

Hansen & Sons **TRUCKING**

MEDFORD, OR

Attention: Hansen & Sons Trucking LLC; New Customer Recipient

We at Hansen and Sons are looking forward to the opportunity to work with your company and provide freight service. In order to expedite your setup, please be sure to return the following documents:

1. Customer Contact Sheet

- a. Please complete this document to the best of your ability. The more information you provide on this document the better we will be able to match our carrier's needs to your business needs.
- b. Be sure to include three (3) references & phone numbers for these references. These references should be companies or other brokers you have done business with in the past (required).
- c. Please include your physical address and the address of your main office or remittance address (if different).

2. Payments and Terms

- a. Please submit all payments in full to the accounting and finance department.
- b. Terms of payment are 15 days after receiving BOL.

Once we have your completed packet on file, we will be able to send our carrier a rate confirmation and expedite your goods.

Should you have any questions regarding the carrier packet or any of the documents contained in this packet, please contact our Compliance Department at: **623-215-6531**
or fax: **623-217-2166**.

Charlie Hansen
Compliance Department
Hansen & Sons Trucking LLC.
11331 N 152nd drive
Surprise AZ 85379

Hansen & Sons **TRUCKING**

MEDFORD, OR

Company Information

Hansen & Sons Trucking LLC
11331 N 152nd Drive
Surprise AZ 85379

Phone 623-215-6531
Main Fax 623-217-2166

Accounting & Finance Dept

Federal ID # 47-2073721

11331 N 152nd Drive
Surprise AZ 85379
Phone 623-215-6531
Fax 623-217-2166

For A/P and AR inquires email charlie@hansenandsonstrucking.com
To email paperwork: charlie@hansenandsonstrucking.com

Established August 2007

Business Type L L C

MC# 888295

DOT#2550115

Bank Reference

Chase Bank
601 Crater Lake AVE.
Medford OR 97504
541-857-4344

Business Reference

Fujii Produce
13011 se 135th ave
Clackamas OR
503-656-1384

Bridges Produce
2034 NE Flanders ST
Portland OR. 97232
503-235-7333

Haley Brothers Door
6291 Orangethorpe AVE
Buena Park CA
714-670-2112 ext 215

Botsford & Goodfellow
PO box 889
Clackamas OR 97015
800-548-6346



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

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

SERVICE DATE
November 18, 2014

CERTIFICATE

MC-888295-C

U.S. DOT No. 2550115
HANSEN & SONS TRUCKING LLC
MEDFORD, OR

This Certificate is evidence of the carrier's authority to engage in transportation as a **common 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). The carrier 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

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.

CMO

Hansen & Sons Trucking

Credit Application and agreement

LEGAL NAME OF
BUSINESS: _____

CORPORATE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX#: _____

ACCOUNTS PAYABLE NAME: _____

ACCOUNTS PAYABLES #: _____ EMAIL _____

ADDRESS: _____

TELEPHONE #: _____ 2ND TELEPHONE

#:

FAX #: _____

FEDERAL TAX ID #: _____

DNB# _____

TYPE OF OWNERSHIP: (CIRCLE ONE) CORPORATION PARTNERSHIP PROPRIETORSHIP

IF LOCATION IS BRANCH OR SUBSIDIARY:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING CONTACT: _____ TELEPHONE#: _____

FAX#: _____

BANK REFERENCES

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ TELEPHONE#: _____

CREDIT REFERENCES (PREFERABLY OTHER TRANSPORTATION COMPANIES)

NAME: _____ TELEPHONE

#:

CITY: _____ STATE: _____ FAX

#:

NAME: _____ TELEPHONE

#:

CITY: _____ STATE: _____ FAX

#:

AGREEMENT

WE HEREBY MAKE APPLICATION TO HANSEN & SONS FOR CREDIT AND/OR TO RECONFIRM OUR EXISTING ACCOUNTS AND BALANCES. ALSO, WE GIVE PERMISSION TO BANK REFERENCES AND TRADE REFERENCES TO RELEASE APPROPRIATE INFORMATION PERTAINING TO OUR ACCOUNT WITH THEM AND AGREE TO RELEASE ALL SUCH REFERENCES. IF CREDIT IS GRANTED, WE PROMISE TO PAY ALL INVOICES WITHIN 15 DAYS OF DELIVERY DATE UNLESS OTHERWISE SPECIFIED WITHIN A CONTRACT SIGNED BY BOTH AN AUTHORIZED MEMBER OF OUR FIRM AND AN AUTHORIZED OFFICIAL OF Hansen & Sons. CONTINUATION OF CREDIT TERMS IS CONTINGENT ON MAINTAINING A CURRENT ACCOUNT. WE UNDERSTAND INTEREST ON ANY UNPAID BALANCE MAY BE CHARGED UP TO THE HIGHEST RATE AUTHORIZED BY LAW. IN THE EVENT OF DEFAULT IN THE PAYMENT OF ANY AMOUNT DUE, WE AGREE TO PAY AN ADDITIONAL SUM EQUAL TO COLLECTION COSTS OF UP TO 30% OF THE PRINCIPAL AMOUNT, ATTORNEY'S FEES, COURT COSTS, AND ALL OTHER COSTS ASSOCIATED. IN THE EVENT OF LEGAL ACTION, IT SHALL TAKE PLACE IN JACKSON COUNTY WITHIN THE STATE OF OREGON. IN ADDITION, I/WE UNDERSTAND THAT FAILURE TO PAY WILL RESULT IN THE IMPLEMENTATION OF ANY AND ALL LAWS ASSOCIATED WITH THE INTERSTATE COMMERCE COMMISSION TERMINATION ACT OF 1995.

BY: AUTHORIZED

SIGNATURE: _____ NAME: _____

TITLE: _____ DATE: _____

***Who at Hansen & Sons is your contact: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2018

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
HUB Transportation
P. O. Box 17346
Salt Lake City UT 84121

CONTACT
NAME: Katie London
PHONE
(A/C, No, Ext): 801-943-2600 FAX
(A/C, No): 801-943-3889
E-MAIL
ADDRESS: TISCERTREQ@HubInternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : National Casualty Company

11991

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
Hansen & Sons Trucking LLC
2301 Asher Dr
Medford OR 97504

HANSEN8

COVERAGES

CERTIFICATE NUMBER: 1388374293

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		LFO0004039	10/29/2018	10/29/2019	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 \$ \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	LFO0004039	10/29/2018	10/29/2019	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 <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo Refrigeration Brkdn Incl.		LFO0004039	10/29/2018	10/29/2019	Ded 1,000 Limit \$100,000

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

CERTIFICATE HOLDER

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

**Request for Taxpayer
Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
David C. Harder

2 Business name/disregarded entity name, if different from above
Harder & Sons Trucking LLC

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) *S*
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.
☐ 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
11331 N 152nd Dr.

6 City, state, and ZIP code
Surprise AZ 85379

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.

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.

Social security number

			-				
--	--	--	---	--	--	--	--

or

Employer identification number

4	7	-	2	0	7	3	7	2	1
---	---	---	---	---	---	---	---	---	---

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 *David C. Harder* Date *2/6/19*

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.

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.