



River Place Logistics, Inc.

4131 Parklake Avenue
Suite 440

Raleigh, NC 27612

P: 919.783.7500

F: 919.783.5122

Toll Free: 877.783.7501

www.riverplacelogistics.com

Carrier Information Packet

Thank you for allowing River Place Logistics to assist you in the utilization of your equipment. We will strive to do our very best to satisfy you and meet your company's goals.

Included are various forms to be completed and returned to River Place Logistics and also information about my company for your records. To insure a quick response to your needs please return this request as soon as possible.

INFORMATION NEEDED FROM YOU

- W9 Form
- Operating Authority
- Insurance Certificate from your Insurance Agent
- Broker-Carrier Contract signed

INFORMATION FROM US TO YOU

- Credit Information & Directory
- Performance Bond (BMC-84)
- Brokerage Authority RPL MC # 637628

Sincerely,

A handwritten signature in black ink, appearing to read "OB Moss".

O.B. Moss, CTB
President





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BROKER-CARRIER AGREEMENT

This agreement, between **River Place Logistics, Inc.**, MC 637628, "Broker" and _____ "Carrier" operating only under **Contract Carrier** authority MC # _____.

- 1) "Broker" agrees to offer for shipment and "Carrier" agrees to transport "Truckload" freight by motor vehicle from and to such points between which service may be required.
- 2) "Truckload" rates are agreed upon a load by load basis submitted by fax "Broker" and signed and return by fax "Carrier".
- 3) "Broker" shall be named certificate holder by "Carriers" insurance company for **minimum \$ 750,000.00 U.S. automobile liability and minimum \$ 100,000.00 U.S. all risk cargo**. "Carrier" agrees to maintain above stated insurance coverage. "Carrier" shall be liable to "Broker" or "Shipper" for all shortage and damage.
- 4) The relationship of the "Carrier" to the "Broker" shall be at all times as that of an independent contractor.
- 5) "Broker" agrees to pay "Carrier" within thirty (30) days or less of receipt, of an original signed Bill of Lading.
- 6) "Any unauthorized re-brokering is prohibited and the delivering carrier will be paid."

Carrier shall be liable for full actual loss resulting from loss, damage, injury or delay on shipments transported under the terms of this agreement. Full actual loss is the replacement cost of freight tendered to the carrier for transport. All claims for loss and damage shall be handled and processed in accordance with regulations published in the Code of Federal Regulations at 49 CFR Part 370. The terms, conditions or provisions of the governing Bill of Lading or any other shipping form, tariff or rule utilized shall be subject and subordinate to the terms of this agreement and in the event of a conflict, this rates, rules, classification, practices, schedule, or tariff.

Carrier agrees to defend and indemnify and save harmless Broker and Brokers' customer from any and all claims of any nature whatsoever arising out of Carrier's operations and activates hereunder, including without limitation, claims, losses, or liability for personal injury, property damage, cargo loss or damage, or any combination thereof, resulting from the negligence or legal liability of Carrier, its employees or agents, which may occur during the performance of services under this Agreement, including court costs and attorney's fees incurred in defending or prosecuting such claims.

The terms of this agreement shall commence the _____ **day of** _____, **20**_____ and shall remain in full force and effect for a period of twelve (12) months from its effective date and from year to year thereafter, subject to the right of either party cancel upon written notice.

A facsimile transmission shall be deemed to be the same as an original agreement

BROKER

River Place Logistics, Inc.
4131 Parklake Avenue, Suite 440
Raleigh, NC 27612

By: **O. B. Moss, CTB**
Title: President

CARRIER

Name: _____
Address: _____
City/State/Zip: _____
By: _____
Title: _____
Email: _____
Phone: _____



Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	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.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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CREDIT INFORMATION & DIRECTORY

NAME: River Place Logistics, Inc.

ADDRESS: 4131 Parklake Avenue, Suite 440, Raleigh, NC 27612 (Main Office)
311-B Trindale Road, Archdale, NC 27263
2225 A1A South Suite B3, St. Augustine, FL 32080

NUMBERS: P: 919.783.7500 Toll Free: 877.783.7501 F: 919.783.5122

TRADE REF: Turner Trucking, Boiling Springs, NC, 704.434.5080
WLA, Inc., Mt. Airy, NC, 336.789.0545
Inman Management Inc., Leland, NC, 910.371.3313

BANK REF: First National Bank, Raleigh, NC, Jay Risinger, 919.881.1668
Comdata Network, Brentwood, TN, 615.370.7000

DUNS #: 01-895-6267

OFFICERS: President – O.B. Moss – CTB
Regional Vice President – Mike Moore

FEDERAL I.D. #: 26-1989845

MC #: 637628





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

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

SERVICE DATE
May 01, 2008

LICENSE
MC-637628-B
RIVER PLACE LOGISTICS, INC
RALEIGH , NC

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

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.



United States Department of Transportation
Federal Motor Carrier Safety Administration

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

FORM BMC-84

Bond No. 13310

Filer FMCSA Account Number: 28318

License No. MC- 637628

KNOW ALL MEN BY THESE PRESENTS, that we, River Place Logistics, Inc.

(Name of Broker or Freight Forwarder)

of 4509 Creedmoor Road, Suite 204

(Street)

Raleigh

(City)

NC

(State)

27612

(Zip)

as PRINCIPAL (hereinafter called Principal), and Southwest Marine and General Insurance Company

(Name of Surety)

a corporation, or a 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 Arizona (hereinafter called Surety), are held and firmly bound unto the United States of

(State)

America in the sum of \$ 100,000 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 the 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 5th day of November, 2012, 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 4th day of October, 2013.

PRINCIPAL

River Place Logistics, Inc
 COMPANY NAME
4509 Creedmoor Road, Suite 204 Raleigh
 STREET ADDRESS CITY
NC 27612 919-783-7500
 STATE ZIP CODE TELEPHONE NUMBER

M.E. DAUGHERTY, JR. PRESIDENT
 (type or print Principal officer's name and title)

M.E. Daugherty, Jr.
 (Principal officer's signature)

O.B. Moss
 (type or print witness's name)

O.B. Moss
 (witness's signature)

SURETY

Bond No.- 13310

Southwest Marine and General Insurance Company
 COMPANY NAME
150 Northwest Point Blvd, 2nd FLR Elk Grove Village
 STREET ADDRESS CITY
Illinois 60007 847-700-8100
 STATE ZIP CODE TELEPHONE NUMBER

This BMC-84 bond form (revision date 9/26/2013) is provided pursuant to the requirements of MAP-21 and regulations promulgated by the FMCSA. It supersedes and replaces the previous BMC-84 form with the same serial number 13310, previously issued on the BMC-84 form that was approved for use at the time. The electronic filing of the BMC-84 will reflect the new required minimum of \$75,000 beginning 10/1/2013, which is the date on which the MAP-21 legislation takes effect. The FMCSA system requires the entry of an effective date of 10/1/2013 or later in order to reflect a financial responsibility amount of \$75,000. This replacement form is a technical correction issued to conform with the regulations. It does not increase the obligations of the surety beyond the amount reflected in this instrument.



TRANSPORTATION
INTERMEDIARIES
ASSOCIATION

CENTER OF THE SUPPLY CHAIN

BOND #: 13310

River Place Logistics, Inc.

is a duly licensed property broker pursuant to the authority of the Federal Motor Carrier Safety Administration, having demonstrated to TIA its integrity and having successfully met the criterion of financial responsibility to the amount of **\$100,000** through the TIA Bond Program.

VALID: 10/1/2023 thru 10/1/2024



A handwritten signature in black ink, appearing to read 'Greg Sanders'.

Greg Sanders
Chairman
TIA Services Board

A handwritten signature in black ink, appearing to read 'Anne C Reinke'.

Anne C. Reinke
President & CEO
Transportation Intermediaries Association