



**TOTAL  
TRANSPORTATION  
NETWORK**

Total Transportation Network Inc. (TTN)

550 W. Frontage Road Suite 3500

Northfield, IL 60093

PHONE: (847) 881-2804

TOLL FREE: 888-881-2804

FAX: (847) 881-2806

TTN is a broker FMCSA-MC#666-885.

Our surety Bond is with 1<sup>st</sup> Security Financial Corporation (614) 834-8141.

TTN banks with Bank of America: 231 South LaSalle Street, Chicago, IL 60697.

Our contact at Bank of America is Sophia Bobak (312) 828-5073.



**TOTAL  
TRANSPORTATION  
NETWORK**

Total Transportation Network, Inc. (TTN Inc.)  
550 W Frontage Rd. Suite 3500  
Northfield, IL 60093

This agreement (hereinafter referred to as "Agreement") shall govern the services provided by \_\_\_\_\_ licensed motor carrier pursuant to USDOT # \_\_\_\_\_ & Docket No. MC# \_\_\_\_\_ (hereinafter referred to as "Carrier") and TTN Inc., (hereinafter referred to as "Broker"), a licensed transportation broker pursuant to Docket No. MC#666885.

1. Broker is an agent authorized by its customers to negotiate and arrange for transportation of their shipments in interstate commerce.

1a. Independent Contractor. Carrier understands and agrees that Carrier is an independent contractor of Broker and that Carrier has exclusive control and direction of the work the Carrier performs pursuant to this Agreement and each transportation schedule or carrier load confirmation sheet(s) included herewith or subsequently incorporated by reference (collectively, hereinafter referred to as "Transportation Schedule"). Carrier agrees to assume full responsibility for the payment of all local, state, federal and intra-provincial payroll taxes, and contributions or taxes for unemployment insurance, worker's compensation insurance, pensions, and other social security or related protection with respect to the persons engaged by Carrier for Carrier's performance of the transportation and related services in a Transportation Schedule, and Carrier shall indemnify, defend and hold Broker, and its customer harmless there from. Carrier shall provide Broker, with Carrier's Federal Tax ID number and a copy of Carrier's IRS Form W-9 prior to commencing any transportation or related services for Broker, under this Agreement.

2. Carrier shall transport a series of interstate shipments arranged by Broker pursuant to carrier load confirmation sheet(s) included herewith or subsequently incorporated by reference.

3. Broker shall pay Carrier for services rendered in an amount equal to the rates and accessorial charges agreed to on the Broker/Carrier Rate Confirmation Sheet or other signed writing. Carrier must submit proof of delivery with invoices to Broker as agent for the shipper. Payment terms shall be twenty (20) days from receipt of necessary supporting documentation.

3a. "Carrier agrees that Broker is the sole party responsible for payment of Carrier's invoices and that, under no circumstance, will Carrier seek payment from the shipper or consignee."

4. Carrier warrants to Broker (and its shipper's principals) that it meets the following criteria: (a) Carrier shall maintain all risk cargo insurance in the amount of not less than (\$100,000.00) per shipment; and shall maintain a record of each inspection of a refrigeration or heating unit and retain the records of the inspection for a least one year. The carrier must provide their cargo insurance carrier with all records that relate to a loss, and permit copies and abstracts to be made from them; (b) Carrier shall maintain public liability insurance in the amount not less than (\$1,000,000) as required by federal regulation (BMC-91), on file; (c) Carrier shall maintain workers compensation insurance as required by state law; (d) Carrier shall agree to provide certificates of insurance upon request; (e) Carrier shall maintain satisfactory U.S. DOT safety ratings and is otherwise authorized to provide the proposed services; and (f) Carrier shall be in compliance with all applicable laws.

4a. Any insurance coverage's required by any government body for the types of transportation and related services specified in a Transportation Schedule. All insurance required by this Agreement or a Transportation Schedule must be written by an insurance company having a Best's rating of "B+" or better and must be authorized to do business under the laws of the state(s) or province(s) in which Carrier provides the transportation and related services under all of the Transportation Schedules. Carrier's insurance shall be primary and required to respond and pay prior to any other available coverage. Carrier agrees that Carrier, Carrier's insurer(s), and anyone claiming by, through or under Carrier shall prior to providing transportation and related services pursuant to this Agreement, name Broker, as a certificate holder on each of the foregoing insurance policies and shall cause its insurance company to issue a certificate to Broker, evidencing the foregoing coverage. Carrier represents and warrants that it will continuously fulfill the requirements of this Section throughout the duration of this Agreement Broker, shall be notified in writing by Carrier's insurance company at least thirty (30) days prior to the cancellation, change or non-renewal of the submitted insurance policies. Carrier shall at all times during the term of this agreement have and maintain in full force and effect, Public Liability, Property Damage, Cargo, and Workers' Compensation Insurance with reliable insurance companies acceptable to SHIPPER, and in the following amounts, which amounts may be modified by Broker subsequently upon thirty days' written notice: \$1,000,000 Bodily Injury; \$500,000 Property Damage; \$100,000 Cargo; \$500,000 Employer's Liability and Workers' Compensation in an amount not less then the statutory limits for the state(s) or province(s) in which transportation services are to be performed, including employer's liability insurance in an amount not less then \$500,000. If Carrier is self-insured, a certificate of the state in which the transportation services are to be performed must be furnished by such state agencies directly to Broker. Insurance will meet or exceed the requirements of federal and

state regulatory bodies having jurisdiction over Carrier's performances pursuant to this agreement.

5. Governing Rules. The following rules shall apply: (a) The terms of the uniform straight bill of lading; (b) Standard claims rules otherwise applicable to common carriers (49 C.F.R. §370 and carrier's rules tariffs); (c) Cargo claims liability as set forth in the Carmack Amendment (49 U.S.C. §14706); (d) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement; (e) Claims will be filed with Carrier by Shipper; and (f) Broker's customer is third party beneficiary of this Agreement.

6. Shipping Document Execution. Carriers are to be named on the bill of lading as the "carrier of record." Broker shall be shown as the third party payer of all freight charges.

7. Indemnification. Carrier agrees to indemnify and hold Broker and its customers harmless from any fines, claims, or loss resulting out of any act or omission of Carrier, its employees or agents in the performance of this Agreement or the services provided hereunder including loss of hours or miles or any fines or penalties as a result of Carrier being late or overloaded. It is the sole responsibility of Carrier to check the weight of each load in a timely manner in order to prevent losses of this nature.

8. Carrier's Cargo Liability. Carrier assumes liability as a common carrier for loss, damage to or destruction of any and all of customer's goods or property while under Carrier's care, custody or control. Carrier shall inspect each load at the time it is tendered to Carrier to assure its condition. If Carrier is tendered a load which is not in suitable condition, it shall notify Broker, immediately. Cargo which has been tendered to Carrier intact and released by Carrier in a damaged condition, or lost or destroyed subsequent to such tender to Carrier, shall be conclusively presumed to have been lost, damaged or destroyed by Carrier unless Carrier can establish otherwise by clear and convincing evidence. Carrier shall either pay Broker, directly or allow Broker, to deduct from the amount Broker, owes Carrier, customer's full actual loss, or the amount determined by Broker, and Carrier to be Carrier's responsibility. Broker, shall deduct from the amount Broker, otherwise owes Carrier, the customer's full actual loss of all claims that are not resolved within ninety (90) days of the date of the claim. Carrier agrees to indemnify Broker, for any payments made hereunder. In the event of an accident, Carrier shall notify Broker immediately for further instructions. Carrier shall return all damaged shipments at its expense to the point of origin or to other points as instructed by Broker

8a. Salvage Claims. Carrier shall waive any and all right of salvage or resale of any of customer's damaged goods and shall, at Broker reasonable request and direction, promptly return or dispose, at Carrier's cost, any and all of customer's damaged and overage goods shipped by Carrier under a Transportation Schedule. Carrier shall not

under any circumstance allow customer's goods to be sold or made available for sale or otherwise disposed of in any salvage markets, employee stores, or any other secondary outlets. In the event that damaged goods are returned to customer and salvaged by customer, Carrier shall receive a credit for the actual salvage value of such goods.

9. Law and Integration. This written Agreement, together with any load confirmation, contains the entire agreement between the parties and may only be modified by signed written agreement. State law, venue and jurisdiction shall apply in the state of Illinois.

10. Savings Clause. If any provision of this Agreement or any Transportation Schedule is held to be invalid, the remainder of the Agreement or the Transportation Schedule shall remain in force and effect with the offensive term or condition being stricken to the extent necessary to comply with any conflicting laws.

11. This Agreement shall be for the period of one (1) year and shall be automatically renewed unless cancelled. Either party may terminate this Agreement upon fifteen (15) days written notice.

BROKER

CARRIER

By: \_\_\_\_\_

By: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



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

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

**SERVICE DATE**  
March 27, 2009

**LICENSE**  
**MC-666885-B**  
**TOTAL TRANSPORTATION NETWORK INC**  
**GLENVIEW, IL**

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.

A handwritten signature in cursive script that reads "Kathy A. Weiner".

Kathy Weiner, Chief  
Information Systems Division

BPO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/30/10

**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).**

<b>PRODUCER</b> Hancock & Associates, Inc. 8200 Kingston Pike Suite#21 Knoxville, TN 37919 Phone (865) 691-6449 Fax (800) 686-2170	<b>CONTACT NAME:</b> JOSH HANCOCK	
	<b>PHONE (A/C, No, Ext):</b> (800) 977-9885- 101	<b>FAX (A/C, No):</b> (800) 686-2170
	<b>E-MAIL ADDRESS:</b> INFO@CONTINGENTCARGO.COM	
<b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> TOTAL TRANSPORTATION NETWORK INC DBA TTN 540 W. Frontage Road Northfield, IL 60093-	<b>INSURER A :</b> CERTAIN UNDERWRITERS AT LLOYDS OF LON	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	N		Z108288-TGL033	04/01/2010	04/01/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

2500 REFER BREAKDOWN

**CERTIFICATE HOLDER**

**CANCELLATION**

INSUREDS COPY

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



TOTAL  
TRANSPORTATION  
NETWORK

## Payment Options

### REGULAR PAY

All invoices will be considered regular pay unless you notify Total Transportation Network Inc (TTN). All regular pay invoices will be sent out via first class USPS mail 15 days from when we receive a POD (proof of delivery) and an invoice from your company.

### QUICK PAY (3% CHARGE)

TTN offers payment in full via com-check the same day we receive a legible faxed copy of your invoice along with the bills of lading and all appropriate back up. The fee will be 3% of the freight charges with a minimum of \$20. All charges will be deducted from your payment. Please note that the cutoff for same day com-checks is 4PM eastern.

### FUEL ADVANCE

TTN offers a fuel advance option with all loads where the freight is over \$750. Once you are fully loaded, you must call TTN to receive your advance. Please note that TTN must be able to verify with the shipper that you are fully loaded. If the shipper is closed when you call TTN, you will not be able to get your advance until they reopen and we can verify that you are loaded.

Once you have been loaded and it has been verified by TTN, we will provide you with a com-check for 40% of the freight charges. There is a 3% charge for the advance. The 3% charge only applies to the amount you received from the advance. All charges will be deducted from the final payment.

For your final payment you have the option of choosing Regular Pay or Quick Pay.





April 13, 2010

RICHARD SALE  
TOTAL TRANSPORTATION NETWORK INC  
550 W FRONTAGE ROAD SUITE 3500  
NORTHFIELD, IL 60093

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **TOXW** has been renewed for:

TOTAL TRANSPORTATION NETWORK INC  
550 W FRONTAGE ROAD SUITE 3500  
NORTHFIELD, IL 60093  
MC-666885

This Alpha Code will apply only to the company name shown above through June 30, 2011. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV  
Fax 571.468.5650

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



**TOTAL  
TRANSPORTATION  
NETWORK**

---

Total Transportation Network Inc (TTN)  
550 W Frontage Rd #3500  
Northfield, IL 60093  
PH (847) 881-2802  
FAX (847) 881-2806  
TOLL FREE (888) 881-2804

**TTN REFERENCES**

**Doug Andrus Distributing, LLC**

**Greg  
(208) 533-6729**

**GO 2 Logistics  
Accounting  
(708) 338-0303**

**EMH Services  
Heidi  
(847) 640-5854**

**BBX  
Accounting  
(716) 434-8100**

**MORE AVAILABLE UPON REQUEST**

## 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.	Name (as shown on your income tax return) <b>Total Transportation Network Inc</b>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>550 W Frontage Rd #3500</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Northfield, IL, 60093</b>		
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 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.

Social security number
or
Employer identification number
<b>26 : 3854310</b>

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

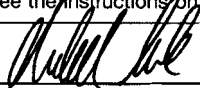
Under penalties of perjury, I certify that:

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).

**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 4.

**Sign Here**

Signature of U.S. person ▶



Date ▶

**3/15/10**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# FMCSA Motor Carrier



USDOT Number:

Docket Number: **MC666885**

Legal Name: **TOTAL TRANSPORTATION NETWORK INC**

DBA (Doing-Business-As) Name

## Addresses

Business Address: **550 W FRONTAGE #3500  
NORTHFIELD, IL 60093**

Business Phone: **(847) 881-2804** Business Fax: **Fax: (847) 881-2806**

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: **NO**

## Authorities:

Common Authority: **NONE**

Application Pending: **NO**

Contract Authority: **NONE**

Application Pending: **NO**

Broker Authority: **ACTIVE**

Application Pending: **NO**

Property: **YES**

Passenger: **NO**

Household Goods: **NO**

Private: **NO**

Enterprise: **NO**

## Insurance Requirements:

BIPD Exempt: **NO**

BIPD Waiver: **NO**

BIPD Required: **\$0**

BIPD on File: **\$0**

Cargo Exempt: **NO**

Cargo Required: **NO**

Cargo on File: **NO**

BOC-3: **YES**

Bond Required: **YES**

Bond on File: **YES**

Blanket Company: **PROCESS AGENT SERVICE COMPANY, INC.**

Comments:

## Active/Pending Insurance:

Form: **85**

Type: **TRUST FUND**

Posted Date: **03/24/2009**

Policy/Surety Number: **NONE**

Coverage From:

**\$0**

To:

**\$10,000 \***

Effective Date: **03/24/2009**

Cancellation Date:

Insurance Carrier: **1ST SECURITY FINANCIAL CORPORATION**

Attn: **G. BRICE PARKS, PRESIDENT**

Address: **3929 NOE BIXBY RD**

**COLUMBUS, OH 43232 US**

Telephone: **(614) 834 - 8141** Fax: **(614) 834 - 8144**

## Note:

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund).

The carrier may actually have higher levels of coverage.

# FMCSA Motor Carrier

USDOT Number:

Docket Number: **MC666885**

Legal Name: **TOTAL TRANSPORTATION NETWORK INC**

DBA (Doing-Business-As) Name



## Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

## Insurance History:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Effective Date From:	To:	Disposition:	

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	03/27/2009

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason