

HENDERSON TRUCKING, LLC BROKERAGE AGREEMENT

- 1. **Beaumont Trucking:** Tyrone Gilmore (323) 422-2637 - Reference
- 2. **Space Age Investment:** Lapepito Jones (916) 889-3146 - Reference
- 3. **Barber Trucking:** Larry Barber (951) 830-0792 - Reference
- 4. **\$75,000 SURETY BOND-** NFP Property & Casualty Services, Inc, Phillip Simons (602) 635-1269
- 5. **Broker's bank info:** BANK OF AMERICA Elk Grove, Ca; Call (916) 683-7611

IF YOU APPROVE CREDIT FOR HENDERSON TRUCKING LLC, PLEASE SIGN AND RETURN THIS CONTRACT WITH YOUR MOTOR CARRIER AUTHORITY, INSURANCE ACORD FORM FOR PUBLIC & CARGO LIABILITY, AND YOUR W-9 FEIN NUMBER. Carrier agrees that a signed or unsigned Rate Confirmation amends this Continuing Contract.

MC# _____ USDOT# _____ CA MC# _____ FIN# _____

Carrier Name _____ Ph # _____

Fax # _____ Email: _____

CONTINUING CONTRACT

Between Shipper and Motor Carrier through Broker, MC# 696019

Between Henderson Trucking LLC, hereinafter "**Broker**" and _____ hereinafter "**Motor Carrier**" **AGREE**, that Motor Carrier is an "Independent Contractor" and in the possession of and responsible for, cargo tendered by Shipper/Consignor (hereinafter "shipper") for transport. Under California Vehicle Code Section 34620-34624 the **CARRIER** must know and understand and be in compliance with the State Of California. **Motor Carrier** and/or **Shipper** engage a lawful United States; Standard Short Form – **Bill of Lading**, as proof of their exclusive liability for Public and Cargo Safety, without reference to **Broker**. Subsequent to this **Continuing Contract**, **Broker** will provide an **Addendum Contract**, hereinafter "**RATE CONFIRMATION**" as part of a series of shipments under the "**Continuing Contract**" indicating terms and conditions for the individual transportation booking between **Motor Carrier** and the **Shipper OUTLINED IN THE Rate Confirmation** is proof of the primacy and control of the **Bill of Lading** during transportation. **Broker** declares no interest in **MOTOR CARRIER'S** cargo, or responsibility for pick up/delivery appointments or any control of **MOTOR CARRIER** personnel from beginning to end of transportation, as defined in the **Rate Confirmation**.

In the consideration of the **Continuing Contract** and each individual **Rate Confirmation** in the series, if any, **Broker** agrees to collect from **Shipper** and remit to **MOTOR CARRIER**, all transportation funds, less an agreed reasonable commission, within 30 days of submission of a lawful Freight Bill and clear Proof of Delivery.

MOTOR CARRIER agrees to extend credit to the **Broker** in the amount listed, and for transportation service outlined in the **Rate Confirmation**. **MOTOR CARRIER** agrees that amount listed satisfies all **MOTOR CARRIER** transportation and accessorial charges, including but not limited to Taxes and Fuel Surcharges. Charges after consignment require **MOTOR CARRIER** to immediately "**NOTIFY**" **Broker during the Claim**, in writing or email, so **Broker** may properly ADJUDICATE changed Contract conditions to the **Shipper**, on **MOTOR CARRIER** behalf. Failure to notify **MOTOR CARRIER** forfeits any accruing Freight Billing rights and limitations. **MOTOR CARRIER** accept the **Broker** Credit Credentials and License listed below as proof of viability to tender freight as a Licensed Broker. **Either Party may terminate** this Contract with 24 hours written notice. **Rate Confirmations** as an **Addendum to the Continuing Contract** may not be terminated until satisfactory delivery of all cargo to all destinations. **Failure to deliver indicates MOTOR CARRIER acceptance of a claim** against **MOTOR CARRIER'S** insurer and form 91X.

Initials _____

HENDERSON TRUCKING, LLC BROKERAGE AGREEMENT CONTINUING CONTRACT

INSURANCE:

1. **CARRIER** is required to carry a minimum of **\$1,000,000.00** commercial automobile liability insurance with an admitted insurance carrier.

A. **CARRIER** shall procure and maintain in full force continuously throughout the term of this agreement, the following types of insurance: (i) All-Risk Broad Form Cargo Insurance with a per load liability limit sufficient to cover shipments having a minimum value of **\$100,000.00** or **\$150,000.00** motor truck cargo insurance if **Henderson Trucking, LLC** is brokering freight to **CARRIER** for Menlo Worldwide Government Services, LLC.(ii) Commercial Automobile liability insurance of not less than **\$1,000,000.00** per occurrence combined single limit for bodily injury, and property damage provide by an admitted insurance company; (iii) Worker’s compensation insurance in an amount not less than the statutory limits for the states or provinces in which transportation and related services are to be performed, including employer’s liability insurance; and (iv) any other insurance coverage required by any government body for the types of transportation and related services specified in this Agreement and Amendments thereto.

B. **CARRIER** shall immediately notify **BROKER** in writing if any of said insurance is modified, in any material respect or is not renewed. Prior to the time commodities are transported, **CARRIER** shall furnish to **BROKER** a certificate or certificates evidencing such policies and/or endorsements naming **BROKER** as an “additional insured” on such policies and containing a waiver of subrogation against **BROKER**.

2. **CARRIER** must have their insurance representative provide **Henderson Trucking, LLC** with a certificate of insurance as evidence that they meet the insurance requirements, and they are to have their insurance representative provide an Additional Insured Endorsement and Certificate to **Henderson Trucking, LLC** naming **Henderson Trucking, LLC** as an Additional Insured.

3. **CARRIER** must agree to hold **Henderson Trucking, LLC** harmless.

INDEMNIFICATION: **CARRIER** shall defend, indemnify, and hold **BROKER** and **Brokers Customers** harmless from and against all loss, liability, damage, delay, claim, fine, cost or expense, including reasonable attorneys’ fees, arising out of or in any way related to the performance or breach of this Agreement by **CARRIER**, its employees or independent contractors working for **CARRIER** (collectively the “Claims”), including, but not limited to, claims for or related to personal injury (including death), property damage and Claims related to or arising out of **CARRIER’S** possession, use, maintenance, custody or operation of the equipment used for providing transportation services. Notwithstanding any contrary provision, **CARRIER’S** liability under this indemnification shall not be limited by the insurance coverage’s required under Section 1.A above.

Henderson Trucking, LLC

Motor Carrier: _____

Signature

Date

Signature

Date

Henderson Trucking, LLC Broker

Print Authorized Representative

BILLING PROCEDURES: FREIGHT INVOICE MUST include a signed Rate Confirmation and a copy of the signed Bill of Lading. Send freight bills to Henderson Trucking, LLC P.O. Box 231461 Sacramento, CA 95823-0407 USA.

Please fax signed RATE CONFIRMATION TO 1-916-282-1891

HENDERSON TRUCKING, LLC BROKER

Phone # 916-282-1860 x1

Fax # 916-282-1891

CARRIER DATABASE PROFILE

In order to be qualified as a carrier for HENDERSON TRUCKING, LLC the following information is **Mandatory** for our files, and it must be filled out and faxes back to: 916-282-1891, before you can haul any loads for us.

FILL OUT THE FOLLOWING:

Carrier Name: _____

Address: _____ City: _____ St: _____ Zip _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

MC# _____ USDOT # _____ CA MC # _____ FEIN # _____

Dispatch Contact: _____ Phone _____

After Hour Contact: _____ After Hour Phone: _____

EQUIPMENT:

Number of Power Units: _____ Number of Vans: _____

Number of Reefers: _____ Number of Flatbeds: _____

Other Type of Equipment: _____

Do you carry Pallets: _____ YES _____ NO

Primary Traffic Lanes (areas) _____

Thank You for your cooperation in providing this information. We look forward to working with you now and in the future.



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

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

SERVICE DATE
January 11, 2010

LICENSE
MC-696019-B
HENDERSON TRUCKING, LLC
SACRAMENTO, CA

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.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

HENDERSON TRUCKING, LLC BROKERAGE



Mailing Address

Edward Henderson, Owner
Henderson Trucking, LLC
P.O. Box 231461
Sacramento, CA. 95823-0407

Email: edward@hendersontruckingllc.com
Website: www.hendersontruckingllc.com

Broker -MC-696019
Ph: 916-282-1860
Fax: 916-282-1891
EIN: 81-2122218
SCAC Code: HTYB

Financial Institution

Bank of America
5001 Laguna Blvd
Elk Grove, CA 95758
Email:

Contact:
Ph: 916-683-7610
Fax: 916-683-7617

Surety Bond

NFP Property & Casualty Services, Inc
17100 N. 67th Ave Suite 700
Glendale, AZ 85308
Email: phil.simons@nfp.com

Contact: Phillip Simons
Ph: 602-635-1269
Fax: 480-947-6699

Please Send Invoices & All Shipment Related
Documentation To:
Henderson Trucking, LLC
Attn: Edward Henderson
P.O. Box 231461
Sacramento, CA 95823-0407

HENDERSON TRUCKING, LLC BROKERAGE

P.O. Box 231461 Sacramento, California 95823-0407 Phone (916) 282-1860 x1 Fax (916) 282-1891



CREDIT REFERENCES

Tyrone Gilmore
Beaumont Trucking Inc.
1510 West 64th Street
Los Angeles, CA 90047
Ph: 323-422-2637
Fax: 323-759-9964

Larry Barber
Barber Trucking
P.O. Box 6227
Moreno Valley, CA 92554
Ph: 951-830-0792
Fax: 951-601-0022

Albert Guzman
Guzman Express Inc.
14241 Santa Ana Avenue
Fontana, CA 92337
Ph: 909-226-2060
Fax: 909-829-4584

Lapepito Jones
Space Age Investment Inc
8556 Culpepper Drive
Sacramento, CA 95823
Ph: 916-889-3146
Fax: 916-427-7752

Glenn Ennis
G. Ennis Trucking.
1228 West 64th Street
Los Angeles, CA 90047
Ph: 213-842-0297
Fax: 323-758-7535

Vincent Jenkins
After MidNight Trucking
1545 S. Oaks Avenue
Ontario, CA 91762-5349
Ph: 951-966-8611
Fax: 951-986-8511

Bill Michel
Bill Michel Trucking
1984 Cabana Drive
Lake Havasu City, AZ 86404
Ph: 909-241-1665
Fax: 928-855-5049

Herman Armstrong
H. Armstrong Trucking
1102 Gladwick
Carson CA 90746
Ph: 626-255-1129
Fax: 310-632-5258

HENDERSON TRUCKING, LLC BROKERAGE

P.O. Box 231461 Sacramento, California 95823-0407 Phone (916) 282-1860 x1 Fax (916) 282-1891

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. EDWARD L HENDERSON	
2 Business name/disregarded entity name, if different from above HENDERSON TRUCKING, 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. P.O. BOX 231461	
6 City, state, and ZIP code SACRAMENTO, CA 95823-0407	
7 List account number(s) here (optional)	
Requester's name and address (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								

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.

or

Employer identification number									
8	1	-	2	1	2	2	2	1	8

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 ▶ EDWARD HENDERSON	Date ▶ 01/14/2021
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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.