has carefully reviewed the representation set forth above and certifies all such representation to be complete and correct to the best of his/ her knowledge. Permission is hereby granted to verify credit information from trade & bank references and information provided, and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

X Signed _____ **Date:** _____

BROKER SHIPPER AGREEMENT

AGREEMENT: made this _____ day of _____, _____, shall govern the services provided by Jones Logistic Services, LLC., hereinafter referred to as BROKER, and _____, hereinafter referred to as SHIPPER, located at _____.
WITNESSETH:

1. BROKER is a licensed broker of property authorized by the Federal Highway Administration, license pursuant to Docket MC#3542855 (a copy of license and surety bond is attached hereto and made part thereof) to arrange transportation of property for commercial shippers and receivers of property between all points in the United States, and
2. SHIPPER, desiring to enter into a contract relationship with BROKER.
NOW THEREFORE,
3. SHIPPER agrees to offer for shipment and BROKER agrees to arrange for transportation by motor vehicle from and to points which service may be required and such quantities of authorized commodities as the SHIPPER may require.
4. SHIPPER agrees to offer to BROKER for shipment, a minimum of {Loads} loads per year for each year this Agreement remains in effect.
5. SHIPPER agrees to pay BROKER for the transportation of authorized commodities under this agreement in accordance with effective schedules within fifteen (15) days of the receipts by SHIPPER of the BROKER'S invoice covering such transportation and proof of delivery documents, or in the time period agreed upon, in writing, between SHIPPER and BROKER as an addendum to this AGREEMENT.
6. Discounts of freight invoice charges will not be permitted. The BROKER reserves the right assess a service charge of 3% for each invoice for each fifteen (15) day period (or 36% annually) of freight invoice if not paid within the above schedule.
7. The basic transportation rate negotiated between the parties is: Freight, all kinds; all shipments: Rates to be determined; placed in writing, and agreed to by both parties by signature on BROKER'S load rate confirmation document and renegotiated for each load tendered.
8. Additional rates or modifications of the above rate may be established or amended verbally in order to meet specific shipping schedules, as mutually agreed, but such changes shall be sent by the party initiating the change, by facsimile machine (fax) or email, to the other party, and the approval of the change shall be acknowledged by the second party by, initialing the change, and returning, by facsimile machine or email

confirmation of the proposed change. These changes shall be separately numbered as Appendix A, Addendum 1, etc.

9. Although not required by the Federal Highway Administration, BROKER agrees to maintain cargo insurance in the amount of \$100,000 as a supplemental contingency insurance to compensate SHIPPER for loss or damage to shipments tendered to BROKER'S transportation services. SHIPPER agrees that the primary insurance coverage and responsibility for loss or damage is that of the licensed motor carrier transporting transporting shipments, as required by the Federal Highway Administration, and that BROKER'S cargo insurance will be utilized only in the case of failure of carrier's insurance; in any case, BROKER'S liability shall be limited to the coverage afforded by BROKER'S contingent cargo policy.

10. All of the rules promulgated by the Federal Highway Administration as to filing of claims and settling of claims, and all the requirements to as to public liability and property damage and cargo insurance that pertain to a common carrier or contract carrier should be equally applicable to the carrier on shipments moving under this agreement.

11. The parties agree that in the event the SHIPPER determines it has a claim for loss of cargo or damage against the carrier, that all claims are filed and processed in accordance with (49 C.F.R. 1005). BROKER may, as a matter of courtesy and convenience and on behalf of the SHIPPER, handle claims or assist in the handling of claim for loss or damage against the carrier.

12. Rates and charges for traffic moved under this AGREEMENT shall be as agreed to between the parties hereto in writing and are to be contained in a rate schedule or memorandum of rates and charges prepared and issued by BROKER and acknowledged by SHIPPER. Changes to its schedule or memorandum shall also be made in writing within a mutually agreed period of time, and similarly acknowledged.

13. The carrier shall, on each movement, issue a standard Bill of Lading, and the traffic shall be delivered under the terms and conditions of the said Bill of Lading, which shall contain the standard process as to the filing and settling of claims.

14. Neither party hereto will be liable for the failure to tender or timely transport freight under the AGREEMENT if such failure, delay or other omission is caused by strikes of war, acts of God, accidents, civil disorder, through compliance with legally constituted order of civil or military authority.

15. Carrier shall be liable to the SHIPPER for loss or damage to any property transported under this AGREEMENT. Such liability shall begin at the time cargo is loaded carrier's equipment at the point of origin, and continue until said cargo is delivered to the designated consignee at the ultimate destination or to any intermediate pick-up and stop-off points between the point of origin and the final destination. The

liability shall be for the full value of the item, which shall be understood to mean the replacement cost of the lost or damaged item(s).

16. All claims for loss and damage, and any salvage arising there from shall be handled and processed in accordance with the effective schedules within thirty (30) days of the receipt by SHIPPER of BROKER'S invoice covering such transportation.

17. If any dispute arises about any matter covered by the terms of this AGREEMENT, the parties' recourse shall be to the judicial system, either state or federal.

18. The relationship of BROKER to the SHIPPER shall at all times, be that of an independent contractor.

19. This AGREEMENT shall remain in effect for a period of one (1) year, and from year to year thereafter, subject to the right of either party herein to terminate the AGREEMENT at any time upon not less than thirty (30) days written notice of one party or the other.

IN WITNESS WHEREOF, the parties solidify this AGREEMENT made this _____ day of _____, _____.

Jones Logistic Services, LLC.

By: _____
Title: _____

By: _____
Title: _____



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

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

SERVICE DATE
January 25, 2021

LICENSE
MC-1183546-B
U.S. DOT No. 3542855
JONES LOGISTIC SERVICES LLC
GRAND RAPIDS, MI

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hancock & Associates, Inc. 7237 Oak Ridge Hwy Knoxville, TN 37931 Phone (800) 977-9885 Fax (800) 686-2170	CONTACT NAME: CUSTOMER SERVICE PHONE (A/C, No, Ext): (800) 977-9885 FAX (A/C, No): (800) 686-2170 E-MAIL ADDRESS: service@hancockinsagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED JONES LOGISTIC SERVICES LLC 1519 DIAMOND AVE NE GRAND RAPIDS MI 49505	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F : CERTAIN UNDERWRITERS AT LLOYDS LONDO AA1127414	

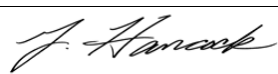
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
F	CONTINGENT CARGO			B042421INT0236	01/21/2021	01/21/2022	LIMIT \$100,000 DEDUCTIBLE \$1,000 REEFER DEDUCTIBL \$2,500

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

CERTIFICATE HOLDER **CANCELLATION**

MASTER CERTIFICATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Shawn P. Jones	
	2 Business name/disregarded entity name, if different from above Jones Logistic Services LLC	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input 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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1519 Diamond AVE NE	Requester's name and address (optional)
	6 City, state, and ZIP code Grand Rapids, MI 49505	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	5	-	3	9	7	0	3	7	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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.