



Big State Logistics  
113 Clark Street Suite 3, Tupelo, MS 38804  
Phone 662-350-3685 Fax 662-350-3429

To our valued carrier,

We appreciate the opportunity to do business with your company. In this package, you will find our set-up form, Broker/Carrier Agreement, MC page, W-9, broker bond and insurance information.

Please fill out and sign the required forms and fax or email them to us along with your authority information, W-9 and insurance certificate. We must be listed as certificate holder on your insurance and have all required documentation in our office before your driver can be dispatched.

Our parent company has over twenty years of experience in the transportation industry. Our highly trained and motivated team is committed to serving our customers and taking care of our carriers. We look forward to building a relationship with your company.

Sincerely,

The Big State Logistics Team

Big State Logistics  
Carrier Set-Up Sheet

113 Clark St. Ste. # 3  
Tupelo, MS 38804

662-350-3685  
662-350-3429

Date: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Other: \_\_\_\_\_

MC# \_\_\_\_\_ DOT# \_\_\_\_\_

Preferred Lanes: \_\_\_\_\_

Truck Only: Yes \_\_\_ No \_\_\_ TL Only Yes \_\_\_ No \_\_\_ Will You Bid on Lanes Yes \_\_\_ No \_\_\_

General Freight \_\_\_ Beverages \_\_\_ Fresh Produce \_\_\_ Paper Products \_\_\_ Meat \_\_\_

Refrigerated Foods \_\_\_ Other \_\_\_\_\_

Authority Type \_\_\_\_\_

Liability Insurance \_\_\_\_\_ Amount \$ \_\_\_\_\_

Carrier \_\_\_\_\_

Agent \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Vans: 48' \_\_\_\_\_ 53' Number of: \_\_\_\_\_ Air Ride: Yes \_\_\_ No \_\_\_

Refer: 48' \_\_\_\_\_ 53' Number of: \_\_\_\_\_ Air Ride: Yes \_\_\_ No \_\_\_

Number of trucks \_\_\_\_\_

Specialty Equipment: \_\_\_\_\_

We strive to pay all of our carriers within 30 days of receiving an Email with a copy of BOL, invoice, signed rate confirmation and any receipts and other important documents sent to [invoices@bigstatelog.com](mailto:invoices@bigstatelog.com)



Big State Logistics

500 Victoria Dr. Houston, TX 77022

Phone 662-350-3685 Fax 662-350-3429

MC: 038073 Fed ID: 81-1737065 SCAC: BSLG

### **Carrier Payment Information**

We process payments within 30 days of receiving an invoice, signed Bill of Lading, and any other required documents. For fastest processing, please email documents to [invoices@bigstatelog.com](mailto:invoices@bigstatelog.com).

Please help us expedite payment by providing the following:

- An invoice showing the Big State Logistics Pro number
- Signed BoL, signed Rate Confirmation and any receipts
- Any other important, relevant documents

Big State Logistics  
Carrier Set-Up Sheet

113 Clark St. Ste. # 3  
Tupelo, MS 38804

662-350-3685  
662-350-3429

CARRIER PAYMENT SHEET

We need to know exactly where to send your payments. Please fill out the required information below.

**!!!!Please Print Clearly!!!!**

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

CARRIER PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CARRIER MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FACTORING COMPANY NAME: \_\_\_\_\_

Factoring Company Address \_\_\_\_\_  
\_\_\_\_\_

Factoring Company Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Carrier Representative Date

113 Clark Street #3  
Tupelo, MS 38804

**BIG STATE LOGISTICS**  
**Carrier Set-up**

662-350-3685  
662-350-3429

This is a Broker/Carrier agreement ("agreement") is made and entered into by Big State Logistics (the broker), located at 113 Clark St #3 Tupelo, MS 38804 and \_\_\_\_\_ (the carrier) MC# \_\_\_\_\_ located at \_\_\_\_\_

### **Recitals**

Both parties have the legal capacity to enter into this agreement. Both parties are licensed by the appropriate Federal and State agencies regarding interstate freight transportation. Carrier desires to enter into an agreement with Broker to provide transportation services and earn a fee.

### **Agreement**

Broker and Carrier agree to the following:

1. The above recitals are true and correct and form an integral part of this Agreement.
2. Broker shall comply with all Federal and State laws relating to the brokerage of freight.
3. Broker represents that Broker's customers have complied with all governing Federal and State regulations.
4. Broker is solely liable for all payments to Carrier and failure of Broker to collect payment from a customer will not relieve Broker of responsibility to pay Carrier.
5. Carrier agrees to transport freight pursuant to Broker's instructions.
6. Carrier represents that the following requirements have been met: A. Carrier maintains and has in effect a minimum of \$150,000.00 in cargo insurance coverage. B. Carrier maintains and has in effect an adequate workers compensation insurance policy. C. Carrier possesses satisfactory US DOT safety ratings. D. Carrier is legally capable of providing the services considered under this Agreement.
7. Every shipment shall use a standard Bill of Lading, which sets forth the name of the Carrier.
8. After delivery, Carrier must obtain a signed BOL from the recipient of the cargo as designated by Broker. The receipt type shall indicate the type and quantity of the product delivered. In and out times.
9. Carrier will supply all necessary equipment for transporting the cargo. This requirement includes paying for expenses related to such equipment and maintenance of the equipment.
10. Carrier shall only use licensed and competent workers to fulfill its responsibility under this Agreement
11. Carrier shall not use any sub-contractors to transport any cargo arranged by Broker, without prior written consent of Broker.
12. Carrier shall receive payment from Broker in the amount specified by the rate conformation.

13. Broker expressly acknowledges that Broker will be acting as in independent contractor and not as an employee of any shipper or customer

14. Detention starts after 4hr past the appointment time at the rate of \$25 an hour **BUT** you must call and let us know after he has been there for 2hrs after the appointment. There is NO detention paid at first come first serve facilities, if the driver is there past midnight, we will pay you a \$100 layover.

15. We pay a Truck order not used of \$150 if your truck is dispatched to a load and it is cancelled.

16. The carrier agrees to pay a Load order not used of \$150, if they cancel/give back or do not pick up the load

17. Carrier agrees to accept tracking link and do 2 checks everyday while under the load

18. The appointment of Carrier hereunder is non-exclusive. This agreement does not convey to carrier the exclusive right to carry out the transportation services for Broker or Brokers customers.

19. Carrier shall defend and hold broker harmless from, and indemnify broker for any and all liability or claims for loss or damage to any cargo in the possession and/or control of the carrier in connection with transportation under this agreement, and any and all liability or claims for personal injury, death, or property loss or damage arising out of the act is or missions of carrier, its employees, independent contractors or agents in providing transportation under this agreement.

20. if any portion of this agreement should be found to be void or unenforceable, it shall in no way effect the validity or enforceability of any other portion hereof: the following and regulations shall govern:

(a) the standard truckload bill of lading (b) common carrier standard calm rules (c) the Carmack amendment as it applies to cargo claims (49 U.S.C. 14706). Additionally, the general doctrine of federal transportation law will apply.

21. Both parties agree that disputes arising between Broker & Carrier, regarding interpretation of or performance under this agreement will be heard and decided by a court of competent jurisdiction in lee county, Mississippi.

22. The term of this agreement shall be for one (1) year and shall automatically renew unless terminated by either party. Either party may terminate this agreement at any time without cause by providing the other party with a thirty-day written notice.

23. time is declared to be of the essence of this agreement.

This agreement has been executed by both parties on the \_\_\_\_\_ day of \_\_\_\_, 20\_\_\_\_

Agreed to and signed by

**Carrier Rep:** \_\_\_\_\_

Broker rep: *Stina A Nix*

Big State Logistics  
113 Clark Street, Suite 3, Tupelo, MS 38804  
Phone 662-350-3685 Fax 662-350-3429

Reference Carriers

Aaron Trucking Services  
MC # 40093  
Ph: 281-676-0368  
Contact: Mary

Cardinal Express Logistics  
MC 903936  
Ph: 847-264-9168  
Contact: Lana

Morrison Trucking  
DOT 1160180  
Ph: 903-922-3977  
Contact: Clint

Yummy Transport  
MC 55498  
Ph: 469-988-0343  
Contact: Yusmy Morales

GHB Express  
MC 805082  
Ph: 832-277-7459  
Contact: Gonzalo



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

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

**SERVICE DATE**  
August 09, 2017

**LICENSE**  
**MC-38073-B**  
U.S. DOT No. 3028333  
EAA LOGISTICS LLC  
D/B/A BIG STATE LOGISTICS  
HOUSTON, TX

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



## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	EAA LOGISTICS LLC	
	2 Business name/disregarded entity name, if different from above	
	DBA BIG STATE LOGISTICS	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>P</u> <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶	
	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.)	Requester's name and address (optional)
113 CLARK STREET, SUITE 3		
6 City, state, and ZIP code		
TUPELO, MS 38804		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]								
or									
Employer identification number									
8	1	-	1	7	3	7	0	6	5

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

Date ▶ 8/16/17

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

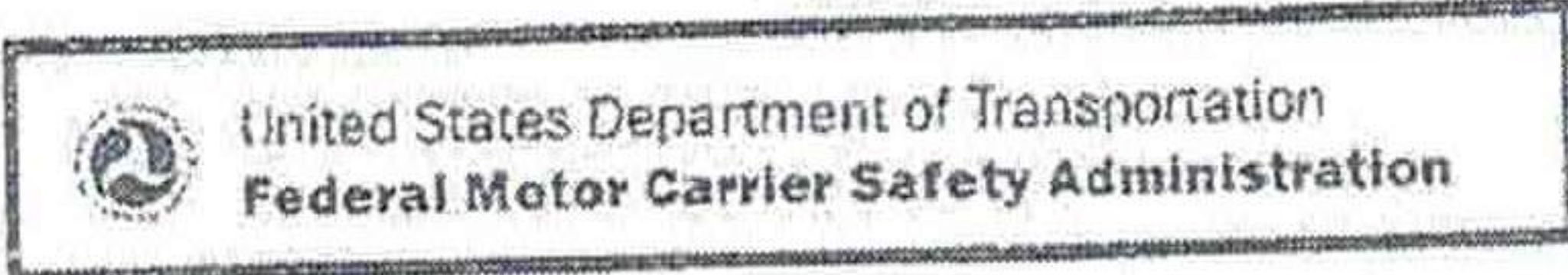
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

Bond Serial No. 2017120186

**FORM BMC-84**

Filer FMCSA Account Number: 22010-00

License No(s): MC38073, DOT3028333

KNOW ALL MEN BY THESE PRESENTS, that we, EAA LOGISTICS, LLC DBA BIG STATE LOGISTICS,  
(Name of Broker or Freight Forwarder)  
 of 700 GEMINI AVENUE, SUITE #240, HOUSTON, TX 77058,  
(Address)  
 as PRINCIPAL (hereinafter called Principal), and AMERICAN ALTERNATIVE INSURANCE CORPORATION,  
(Name of Surety)

a corporation, or Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of DELAWARE (hereinafter called Surety), are held and firmly bound unto the United States of America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 3rd day of August, 2017, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages

arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 3 day of 8, 2017.

PRINCIPAL

EAA LOGISTICS, LLC DBA BIG STATE LOGISTICS  
COMPANY NAME  
700 GEMINI AVENUE, SUITE # 240  
STREET ADDRESS  
HOUSTON, TX 77058  
CITY, STATE, ZIP CODE

Armando Moreno  
(type or print Principal officer's name and title)  
*[Signature]*  
(Principal officer's signature)

Rene Cantu  
(type or print witness's name)  
*[Signature]*  
(witness's signature)

SURETY

AMERICAN ALTERNATIVE INSURANCE CORPORATION  
(A DELAWARE CORPORATION)  
555 COLLEGE ROAD EAST  
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:  
ROANOKE INSURANCE GROUP INC.  
Managing General Underwriters for  
AMERICAN ALTERNATIVE INSURANCE CORPORATION  
1475 E. WOODFIELD ROAD, SUITE 500  
SCHAUMBURG, IL 60173  
Phone: 847-969-1420

*[Signature]*  
Matthew L. Zehner, Attorney-in-Fact

*[Signature]*  
Jennifer E. Rome, Witness



