

TS LOGISTOCS INC
9125 ASHTON RD
PHILADELPHIA PA 19114

12/16/19

RE: docket # A-2019-3013640

RECEIVED

DEC 16 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

To whom it may concern:

At the present time I do not have any plans to expand. This is a family own and operated Business, and my sons will be assist me if need will arise.

I'm running this business from my apartment, using computer, scanner and fax machine.

We have ONE truck in operation, equipped with GPS and cell phone.

Our Only task is delivering household goods from IKEA to the customers, thus is eliminating Storage facility.

We are not receiving customer request directly, but only from XPO logistics (Please see attached)

The vehicle is inspected after each trip for safety and mechanical issues.

Sincerely,



Taniel Sharvashidze

RECEIVED

DEC 16 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

XPOLogistics

CONTRACT CARRIER
PRE-QUALIFICATION PACKET
FOR

TS Logistics inc.

CONTRACT CARRIER
XPO Logistics

Contract Carrier Qualification Questionnaire:

Legal Business Name: TS Logistics inc

Company Name: TS Logistics inc

Doing Business As Name: TS Logistics inc

Street Address: 9105 Ashton Rd

City, State, Zip: Philadelphia, PA, 19114

Business Address: 9105 Ashton Rd

Mailing Address: (if different from above) _____

Phone Number(s): 267-423-5289

Fax Number: _____

E-Mail Address: tslogistics19@yahoo.com

Business Type: Corporation Partnership Proprietor LLC

Other INC

If A Corporation, State of Incorporation: _____

Corporate ID Number: _____

If A Partnership, Identify Partners: _____

Federal Employee Identification Number (FEIN) _____

Social Security Number: (if not a corporation) _____

Previous Address: _____

Name of Owner / Officer: Tariel Sharvashidze

Street Address: 9105 Ashton Rd

City, State, Zip: Philadelphia, PA, 19114

Phone Number(s): 267-423-5289

Social Security Number: _____

Previous Address: _____

Do You Have Federal Motor Carrier Authority: Yes No

If Yes, Identify Motor Carrier Number: MC- 01052013

Do you have moffett lift experience: Yes _____ No _____

If yes, is applicant able to provide a certificate for Moffett Certification Yes _____ No _____

Do you have flatbed trailer experience Yes _____ No _____

Do You Have A Department of Transportation (DOT) Number: Yes No _____

If Yes, What Is The Number: 3311533

Do You Have A State Department of Transportation (DOT) Number: Yes No _____

If Yes, What Is The Number: 3311533

Truck(s) Information:

Do you own / lease trucks currently? Yes No

If Yes:

Year	Make	Model	Size	Current Miles
2013	mitsubishi	Fuso	24	51,069
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have current insurance coverage: Yes No

Name of insurance agent: _____

Telephone Number: _____

Complete all releases and forms:

1. Release & Consent FCRA Compliance Statement Form (HD, GE or IKEA) or Consumer Report/Investigative Consumer Report Disclosure Statement (EVCO)
2. Release For Drug And Alcohol Testing

*****ATTACH A COPY OF CURRENT DRIVERS LICENSE, DOT MEDICAL CARD AND SOCIAL SECURITY CARD FOR ALL INDIVIDUALS WHO WILL PERFORM SERVICES ON CONTRACT CARRIER'S BEHALF*****

A COPY OF NATURALIZATION PAPERS OR VISA WILL BE REQUIRED WHERE APPLICABLE.

Print Name:

Tariel shanushidze

Signature:

Tariel shanushidze

Date:

07-03-2019

CONTRACT CARRIER

XPO Logistics

Consumer Report/Investigative Consumer Report Disclosure Statement

XPO Logistics, contracts with Evolution Consulting, LLC to have background checks performed on each Contract Carrier. Our customer requires that we ensure that such checks have been made on all individuals with access to consumers. You must ensure that your employees or subcontractors are checked as well. These checks are treated by the Federal Trade Commission (FTC) as Consumer Reports and/or Investigative Consumer Reports, which are governed by the Fair Credit Reporting Act (FCRA). Under the FCRA and the FTC's rules, your authorization is required for our company to obtain these reports. By providing your signature to the authorization below you acknowledge that XPO Logistics, may require such reports in connection with your application for consideration as a Contract Carrier, and you authorize the company to secure such reports as needed, as determined by the company. You also acknowledge that you have received and read the summary of your right under the FCRA, a copy of which is available from terminal management.

DRIVER/HELPER for:

Market # _____
Driver/Helper Name (First, MI, Last Name) Tariel Sharvashidze
Date of Birth 07/22/1967 S.S. Number: _____
Street Address 9125 Ashton Rd
City Philadelphia State pa Zip Code 19114
E-mail Address t.slogisticsinc19@yahoo.com
License # _____

AUTHORIZATION

I, Tariel Sharvashidze, hereby authorize XPO Logistics, to secure consumer reports and/or Investigative consumer Report (or other work related reports) in connection with my application for consideration as an Contract Carrier or my continued contracted work. I understand and acknowledge that my written authorization is required in order for the company to secure such reports and that by signing this document I am providing such authorization.

Print Name Tariel Sharvashidze
Signature [Signature]
Date 07/23/2019

Witness: _____
Signature [Signature]
Date 07/23/2019

CONTRACT CARRIER

CONTRACT CARRIER RELEASE FOR DRUG AND ALCOHOL TESTING

XPO Logistics customers require that all our Contract Carriers undergo alcohol and drug tests. You must ensure that your employees or subcontractors are tested as well. The Federal Highway Administration's regulations require individuals in certain driving positions and other safety sensitive functions to undergo drug tests, but not alcohol tests. Our testing requirements go further. XPO Logistics reserves the right to require both pre-engagement and post-engagement alcohol and drug tests of all its Contract Carriers.

By my signature below, I voluntarily and knowingly agree to the following:

I consent to undergo blood and urine or other tests for alcohol and drugs, requested by XPO Logistics, in connection with the processing of my Contract Carrier engagement and further agree to undergo such testing if requested by the Company during my contract if I am offered and accept.

I further understand that any information obtained through such testing may be retained by the Company and is exclusively the company's property. I also understand that such testing will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Contract Carrier.

I acknowledge I have read, understand and will abide by the above notice and that a copy has been furnished to me.

Tariel Shervashidze
WITNESS

[Signature]
DONOR SIGNATURE

07/23/2019
DATE

MARKET # _____

AFFILIANT/EMPLOYEE NAME Tariel Sharvashidze

DISCLOSURE

As part of the employment process, T.S. Logistics Inc. (the "Company") who is a vendor or service provider and its client (the "Sponsor"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize First Advantage, on behalf of the Company and the Sponsor to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

[Signature]

07/23/2019
Date

Social Security Number*
Birth*

_____ Date of

*For Identification Purposes Only

Truncation Request

_____ Please truncate the first five digits of my social security number on the report.

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- _____ YES, I am a California resident and would like a free copy of my investigative consumer report.
- _____ YES, I am a Minnesota resident and would like a free copy of my consumer report.
- _____ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name Tariel Sharvashidze Street Address 9125 Ashton Rd
City, State, Zip Philadelphia PA 19114

I HAVE POTENTIAL SIGN AT BOTTOM - GIVE THEM A COPY - RETURN A COPY TO FSSI

For information on español, visit www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

-You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

-You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

-Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

-Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

-Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

-You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

-You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8888.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-482-3669
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-843-6928
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke street Alexandria, VA 22314 703-618-4800
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2838 1-877-275-3342
AI, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20580 202-366-1308
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Received by: *[Signature]*

List previous references, preferably companies that you are or have supplied services for:

Company name: _____

Address: _____

Contact name: _____ Telephone #: _____

Still active / Why not: _____

What type of services did you provide: _____

Dates: from _____ to _____
Month and year Month and year

Company name: _____

Address: _____

Contact name: _____ Telephone #: _____

Still active / Why not: _____

What type of services did you provide: _____

Dates: from _____ to _____
Month and year Month and year

Company name: _____

Address: _____

Contact name: _____ Telephone #: _____

Still active / Why not: _____

What type of services did you provide: _____

Dates: from _____ to _____
Month and year Month and year



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YYYY

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 Agent Name Street Address City, State, Zip Code	CONTACT NAME: Insurance Agent Contact PHONE (AG, No. Ext): Insurance Agent Phone Number FAX (AG, No.): E-MAIL ADDRESS: Insurance Agent Email
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Motor Carrier Business Name Street Address City, State, Zip Code	INSURER A: A.M. Best Rating A- VII or higher Insurance Company NAIC#
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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.

LINE	TYPE OF INSURANCE	ADDL SUBR (RRR) (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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	Policy Number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ Included \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	Policy Number	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$	
A	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 Y/N	N/A	X	Policy Number	MM/DD/YYYY	MM/DD/YYYY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Motor Truck Cargo			Policy Number	MM/DD/YYYY	MM/DD/YYYY	Limit: \$100,000 Per Truck	
A	Occupational Accident (Only required if any Proprietor/Partner/Executive Officer/Member excluded on WC)			Policy Number	MM/DD/YYYY	MM/DD/YYYY	Combined Single Limit: \$1,000,000	

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

XPO Last Mile, Inc., XPO Logistics, Inc., its affiliates and all customers are listed as Additional Insured with respect to General Liability per CG2026 & CG2037. General liability is hereby endorsed including completed operations. XPO Last Mile, Inc., XPO Logistics, Inc., its affiliates and all customers are listed as Additional Insured with respect to Auto Liability per CA2048. Waiver of Subrogation is included on Auto Liability, General Liability & Workers Compensation in favor of XPO Last Mile, Inc., XPO Logistics, Inc., its affiliates and all customers. Coverage under General Liability & Auto Liability is considered Primary & Non-Contributory. No Water Damage Exclusions on General Liability. No Mileage or Radius Restrictions on Auto Liability. Umbrella Liability is excess of Auto Liability & General Liability and written on Following Form Basis. 30 Day Notice of Cancellation to the certificate holder is included on all policies. Note: VIN must be specified if Auto Liability policy symbol is Scheduled Auto.

CERTIFICATE HOLDER **CANCELLATION**

XPO Last Mile, Inc. XPO Logistics, Inc., and its affiliates and customers C/O XPO Last Mile Compliance PHPI PO Box 5990 Napa, CA 94581	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 Authorized Representative Signature
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Agent Name		NAMED INSURED Motor Carrier Business Name	
POLICY NUMBER		Street Address	
CARRIER		City, State, Zip Code	
NAIC CODE		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

WC Coverage must extend to all employees of the Contract Center where statutorily required.
 Occupational Accident includes \$250,000 Accidental Death & Dismemberment Benefit; Weekly Total Disability Benefit and Permanent Total Disability Benefit of \$500 per week for no shorter than 104 weeks. Contingent Liability is in favor of XPO Last Mile, Inc. XPO Logistics, Inc. and affiliates.

**If Proprietor, Partner or Corporate Officer is excluded as allowed under state statutory requirements, Occupational Accident must be obtained.
 AK, AZ, CA, CO, CT, DC, DE, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MN, MT, NC, ND, NE, NH, NJ, NY, NY, OK, OR, PA, RI, SD, UT, VT, WA, WI, WV -
 Workers Compensation required for all drivers & helpers. Occupational Accident is not an option in these states, except for the sole proprietor, partners,
 corporate officers.
 FL, GA, SC, AL, AR, MS, MO, NM, TN, VA, TX, MI - Occupational Accident is allowed for all drivers & helpers up to state specific threshold only.*

Worker's Compensation

- CA, CO, CT, IL, KS, ME, MD, MA, MI, MN, NV, NH, NJ, NY, NC, ND, OK, PA, UT, VT, WA, WV – Workers Compensation required for all drivers & helpers. Occupational Accident is not an option in these states.
- FL, GA, SC, WI – Occupational Accident is allowed for all drivers & helpers up to state specific threshold. (e.g. FL & SC up to 3 employees; GA & WI up to 2 employees)
- Statutory Limits
- Employers Liability Limits: \$100,000 Each Accident / \$500,000 Disease – Policy Limit / \$100,000 Disease – Each Employee
- Waiver of Subrogation in favor of XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each **

NOTE: If Proprietor/Partner/Executive Officer/Member is excluded as allowed under state statutory requirements, Occupational Accident along with Contingent Liability must be obtained.

Occupational Accident

- \$1,000,000 Combined Single Limit (CSL)
- \$250,000 Accidental Death & Dismemberment Benefit
- Weekly Total Disability Benefit and Permanent Total Disability Benefit of \$500 per week for no shorter than 104 weeks.
- Contingent Liability with Statutory Workers Compensation limits in all states
- XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each are listed Additional Insured with respect to Contingent Liability **

Certificate Holder

Should read as follows:

XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each
c/o TrueNorth - Compliance
PO Box 1863
Cedar Rapids, IA 52406-1863

****MUST BE LISTED ON CERTIFICATE OF INSURANCE AND/OR ENDORSEMENTS PROVIDED**

XPO Contract Carrier Insurance Requirements

11/09/15

All policies must be written with insurance carriers who have a current A.M. Best rating of "A- VII" or higher
(Exception for Workers Compensation Assigned Risk/State Fund)

NAIC # must be listed

All certificates must include a policy number, NOT a binder number

30 Day Notice of Cancellation required for ALL policies **

ACORD 25 (2010/05) version or newer

General Liability

- \$1,000,000 Occurrence Limit / \$2,000,000 Aggregate Limit
- XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each are listed Additional Insured per CG2026 or equivalent **
- XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each are listed Additional Insured per CG2037 or equivalent **
- Policy does not include water damage limitations or exclusions **
- Waiver of Subrogation in favor of XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each **
- Coverage must be Primary and Non-Contributory **

Auto Liability

- \$1,000,000 Combined Single Limit
- Policy Symbol - Any Auto
- XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each are listed Additional Insured per CA2048 or equivalent **
- Policy does not include mileage restrictions **
- Waiver of Subrogation in favor of XPO Last Mile, Inc., XPO Logistics, Inc., and the affiliates and customers of each **
- Coverage must be Primary and Non-Contributory **

Excess Liability / Umbrella Liability

- \$1,000,000 Occurrence Limit / \$1,000,000 Aggregate Limit
- Excess of Auto Liability & General Liability and written on Following Form basis **

Motor Truck Cargo

- \$100,000 Occurrence Limit

New Contractor Assistance

Business set up:

LaNaya
Entrepreneur Success, Inc
4204 E. Lake Chapin Road
Berrien Springs, MI 49103
269.357.7974 (Direct)
269.545.1801 (Direct Fax)

LaNaya@entsuccess.com
www.ESitrucking.com

New Contractor Needs

Company Needs

- PQQ ~ Prequalification Packet
- UIN# - Unemployment Identifier number (Department of Labor)
<http://workforcesecurity.doleta.gov/unemploy/agencies.asp>
- Truck registration
- COI - Certificate of insurance
- UCR - Unified Carrier Registration
<http://www.ucr.in.gov/>
- WC - Workers Compensation Coverage
- AOI - Articles of Incorporation
- DOT# - Department of Transportation Number
- MC# - Motor Carrier Number
- SS4/FEIN# - Federal Employment Identification Number
- PUC - Pennsylvania Utilities Commission -
http://www.puc.state.pa.us/general/onlineforms/pdf/App_MCC_MCC_Household_Goods.pdf

Personnel needs

- Driver packet (No blank lines – NEED EMAIL)
 - Photo of License
 - Photo of SIGNED Social Security #
 - Drug Test
 - Head shot photo (No hats, hoodies, piercings, sleeveless shirts, etc.)
- Helper packet (No blank lines – do not need email)
 - Photo of License/Identification Card
 - Photo of SIGNED Social Security #
 - Drug Test
 - Head shot photo (No hats, hoodies, piercings, sleeveless shirts, etc.)

FROM:

T.S Logistics INC.
9125 Ashton Rd.
PA, Philadelphia, 19114

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 2280 0000 6826 5996



1000

17105



U.S. POSTAGE PAID
PHILADELPHIA, PA
19134
DEC 18, 19
AMOUNT
\$8.05
R2305K134051-06

TO:

Rosemary Chivetta Secretary
Pennsylvania Public Utility
Commission - Po box 3265
Harrisburg, PA, 17105-3265