



Valued Carrier Partner:

We look forward to the opportunity to working with you and your trucks! Please review and complete the attached forms. The information on the carrier profile will allow us to better understand your needs. Below is a listing of all the documents that we will need in order for Gypsum Logistics to do business with you.

**PLEASE SEND IMMEDIATELY VIA FAX OR EMAIL THE FOLLOWING:**

Email: [logistics@gypsumlogistics.com](mailto:logistics@gypsumlogistics.com)

Fax: 866-711-0331

1. Certificate of insurance (page 8 can be used to send request to insurance agent)
  - a. Primary Cargo Insurance with a minimum of \$100,000 coverage
  - b. Auto Liability (including hired and non-owned auto liability uninsured/underinsured insurance) with a minimum of \$1,000,000 of coverage
  - c. Workers' compensation in accordance with state statutory limits

All of the above naming Gypsum Logistics, LLC as a certificate holder

Gypsum Logistics, LLC  
8280 Sixty Road – PO BOX 876  
Baldwinsville, NY 13027

2. A completed Carrier Profile (page 7)
3. A completed and signed Motor Carrier Agreement (pages 9-12)
4. A completed and signed W-9 Form (page 13)
5. A copy of your Operating Authority

Your DOT Safety Rating must be Satisfactory to qualify as a carrier for Gypsum Logistics, however, we may qualify you based on your SafeStat data if your rating is Conditional or not rated in the SAFER database.

**FOR YOUR RECORDS:**

1. Gypsum Logistics Contact Information & References (page 2)
2. Gypsum Logistics Operating Authority (page 4)
3. Gypsum Logistics Surety Bond (page 5-6)
4. Gypsum Logistics W-9 (page 3)



**CONTACT INFORMATION & REFERENCES**

Phone Numbers & Contacts

Logistics Main Number		800-621-7901 x6375	<a href="mailto:logistics@gypsumexpress.com">logistics@gypsumexpress.com</a>
Vice President	Dan Henderson	800-621-7901 x6184	<a href="mailto:dhenderson@gypsumlogistics.com">dhenderson@gypsumlogistics.com</a>
Logistics Manager	Cheryl Chapman	800-621-7901 x6155	<a href="mailto:cchapman@gypsumlogistics.com">cchapman@gypsumlogistics.com</a>
Carrier Development	Aaron Forshee	800-621-7901 x6118	<a href="mailto:aforshee@gypsumlogistics.com">aforshee@gypsumlogistics.com</a>
Accounts Payable	Jessica Parrow	800-621-7901 x6128	<a href="mailto:jparrow@gypsumexpress.com">jparrow@gypsumexpress.com</a>

Electronic Fax: 866-711-0331  
 Email to Billing: [billing@gypsumlogistics.com](mailto:billing@gypsumlogistics.com)  
 Broker Authority: MC #424109

Corporate Address  
 8280 Sixty Road  
 Baldwinsville, NY 13027

Mailing Address  
 P.O. Box 876  
 Baldwinsville, NY 13027

Bank Information  
 NBT Bank  
 Baldwinsville, NY 13027  
 Robert L. Vertucci 315-475-6706

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Gypsum Logistics</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>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.</small> <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.) <b>8280 Sixty Road P.O. Box 876</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Baldwinsville, NY 13027</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 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	
0 2 - 0 5 3 1 1 2 4	

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Cheryl Chapman</i>	Date ▶ <i>6-12-15</i>
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**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](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.



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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
March 19, 2002

**LICENSE**

**MC-424109-B**

**GYP SUM LOGISTICS, LLC  
D/B/A GYP SUM LOGISTICS  
BALDWINSVILLE, NY**

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.

Terry Shelton, Director  
Office of Data Analysis & Information Systems

B. M. C. 84  
(1098)

Approved by OMB  
2125-0570

**BOND NO. B-12015**

FILER FHWA  
ACCOUNT NO. \_\_\_\_\_

License No.  
MC 424109

PROPERTY BROKER'S SURETY BOND UNDER 49 U.S.C. 13906

KNOW ALL MEN BY THESE PRESENTS, That we Gypsum Logistics, LLC  
*(Name of Property Broker)*

of 8280 Sixty Road Baldwinsville NY 13027  
*(Street) (City) (State) (Zip code)*

as PRINCIPAL (hereinafter called Principal), and Protective 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 Indiana (hereinafter called Surety) are held and  
*(State or District of Columbia)*

firmly bound unto the United States of America in the sum of \$75,000, 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 pursuant to the provisions of Title 49 U.S.C. 13903, and the rules and regulations of the Federal Highway Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Highway 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 a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Highway 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 Highway 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 Highway Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 1st day of October, 2013, 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 Highway Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FHWA 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 hereinbefore 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 FHWA 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 13th day

Of September, 2013.

PRINCIPAL

Name \_\_\_\_\_

By *[Signature]*  
*(Signature and Title)*

Witness \_\_\_\_\_

SURETY

Name Protective Insurance Company [SEAL]

By *Ashlie Meadors*  
*(Ashlie Meadors - Attorney-in-Fact)*

Witness *Kristin & Nel*



