

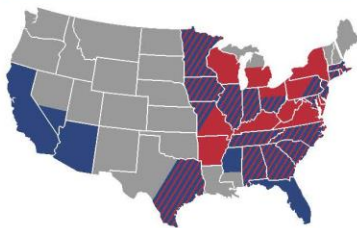
**THE TRUCKING COMPANY THAT'S CHANGING TRUCKING.®**

- OTR Solo**
- Dedicated**
- Regional**
- OTR Teams**
- Logistics**
- Intermodal**

**OPERATING NETWORK**

**SOLO**

**TEAMS**



**★ HQ**

EAGAN, MN

**● OPERATING FACILITIES**

BIRMINGHAM, AL  
FONTANA, CA  
ATLANTA, GA  
KANSAS CITY, MO

NORTH JACKSON, OH  
MECHANICSBURG, PA  
DALLAS, TX  
LAREDO, TX

**○ MAINTENANCE FACILITIES**

BIRMINGHAM, AL  
ATLANTA, GA  
KANSAS CITY, MO

NORTH JACKSON, OH  
MECHANICSBURG, PA  
DALLAS, TX

- DRIVERS #1,500 + -**
- TRACTORS #1,000 + -**
- TRAILERS #4,000 + -**
- 170 Owner-Operators**
- 2.5 Years Average Age**
- 5.5 Years Average Age**
- 90+ Million Milers**
- Forward Facing Camera**
- 53' Dry Van**
- 140+ 10+ Years' Experience**
- Collision Mitigation**
- Food Grade**
- 30+ 20+ Years' Experience**
- Blind Spot Sensor**
- SkyBitz Equipped**
- 17% Female Drivers**
- Stability Control**
- Spring Ride**
- 15% Military Drivers**
- Automatic Transmission**

Legal Entity Name	Transport Corporation of America, Inc. d/b/a Transport America		
Business Address	1715 Yankee Doodle Road   Eagan, MN 55121		
Remittance Address	4868 Paysphere Circle, Chicago, IL 60674		
Phone   Fax   Website	P 651-686-2500   F 651-686-2562   <a href="http://www.transportamerica.com">www.transportamerica.com</a>		
State   Year   Employees	Minnesota Corporation #3T-920   Founded 1984   360 +- Employees		
Parent Co   Website	TFI International Inc.   <a href="http://www.tfiintl.com/en/">www.tfiintl.com/en/</a>		
<a href="mailto:Billing@transportamerica.com">Billing@transportamerica.com</a>	<a href="mailto:Contracts@tesrv.com">Contracts@tesrv.com</a>	<a href="mailto:Hazmat@transportamerica.com">Hazmat@transportamerica.com</a>	
<a href="mailto:Claims@transportamerica.com">Claims@transportamerica.com</a>	<a href="mailto:CSAteam@transportamerica.com">CSAteam@transportamerica.com</a>	<a href="mailto:OpsCorporate@transportamerica.com">OpsCorporate@transportamerica.com</a>	
C-TPAT Participant ❖	SVI Number 21742		
D&B D-U-N-S Number	01-719-7450		
ELD   Satellite Tracking	QualComm		
FAST Certification	Yes		
Federal ID   W-9 ❖	41-1386925		
HazMat Certificate ❖	017940		
Insurance Certificate ❖	GL/AL/EL \$1,000,000   Cargo \$100,000		
ISO 9001	No		
MWBE	No		
NAICS Code	494121		
NMFTA SCAC Code	TCAM-Carrier   TCOA-Dedicated   TCOK-Intermodal		
Operating Authority US ❖	DOT #183949 MC#151556   Satisfactory Safety Rating		
Operating Authority CA	AL 00-0693553   ON #039582   QC 7-M-314888-001A   SK #4243		
PIP Participant CA	Yes		
SmartWay Certificate ❖	12018717   Score 1.25		
Trade References	General Mills Mark Purdy Sr Transportation Manager <a href="mailto:mark.purdy@genmills.com">mark.purdy@genmills.com</a> 763-764-5061 34 Years	Federal Express David Kelly Manager <a href="mailto:dkelly@fedex.com">dkelly@fedex.com</a> 901-434-8669 20 Years	3M Company Gregg Fox Transportation Manager <a href="mailto:gafox@mmm.com">gafox@mmm.com</a> 651-737-9854 28 Years
UIIA Registration	Yes		

❖ Attachments

**Lockbox payment address:**

Transport Corporation of America, Inc.  
4868 Paysphere Circle  
Chicago, IL 60674 (do not append with a +4 code)

**Wire/ACH transfer instructions:**  
[ITEMS IN BOLD WILL PRINT]

Bank Name:	<b>Bank of America</b>
Bank Address:	135 South LaSalle Street Chicago, IL 60603
Bank Phone #	312-904-2506
<b>Account #</b>	<b>5800918491</b>
Account Name:	Transport Corporation of America, Inc
<b>ABA (ACH) #</b>	<b>071000039</b>
<b>Wire Routing #</b>	<b>026009593</b>
<b>Swift Code:</b>	<b>BOFAUS3N</b>
<b>Federal Tax ID</b>	<b>41-1386925</b>

**Email address for remittance information:**  
[accountsreceivable@transportamerica.com](mailto:accountsreceivable@transportamerica.com)

**Beneficiary Physical Address:**

Transport Corporation of America, Inc  
1715 Yankee Doodle Road  
Eagan MN 55121-1618

If there are any questions on the above information please contact:

Transport America  
Cheryl Pink, Credit Manager  
651-905-2816  
[cheryl.pink@transportamerica.com](mailto:cheryl.pink@transportamerica.com)



<b>APPLICATION FOR COMMERCIAL CREDIT</b>
--

Please complete and either fax to (651) 905-2825 or e-mail to [accountsreceivable@transportamerica.com](mailto:accountsreceivable@transportamerica.com)  
 Questions, please call the Credit Manager: (651) 905-2816

REQUESTING CREDIT IN THE AMOUNT OF \$ \_\_\_\_\_ REASON:

- Corporation  
  Partnership  
  Proprietorship  
  LLC  
  LLP

Business Name:	Telephone Number:
Physical Address:	Fax Number:
City, State, Zip:	Email:
Business Address (if different from above):	Subsidiary of:
	Division of:
Business Type: <small>(wholesale, retail, trucking, etc.)</small>	State of Incorporation:
Owner's and/or Principal's Name and Title:	Banking Reference: Contact Name: Address: Phone: Account Number:
Do you <input type="checkbox"/> lease or <input type="checkbox"/> own your building?	Business Established _____ years.
Federal ID # or SSN: MC #: _____ DNB # _____	Accounts Payable Contact Information Name: Phone: Email: Fax:
Have you been in contact with a Transport America employee? If yes, who?	

*The undersigned warrants that the above information is true and is furnished to Transport Corporation of America, Inc., for the purpose of establishing a credit relationship. The undersigned authorized Transport Corporation of America Inc., to check, verify, and confirm the above information or perform other queries necessary to making a credit evaluation of the applicants. The undersigned agrees to provide financial statements as requested. **The undersigned agrees to a standard payment schedule, which is 30 days from the date of invoice.***

*In the event that it becomes necessary for Transport Corporation of America, Inc. to refer to a collections agency and/or attorney, all reasonable collections and/or legal fees will be paid in full by the debtor. It is further agreed that the laws of the state of Minnesota shall govern this agreement, and unless prohibited by law, any suite, by any party relating to this agreement, shall be brought and maintained in the county of Dakota, in the state of Minnesota.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_



In recognition of your commitment to partnership, and in appreciation for joining with us to secure the international supply chain and protect our country's security,

## **U.S. Customs and Border Protection**

is pleased to certify your membership in the

### **Customs - Trade Partnership Against Terrorism**

and to present this certificate to

**Transport Corporation of America, Inc.**

U.S.Canada Border Highway Carrier

August 23, 2004 • Washington, DC  
Date of C-TPAT Agreement

  
Acting Commissioner, U.S. Customs and Border Protection

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## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type. See Specific Instructions on page 3.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Transport Corporation of America, Inc.</b>		
	2 Business name/disregarded entity name, if different from above <b>Transport America</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		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>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>1715 Yankee Doodle Road, Suite 100</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Eagan, MN 55121</b>			
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.

**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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
4	1	-	1	3	8	6	9	2	5

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1-2-20</b>
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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](http://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.*

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2018-2021**

**Registrant:** TRANSPORT CORPORATION OF AMERICA INC  
ATTN: Miranda Albrecht  
1715 YANKEE DOODLE ROAD  
EAGAN, MN 55121-1618

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 050818550045AC    Effective: July 1, 2018    Expires: June 30, 2021**

**HM Company ID: 17940**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2020

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 have ADDITIONAL INSURED provisions or 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).**


<b>PRODUCER</b> McGriff, Seibels & Williams of Oregon 1800 SW First Avenue, Suite 400 Portland, OR 97201	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 503-943-6621	FAX (A/C, No): 503-943-6622
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A :ACE American Insurance Company		22667
<b>INSURED</b> Transport Corporation of America, Inc. dba Transport America 1715 Yankee Doodle Road Eagan, MN 55121		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:WMQVJQVC**                      **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 INSD	SUBR 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 OTHER:			XSL G71571257	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			XSA H25295973 MMT H25296011	03/01/2020	03/01/2021	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"/> EXCESS LIAB DED      RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> 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 N / A	WLR C66921918(AOS) WCU C6692175A SCFC66921955 (CA, GA, NJ, TX, WI)	03/01/2020	03/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Cargo			N14432413	03/01/2020	03/01/2021	Limit Per Occurrence \$ 100,000 \$ \$ \$ \$

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

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance	<b>CANCELLATION</b>  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  



TRANSPORT CORPORATION OF AMERICA, INC. REENTITLED  
TO TRANSPORT CORPORATION OF AMERICA, INC. D/B/A TRANSPORT AMERICA



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

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

**SERVICE DATE**  
October 6, 2009

**DECISION**  
MC-151556  
TRANSPORT CORPORATION OF AMERICA, INC.  
EAGAN, MN  
**REENTITLED**  
TRANSPORT CORPORATION OF AMERICA, INC  
D/B/A TRANSPORT AMERICA

On September 30, 2009, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as TRANSPORT CORPORATION OF AMERICA, INC, D/B/A TRANSPORT AMERICA.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided:** October 1, 2009  
By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief  
Information Systems Division

NCA

## Registration Document



The U.S. Environmental Protection Agency recognizes

**Transport Corporation of America**

*As a Registered*

**SmartWay® Transport Partner**

**Partnership Date: 02/09/2004**

**SmartWay ID: 12018717**

**Expires: 05/06/2020**

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum

Center Director, SmartWay Transport Partnership