

MIDWEST TRANSPORT SPECIALISTS, INC

PH: 816-924-7377 FAX: 816-924-7399



MC #376623 FED ID # 48-1224841 DOT #854215

INSURANCE:

CLINE WOOD AGENCY

4300 W. 133RD STREET LEAWOOD, KS

PH: 913-451-3900 FAX: 913-451-3925

REFERENCES:

B-2 EXPRESS PH: 913-884-8204

CH ROBINSON PH: 800-428-5377 EXT 1798

SCARBROUGH LOGISTICS PH: 816-584-2490

June 09, 2011

TERI HENKE
MIDWEST TRANSPORT SPECIALISTS INC
400 KANSAS AVE
KANSAS CITY, KS 66105

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MDWI** has been renewed for:

MIDWEST TRANSPORT SPECIALISTS INC
400 KANSAS AVE
KANSAS CITY, KS 66105
MC- 376623
US DOT- 854215

This Alpha Code will apply only to the company name shown above through June 30, 2012. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beaugard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



Transport Specialists, Inc.

TERMS AND CONDITIONS

Credit Approval: Acceptance of all customer accounts is subject to final approval by the credit manager of Midwest Transport Specialist, Inc. / Midwest Tow Service, Inc.

Billing Terms: You agree that if an Account is opened pursuant to this agreement, the Account and all credit extended hereunder shall be governed by this Agreement. By accepting the terms herein, you agree to accept our Account. Upon the establishment terms of the account, you agree to pay, at such place as we designate on the invoice.

Payment Terms: Until we shall give written notice to you of a change therein, our terms are Net 30 days from the invoice date.

Changes in Terms: You agree that we may change the existing rates, charges and other terms of this Agreement, as well as introduce new terms (such as non-sufficient check charges, as may be authorized by law. Any such amendments will apply to the then existing balance of your Account.

Credit Capacity: You give us the right to investigate your business and/ or personal credit capacity and credit history. We are authorized to furnish information about the Account and you to credit reporting agencies and others who may lawfully receive this information.

Default Payment Terms: We do not agree to defer payment or collection beyond this date and may take action to enforce our rights regardless of any partial payments that may have been made. If you do not pay the balance within the 30 day terms, we may demand the entire unpaid balance of your account to be paid immediately and, as provided by law, commence any legal action for collection of the balance due. We may also pursue other legal action deemed necessary or appropriate with respect to the Account. You agree to pay reasonable collection fees, attorney's fees, court cost and interest rate of 1-1/2% (18% per annum), or the maximum rate permitted by applicable law, whichever is less, beginning as of the invoice date and continuing until paid in full. You consent and agree that all legal proceeding related to the subject matter of this agreement shall be maintained in courts sitting within the State of Kansas, and you consent and agree that the jurisdiction and venue for such proceeding shall lie exclusively with Wyandotte County.

Company Name

Your Title

Your Signature

Printed Name

Date



Application For Credit

Midwest Transport Specialist, Inc.
Midwest Tow



400 KANSAS AVE
KANSAS CITY, KS 66105
PHONE (913) 281-1003 FAX (913) 621-2271

Company Name _____ MC # _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

We authorize our references listed below to provide requested credit information to Midwest Transport Specialist Inc / Midwest Tow.

Ownership: Corporation: Partnership: Individual:

1
Name, Address, Phone # of Principals: _____

2
Name, Address, Phone # of Principals: _____

3
Name, Address, Phone # of Principals: _____

4
Name, Address, Phone # of Principals: _____

Bank References:

Bank Name _____ Account # _____

Address, Phone Contact: _____

Buisness References:

1
Buisness Name _____ Address _____ Phone _____ Fax (Required) _____ Acct # _____

2
Buisness Name _____ Address _____ Phone _____ Fax (Required) _____ Acct # _____

3
Buisness Name _____ Address _____ Phone _____ Fax (Required) _____ Acct # _____

4
Buisness Name _____ Address _____ Phone _____ Fax (Required) _____ Acct # _____

We certify all information on this form is correct to the best of our ability. We understand terms and conditions will be provided to our company upon completion of our credit application.

Date: _____ 20 _____ (Signed) _____

_____ (Title) _____
Credit Manager:

New Customer Setup Form

Customer name _____

Remit to address _____

Tax ID number _____

Phone number _____

Fax number _____

Operations contact name _____

Operations contact email _____

Accounting contact name _____

Accounting contact email _____

W-9 on file YES NO

ACH YES NO

Preferred invoicing method FAX EMAIL MAIL

Do you require monthly statements? YES NO

PENDING

Invoice number _____

Invoice amount _____

Customer status Credit Limit _____ COD Only _____

Authorized signature _____



Uniform Intermodal Interchange and Facilities Access Agreement

Midwest Transport Specialists, Inc. | MDWI | 181405

Logout

Home

Motor Carrier

To Check your eligibility enter SCAC or name of EP

Midwest Transport Specialists, Inc.

400 Kansas Ave
Kansas City, KS 66105-1308
US

UIIA Membership Status: ACTIVE

SCAC Code: MDWI

Next Bill Date: 07/01/2012

Number Of Approved EPs: 26

[View All Equipment Providers](#)

- Manage Account Info
- Update EP List
- Update IA Details
- Enter Payment Detail
- Demographic Information
- Company Profile Information
- Change Name/SCAC
- View Name & SCAC Changes
- View Current Insurance
- Access Driver Database
- Manage Secondary Users
- View EP/MC Status
- EP/MC Specific Details
- Download All Addendums
- Free Time/Per Diem Info.
- Download Preamble
- User Guide
- MC News

Equipment Providers

Pending Approval

BNAU Burlington Northern Santa Fe - *after BNSF receives bond, bond mailed to MWT on 11/9/11*
 IC Canadian Natl/Illinois Central(VN110194) -
 CCMJ COSCO N.A./COSCO Container Lines Americas/COSCO Container Lines Co/China Ocean Shipping Co Amer.
 HRZD Horizon Lines, LLC

Approved

*No safety rating
check on 12/1/11
after SCAC
updates safety
rating*

- APLU APL Limited
- CHNJ China Shipping Container Line
- CMDU CMA-CGM (America) LLC
- CSXU CSX Intermodal Terminals, Inc.
- EGLV Evergreen Shipping Agency (America) Corp
- GCHY Grand China Shipping (Yantai) Co. Ltd.
- SUDU Hamburg Sud North America, Inc.
- HJCU Hanjin Shipping Co., Ltd.
- HLCU Hapag-Lloyd (America) Inc.
- HDMU Hyundai Merchant Marine, Inc.
- KKLU K-line America, Inc. (Kawasaki Kisen Kaisha Ltd)
- MAEU Maersk Agency U S A (dba Maersk Line / Maersk Domestic)
- MATS Matsen Navigation Company
- MSCU Mediterranean Shipping Company USA, Inc.
- MOLU MOL (America), Inc.
- NYKU Nippon Yusen Kaisha (NYK Line)
- NSCU Norfolk Southern Corporation
- OOLL OOCL (USA), Inc.
- PSHY P O Shipping Co. Ltd.
- PCKA Pacer Stacktrain (Pacer Intl, Inc.)
- UIIAXX UIIAEP
 - UP Union Pacific Railroad Company
 - UASU United Arab Shipping Company
 - ANLC US Lines LLC
 - YMLU Yangming Marine Transport
 - ZIMU Zim Amer Integrated Shipping Svcs Co Inc/Zim Integrated Shipping Svcs Ltd.

Policy Code	Policy Status	Policy Type	Limit	Deductible	Policy Effective Date	Policy Expiration Date	Policy Number	Insurer Name	Insurance Agent
AL	ACTIVE	PRIMARY	1,000,000	0	10/31/2011	10/31/2012	CPPFN0020411	Tower Insurance Company of New York	CENTERPOINTE INSURANCE SERVICE
GL	ACTIVE	PRIMARY	1,000,000	0	10/31/2011	10/31/2012	CPPFN0020411	Tower Insurance Company of New York	CENTERPOINTE INSURANCE SERVICE
								Tower Insurance	CENTERPOINTE



Transport Specialists, Inc.

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Default Payment Terms: We do not agree to defer payment or collection beyond this date and may take action to enforce our rights regardless of any partial payments that may have been made. If you do not pay the balance within the 30 day terms, we may demand the entire unpaid balance of your account to be paid immediately and, as provided by law, commence any legal action for collection of the balance due. We may also pursue other legal action deemed necessary or appropriate with respect to the Account. You agree to pay reasonable collection fees, attorney's fees, court cost and interest rate of 1-1/2% (18% per annum), or the maximum rate permitted by applicable law, whichever is less, beginning as of the invoice date and continuing until paid in full. You consent and agree that all legal proceeding related to the subject matter of this agreement shall be maintained in courts sitting within the State of Kansas, and you consent and agree that the jurisdiction and venue for such proceeding shall lie exclusively with Wyandotte County.

Company Name

Your Title

Your Signature

Printed Name

Date

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) MIDWEST TRANSPORT SPECIALISTS, INC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" 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"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 400 KANSAS AVE	Requester's name and address (optional)
City, state, and ZIP code KANSAS CITY, KS 66105		
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								
4	8	-	1	2	2	4	8	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).

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 ▶ 12-12-13
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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.

12/04/2008 THU 14:02 FAX 913 621 2271 Midwest Transport

12-01-'08 15:32 FROM-Don Norman Assoc. 7034428345

003/003

T-314 P002/005 F-798

PM-31
(Rev. 1/95)

SERVICE DATE
March 15, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

PERMIT

MC 376623 P

MIDWEST TRANSPORT SPECIALISTS, INC.
KANSAS CITY, KS, US

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

John F. Grimm, Director
Information Systems & Data Analysis

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

Kansas Truckers Risk Management Group, Inc.

13955 MEADOW CIRCLE LEAWOOD, KS 66224
PHONE:(913) 544-1784 FAX:(913) 544-1784

CERTIFICATE OF COVERAGE

POLICY NO.: **15KT0106**

CARRIER CODE: **35300**

PARTICIPANT: **Midwest Tow, Inc.**

MAILING ADDRESS: **Midwest Transport Specialists, Inc.
400 Kansas Avenue
Kansas City, KS 66105**

ID NO.: **150428033**

FEIN: **481224841**

TYPE ENTITY: **Corporation**

ADDITIONAL COMPANIES: **Midwest Transport of KC, Inc.**

POLICY EFFECTIVE DATE: **January 01, 2015 through December 31, 2015**

11:59 PM Standard Time at the address of the participant as stated herein.

COVERAGE: **Workers' Compensation and Employers' Liability -**

For State(s) Listed: Kansas

For coverage of the Fund to apply, the claim for such injury must be filed under the workers' compensation law in the state(s) listed.

LIMITS OF COVERAGE:

Coverage A - Workers' Compensation - Statutory

Coverage B - Employers' Liability insurance coverage shall be provided **as set forth by** the terms of the excess insurance policy issued for this policy period.

Bodily injury by Accident: **1,000,000** each accident
Bodily injury by Disease: **1,000,000** policy limit
Bodily injury by Disease: **1,000,000** each employee

The Premium will be determined by the rules, classifications, and rates published by the National Council on Compensation Insurance subject to verification by audit at the end of each Fund year.

This document is intended for use as evidence that the insurance as described herein has been effected and shall be subject to the terms and conditions of the Kansas Workers Compensation Act.

Loss prevention services are provided to all participants. Please do not hesitate to contact Kansas Truckers Risk Management Group, Inc. for loss prevention assistance.

Refer to Fund Bylaws and Administration Guidelines for procedures in administering the Fund.



Lance Cowell - Administrator

Date

12/22/14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2014

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 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).

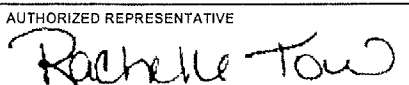
PRODUCER Cline Wood Agency, Inc. 4300 W 133rd St Leawood KS 66209		CONTACT NAME: PHONE (A/C, No, Ext): 913-451-3900 E-MAIL ADDRESS: certs@clinewood.com FAX (A/C, No):	
INSURED Midwest Transport Specialists, Inc 400 Kansas Ave Kansas City KS 66105		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Great West Casualty	NAIC # 11371
		INSURER B : Great West Casualty Company	11371
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: 149357952 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MCP06377B	10/1/2014	10/1/2015	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			MCP06377B	10/1/2014	10/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS						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		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B B	Cargo Physical Damage Trailer Interchange			MCP06377B MCP06377B MCP06377B	10/1/2014 10/1/2014 10/1/2014	10/1/2015 10/1/2015 10/1/2015	\$250,000 Limit \$10,000 dedt \$10,000 Comp \$10,000 Collision \$30,000 Limit \$5,000 dedt.

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

CERTIFICATE HOLDER Master Certificate of Insurance For Informational Purposes Only Please Fax Requests to 913-451-3925 or email certs@clinewood.com - -	CANCELLATION 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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