



**BEST VALUE
CARRIERS**
On target. On time.

CARRIER SET-UP PACKET

2526 Valleydale Road, Suite 200

BIRMINGHAM, AL 35244

EMAIL or FAX COMPLETED DOCUMENTS TO:

amy@bestvaluecarriers.com or 205-408-4444

Problem Resolution Contact

CORPORATE OFFICE: 205-408-9997 FAX: 205-408-4444

ALT OFFICE: 855-293-2378

BVC Invoice Questions Contact:

ACCOUNTING: 205-408-9992 bvc.harry@gmail.com



CARRIER PROFILE / INFORMATION SHEET

Best Value Carriers, LLC. (BVCR)

www.bestvaluecarriers.com

Carrier Legal Name: _____

dba / Trade Name: _____

Address: _____ City _____ State _____ Zip _____

Factor Contact Name & Telephone (if any) _____

Owner (Officer-Contact) Name: _____ E-Mail _____

Accounting / Credit / Accts Rec Contact _____ # _____ e-mail _____

Tax / Federal ID #: _____ SCAC # _____ Office Phone # _____

Office Fax # _____ MC # _____ USDOT# _____

Workman's Compensation Insurance \$: _____ Exp. Date _____

Req'd Cargo Ins. Amount: \$ _____ Cargo Exp. Date: _____

Req'd Auto Liability Ins.: \$ _____ Auto Liability Exp. Date: _____

Power Only- Req'd Trailer Interchange Ins: \$ _____ Exp. Date _____

California Air Resources Board (CARB) Compliant-Attach Certificate – Expiration Date _____

State(s) _____ Alcohol Transporters License # _____ Expiration _____

General Liability Ins: \$ _____ General Liability Exp. Date _____

Dispatch Manager: _____ After Hours Contact: _____

Dispatch Number: _____ After Hours #: _____

Dispatch Email Address: _____

Company Website: _____

Owner Operator: Circle one Y / N

Daily lanes / areas / regions preferred or concentration: _____

Fleet Details: Types of Equipment and **QUANTITY OF EACH**

Flats: _____ Steps: _____ Vans: _____ RGNs: _____

Conestogas _____ Hotshots _____ Reefers _____ Curtainside Vans _____ Double Drops _____

Extendable Flats _____ Extendable RGN _____ Intermodal Capability _____ Power Only _____

Hazmat Cert. Level: _____ Specialized Service: _____

PLEASE return the following Set Up Documents / information:

- Carrier Profile / Information Sheet
- Signed Contract
- W-9 Form Completed
- Trucking Authority Data
- Insurance Certificates
- Attach / List Trade References

June 07, 2018

BEST VALUE CARRIERS, LLC
2526 Valleydale Road, Suite 200 – Hoover, AL 35244
BROKER - CARRIER CONTRACT FOR TRANSPORTATION OF PROPERTY

This agreement, entered into on this _____ day of _____, 20_____, between _____, hereinafter referred to as Carrier, and Best Value Carriers, LLC., hereinafter referred to as Broker.

WITNESSETH:

WHEREAS, Carrier is an interstate contract carrier of property operating under License MC # _____, a copy of said License being attached hereto and made a part hereof, issued to Carrier by the U S Department of Transportation - Federal Motor Carrier Safety Administration. and

WHEREAS, Broker is an interstate broker of general commodities, except household goods, operating under License No. MC 786952, a copy of said License being attached hereto and made a part hereof, issued to it by the U S Department of Transportation - Federal Motor Carrier Safety Administration. and

WHEREAS, Carrier and Broker desire to enter into an Agreement for the transportation of certain property tendered directly or indirectly by Broker to Carrier,

NOW, THEREFORE, in consideration of the foregoing premises and of the mutual promises herein contained, Carrier and Broker agree as follows:

1. The term of this agreement shall be for a period of one year and will automatically renew year after year, for like term, until canceled upon written notice of one party to the other.
2. Carrier shall procure and maintain in full force and effect public Auto Liability Insurance required by the Interstate Commerce Commission in the amount of \$1,000,000 and in addition, shall procure and maintain Cargo Insurance in the amount of \$150,000.00 for loss and damage to property transported by Carrier under this Agreement. The Cargo Insurance shall be in the form required by 49 CFR 1043.2(b), and shall have no exclusions or restrictions that would not be accepted by the U S Department of Transportation - Federal Motor Carrier Safety Administration for a filing under the statutory requirements of the above cited section. In order to assure the Carriers ability to maintain the insurance coverage detailed above, Carrier shall have an endorsement included in each policy providing for a written notice of cancellation to be forwarded directly to Broker thirty (30) days prior to cancellation or non-renewal, and in addition, Carrier shall deliver to Broker a Certificate of Insurance issued by its insurance carrier relating to each policy in force.
3. Carrier will agree to abide by all DOT Regulations and Requirements. Regulations and Requirements including, but not limited to Vehicle Inspections, Safety Procedures, Driver Logs, Maintenance Procedures and Records. Carrier shall be responsible for providing and requiring its employees, hired third persons and associates to have access and wear appropriate personal protection gear in the performance of this agreement.
4. All claims for loss and damage, and any salvage arising thereof, shall be handled and processed in accordance with the regulations of the U S Department of Transportation - Federal Motor Carrier Safety Administration as provided in 49 CFR 1005.

Initial Broker  Carrier _____

5. Carrier shall issue and / or execute a standard Bill of Lading or receipt acceptable to Broker and / or underlying shipper's Bill of Lading upon acceptance of the goods, commodity, equipment identified thereon.

Carrier assumes the liability of an interstate contract carrier from the time of receipt and a Bill of Lading shall be prima-facie evidence of receipt of such goods, commodity, equipment is in good order and condition unless otherwise noted on the face of said document. Carrier shall be responsible for verifying the commodity or equipment as identified on the Broker's Rate Confirmation Sheet and / or the shipper's Bill of Lading Document. In the event the commodity / equipment to be loaded by shipper is different including, but not limited to type, class, dimension, weight, condition, Carrier shall notify Broker immediately for appropriate clarification, resolution or disposition prior to Carrier's departure for the destination. Broker shall not be responsible for compensating Carrier additional fees arising out of any discrepancy for which Carrier failed to advise Broker nor shall Broker be responsible to compensate Carrier fees denoted on the initial Rate Confirmation Sheet or shipper's Bill of Lading Document due to errors, omissions or discrepancies that may subsequently arise and that results in Carrier hauling a lesser load than initially specified on the Rate Confirmation Sheet or shipper's documents. Broker, at its sole discretion, will adjudicate in good faith an appropriate adjustment to arrive at a final compensation rate for the actual load hauled.

Carrier acknowledges that Broker should not be listed on the Bill of Lading and that if Broker is listed on the Bill of Lading as the carrier this will occur for the convenience of the Shipper only and Carrier at all times is the actual carrier of goods and Broker's role is limited to arranging for transportation. In the event Broker's name is listed on the Bill of Lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable.

6. Carrier shall charge and Broker shall pay for transportation services performed under terms of this Agreement the rate and charges as shown on a separate Rate Confirmation Sheet or as maybe adjusted by circumstances denoted in paragraph 5 above for each load which includes all transportation cost including, but not limited to, fuel surcharges pursuant to Section 884 of the National Defense Authorization Act for FY 2009 (Pub. L.110-417) tolls and permits to be signed and agreed to by Carrier and Broker before each shipment made under this Agreement. Payment by Broker will be made upon receipt of Carriers freight invoice, Original Bill of Lading, or any other necessary billing documents enabling Broker to ascertain that service has been performed and completed. Any adjustments to a Rate Confirmation Sheet regarding subsequent charges including but not limited to detention, accessorial, stop offs not initially required shall be due and payable when Broker collects same.

7. Broker agrees to pay Carrier for the transportation services performed under terms of this Agreement within 30n days of receipt by Broker of Carrier's freight invoice documents and the Original Bill of Lading.

8. Carrier understands and agrees that Broker has put forth substantial effort and investment in order to develop its accounts and it will at no time during the term of this Agreement and for a period of one (1) year after the effective date of termination of this Agreement, either directly or indirectly, attempt to solicit, divert, by-pass, back solicit or perform any service for compensation for any account of Broker which Broker has secured and has previously tendered to Carrier for transportation, unless Broker has given prior written authorization. In the event that the Carrier violates the terms of this section, Carrier shall be liable to Broker for normal and customary commission, which Broker within thirty (30) days after billing the shipper.

9. Carrier and Broker communication is of paramount importance in the successful performance of this agreement, therefore, Carrier agrees to have driver, dispatcher or person of authority contact Broker regarding the load status at a reasonable time before any scheduled pick up appointment, at arrival at origin for pick up and intermittingly in transit as well as at the time of delivery to assist Broker in resolving any issues that may occur. In cases of breakdown, accidents or delay in pick up or delivery, driver shall contact Broker immediately and keep Broker advised as to progress of the freight engagement.

Initial Broker  Carrier _____

10. Carrier is responsible for all expenses which are caused by any action taken by the Carrier to defer the delivery of the freight voluntarily or involuntarily.

11. Carrier is an independent contractor and is in no way to be considered an agent or employee of Broker. Carrier agrees to indemnify and hold harmless Broker from any and all claims of any type or nature arising or growing out of the transportation operations and activities of the Carrier hereunder, and assumes full responsibility for all salaries, taxes, insurance, pensions and benefits of the employees of the Carrier in the performance of this Agreement.

12. This Agreement shall be governed by and interpreted under the laws of the State of Alabama.

13. This Agreement constitutes the entire agreement and understanding between the parties and shall not be modified, altered, changed or amended in any respect unless in writing and signed by both parties.

In witness thereof, the parties have indicated the approval by signature of their authorized representatives on the day and date first above noted.

BROKER:

BEST VALUE CARRIERS, LLC
Forrest H Doles, Managing Member



Authorized Signature

CARRIER:

Print Name:
Title:

Authorized Signature

Initial Broker  Carrier _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2019

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 Houseal Agency, Inc. 3918 Montclair Road, Suite 208 Birmingham, AL 35213-1389 Bill Houseal	205-871-3894		CONTACT NAME: Dana Sims	
			PHONE (A/C, No, Ext): 205-871-3894	FAX (A/C, No): 205-871-3898
			E-MAIL ADDRESS: dana@wbhins.com	
INSURER(S) AFFORDING COVERAGE				NAIC #
INSURER A: Evanston Insurance Company				
INSURER B:				
INSURER C:				
INSURER D:				
INSURER E:				
INSURER F:				

INSURED
 Best Value Carriers, LLC
 & SCAC:BVRC
 2526 Valleydale Road, Ste 200
 Hoover, AL 35244

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			TBP0040-01	06/12/2019	06/12/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TBP0040-01	06/12/2019	06/12/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
A	Contingent Cargo Liability			IMS40568	06/12/2019	06/12/2020	LIABILITY	150,000

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

CERTIFICATE HOLDER **CANCELLATION**

PROOFIN Proof Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Bill Houseal



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

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

SERVICE DATE
June 04, 2012

LICENSE
MC-786952-B
U.S. DOT No. 2310530
BEST VALUE CARRIERS, LLC
BIRMINGHAM, AL

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, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

Bank References:

1. Servis 1st Bank
Nicholas J. Balanis - Senior Vice President
Shelly Finney - Commercial Banking Assistant
2500 Woodcrest Place
Homewood, AL 35209
Office: 205-949-3433 205-578-4666
Fax: 205-949-1177
nbalanis@servisfirstbank.com
sfinney@servisfirstbank.com

Factors: (Not a complete list) - BVC has credit lines with many others

1. Apex Capital Corporation
2. Advance Business Capital LLC - Triumph
3. First Line Funding Group
4. Fleet One Factoring - WEX
5. Interstate Capital Corp
6. Cash Factor - Summar
7. RTS Financial
8. Compass Funding Solutions
9. Marquette Transportation Finance
10. Crestmark TPG
11. Corporate Billing
12. Great Plains Transportation Services
13. D & S Factors
14. Eagle Capital Corp
15. TransAm Financial - TAFS
16. TBS Factoring
17. Bibby Transportation
18. e-Capital
19. TCI Business Capital
20. England Carrier Service
21. Enoble Business Capital
22. Financial Carrier Services
23. G Squared Funding
24. J D Factors
25. Orange Commercial Credit
26. Pay 4 Freight
27. Wallace Company

Best Value Carriers, LLC.
2526 Valleydale Road, Suite 200
Hoover, AL 35244
www.bestvaluecarriers.com

Trade References:

1. Houseal Insurance and Bonding, Inc.
P.O. Box 131389
Birmingham, AL 35213
Bill Houseal: 205-871-3894

2. Landstar System Holdings
904-390-6629
Jordan Longo

3. Sammons / DSV Road Transport
3665 W Broadway
Missoula, MT 59808
800-548-9276

4. RangeWay Carriers, LLC.
Pelham, AL 35124
Wesley Dunn: 205-613-6327

5. American Transport
TII Family of Companies
Pittsburg, PA
Brendan Creighan
412-490-7730

6. Greatwide Dallas Mavis
Kimeka Ramseur
Atlanta, GA
704-235-3716

7. Tryon Trucking
P O Box 68
Fairless Hills, PA 19030
800-523-5254

8. Universal Truckload
Warren, MI

9. Admiral Merchants Motor Freight
Minneapolis, MN 55403

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)	
	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 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) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
City, state, and ZIP code		
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 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 *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

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).

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 4.

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

General Instructions

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

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.