



DEAR CARRIER PARTNER,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

PLEASE EMAIL ALL PAPERWORK TO: [melba@wcdilogistics.com](mailto:melba@wcdilogistics.com) or [nina@wcdilogistics.com](mailto:nina@wcdilogistics.com)

**REQUIRED DOCUMENTS**

- ✓ Copy of Workmen's Compensation and or Occupational/Accidental Policies
- ✓ I.C.C. Operating Authority
- ✓ IRS W9 - Signed / Dated
- ✓ Certificate of Canadian Authority
- ✓ Signed Carrier Contract
- ✓ Completed Carrier Profile
- ✓ Completed Safety Evaluation Form **(Unrated Carriers)**
- ✓ New Entrant Safety Audit Report **Unrated Carriers)**
- ✓ **CARB** Compliance Certificates.

**Minimum Insurance Coverage** for Motor Carriers is:

**CARGO** - \$100,000  
**BI / PD** - \$1,000,000

**CARRIER PROFILE**

\_\_\_\_\_  
**Legal Company Name** **DBA**

**Physical Address**

\_\_\_\_\_  
**City** **State** **Zip**

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
**Telephone** **Facsimile**

Do you **FACTOR** your receivables through a 3<sup>rd</sup> party factoring company? Yes  No  **"YES"** please list contact information below.

\_\_\_\_\_  
**Factoring Company Name** **Contact**

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
**Telephone** **Facsimile**

**Physical Address**

\_\_\_\_\_  
**City** **State** **Zip**

**LIST THE FOLLOWING CONTACTS**

\_\_\_\_\_  
**Dispatch** **Telephone**

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
**Dispatch (After Hours)** **Telephone**

\_\_\_\_\_  
**MC #** **DOT#**

\_\_\_\_\_  
**SCAC** **Federal ID #**

**Equipment List**

\_\_\_\_\_  
**Van** **Reefer** **Flats** **SD** **DD / RGN**  
[www.wcdilogistics.com](http://www.wcdilogistics.com)

[MC1019675-B](#)  
[USDOT 3244417](#)

14752 Crenshaw Blvd., #412  
 Gardena, Ca 90249  
 O: (310)776-5755



This **Agreement** dated \_\_\_ / \_\_\_ / \_\_\_\_\_, between **WCDI Logistics Inc.**, hereinafter referred to as **BROKER**, and \_\_\_\_\_, hereinafter referred to as **CARRIER**.

**WITNESSETH:**

- i. CARRIER is a motor carrier of property authorized by **MC:** \_\_\_\_\_ (a copy of which is attached here and made a part hereof) to provide transportation of property under contract with shippers and receivers of general commodities, and
- ii. BROKER is a motor carrier broker, licensed to arrange for the transportation of property by License No. **MC1019675** (a copy of which licenses is attached hereto and made a part hereof), and controls the transportation of the commodities to be tendered to CARRIER.

**I. SPECIFIC OBLIGATION OF CARRIER**

**LIABILITY OF CARRIER**

- a) The CARRIER shall issue a bill of lading for property it receives for transportation under this contract and shall be liable to the person entitled to recover under the bill of lading. The liability imposed by this paragraph is for the actual loss or injury to the property caused by the CARRIER. The CARRIER's liability shall be the same as a Carrier's liability under 49 U.S.C. 11707.
- b) CARRIER agrees to maintain cargo insurance in the amount of \$ \_\_\_\_\_ to compensate those parties entitled to recover under the preceding paragraph. CARRIER shall cause the insurance carrier to forward forthwith to BROKER a standard Certificate of Insurance which Certificate shall require the insurance carrier to give BROKER written notice thirty (30) days prior to the cancellation of such cargo insurance. The cargo insurance shall be in the form required by 49 C.F.R. 1043.2 (b), and shall have no exclusions or restrictions that would not be accepted by the statutory requirements of the above-cited section, but shall, in all respects, be identical to the cargo insurance filed in accord with the said section.
- c) CARRIER's liability shall begin at the time cargo is loaded upon CARRIER's equipment at point of origin, and continue until said cargo is delivered to the designated consignee at destination, or to any intermediate stop-off party.
- d) CARRIER further agrees to defend and hold harmless BROKER from any and all liability, costs and damages to persons and/or property arising out of CARRIER's operations hereunder, including but not limited to all road, fuel, and other taxes, fees or permits, related to the shipments transported by CARRIER as arranged by BROKER.

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Dear Carrier Partner,

WCDI Logistics Inc prides ourselves in quick payments to our motor carriers. Enclosed you will find the procedures necessary to process your invoice quickly and efficiently. Motor Carriers are compensated within 30 days after receipt of **CARRIER INVOICE** along with the **ORIGINAL SIGNED BOL**.

**Email All Load Paperwork, Receipts and Invoice To: [melba@wcdilogistics.com](mailto:melba@wcdilogistics.com) or [nina@wcdilogistics.com](mailto:nina@wcdilogistics.com)**

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**Remittance Address**  
WCDI Logistics Inc  
14752 Crenshaw Blvd., #412  
Gardena, Ca 90249  
Phone: (310)776-5755

**PAYMENT ADVANCE POLICY:** There will be a charge for all advances and/or COD as follows:

- Fee for Advance is **2.95%** of the advance amount or **\$45.00**, whichever is higher.
- Fee for an Advance and COD is **5%** of the base rate.
- Fee for COD is **4%** of the base rate.

**PAYMENT POLICY:** Every effort will be made to pay carrier invoices within 21-30 days of invoice receipt, provided the **BILL OF LADING'S** include the following:

- They are **Clearly Signed**
- All copies are **Legible**
- No notice of claim has been given – **BOL's "Free Of Discrepancies"**
- A **Signed Rate Confirmation** has been returned
- Invoice is mailed or faxed to the **your company name** offices.
- (Occasionally original bills must be provided instead of copies and carrier will be notified of this in the load confirmation.)

**WCDI Logistics Inc**  
Melba Calloway/Nina Calloway  
Owners

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Carrier Name: \_\_\_\_\_ MC# \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Quick Pay Options:**

- \_\_\_\_\_ 2.95% Invoice Discount (Invoice Paid in 48 Hours)
- \_\_\_\_\_ 2% invoice Discount (Invoice Paid in 5 Business Days)

Your company name agrees to pay the carrier at the Quick Pay Option chosen above upon receipt of the invoice and original bills of lading. "Quick Pay" invoices received by 10:00 A.M. will be processed for payment that day. "Quick Pay invoices received after 10:00 A.M. will be considered received as of the next business morning and will be processed the following day. The invoice and accompanying bills of lading must be clear and free of any problems. Faxed or emailed invoices and bills of lading are accepted but must be legible. Weekends and holidays are not considered to be business days. Invoices that have been assigned to a factoring company or invoices that are for loads that have been doubled brokered are excluded from this agreement.

- Direct Deposit is available to all carriers. If direct deposit is not chosen, company checks will be mailed via the United States Postal Service.
- **BROKERAGE IS NOT FINANCIALLY RESPONSIBLE FOR DETENTION COST**
  - Shipper is to pay set detention rate after 2 hours (as verified by consignee)
- **BROKERAGE IS NOT FINANCIALLY RESPONSIBLE FOR TANU RATES**
  - Shipper is responsible for TANU rates at the rate as follows:
    - 1-50 miles -\$100
    - 51-100 miles \$150
    - 101-above miles \$250
- DRY RUNS fees are subject to review
- Lumper and Tarping fees are to be covered by the shipper as negotiated in the load confirmation
- SHIPPER IS RESPONSIBLE FOR ANY ADDITIONAL ACCESORIALS NOT LIST AS WILL BE SPECIFIED/NEGOTIATED IN THE LOAD CONFIRMATION

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At least once per calendar month while this **AGREEMENT** is in effect, **CARRIER** shall inspect or hire a service representative to inspect each refrigeration or heating unit associated with trailers used by **CARRIER** to transport freight hereunder. **CARRIER** shall maintain a record of each inspection of refrigeration or heating unit and retain the records of the inspection for at least three (3) years. **CARRIER** agrees to provide copies of all such inspection records request to the **CARRIER's** insurance company and **BROKER**.

During shipment, **CARRIER** shall maintain adequate fuel levels for each refrigeration or heating unit associated with trailers used by **CARRIER** to transport freight hereunder, and **CARRIER** hereby assumes full liability for claims and expenses incurred by the **BROKER** and/or any particular customer, shipper or consignee for failure to do so.

In the event CARRIER accepts a load transporting any goods to, from, or through the State of California, **CARRIER CERTIFIES, REPRESENTS AND WARRANTS THAT IT HAS REPORTED ITS COMPLIANCE WITH THE TRUCK AND BUS REGULATION OF THE CALIFORNIA AIR RESOURCES BOARD ("CARB") AND/OR IS, TOGETHER WITH ITS OWNER(S), AWARE OF THE TRUCK AND BUS REGULATION OF THE CARB AND IS IN COMPLIANCE WITH SUCH REGULATION BY USING THE ENGINE MODEL YEAR SCHEDULE.**

In the event perishable goods are transported under such load to, from, or through the State of California, **CARRIER CERTIFIES, REPRESENTS AND WARRANTS THAT ANY TRANSPORTATION REFRIGERATION UNIT ("TRU") EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS.** CARRIER shall look to the applicable rate confirmation sheet for the necessary **BROKER** information to be furnished under the State of California's TRU regulations.

**WCDI Logistics Inc**

Melba Calloway or Nina Calloway, Owners

Signature: \_\_\_\_\_

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

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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TO: Carriers Insurance Agent  
INSURED: Motor Carrier  
RE: Certificate Of Insurance

**DEAR INSURANCE AGENT:**

This Insured is requesting that you provide a Certificate of Insurance to your company name

**COVERAGE**

Carrier must provide a current Certificate of Insurance with the agent signature. The Carrier's (insured) name and address must be the same as company executing the Carrier Agreement. Carrier shall at all times during the term of this agreement have and maintain in full force and effect.

**REQUIREMENTS:**

- 1) Provide Policy Numbers, deductible amounts (no greater than \$10,000.00), and 30 day modification/cancellation notice:
- 2) Comprehensive General Liability and Automobile Liability insurance, including blanket contractual coverage, for bodily injury and tangible property damage in the following amounts: (i) general liability: one million dollars (\$1,000,000) each occurrence, and (ii) automobile liability: one million dollars (\$1,000,000.00) each accident, single limit, bodily injury und property damage combined;
- 3) Motor Carrier Cargo Liability insurance in an amount not less than one hundred thousand dollars (\$100,000.00) per incident and each policy shall not exclude coverage for fraud, dishonesty or criminal acts of Carrier's employees, agent, officers or directors:

Thank you for your promptness in handling this important request. Please return the Insurance Certificate with our company listed as an "**ADDITIONALLY INSURED**" to our offices below via email or facsimile:

**WCDI Logistics Inc**

Melba Calloway or Nina Calloway, Owners

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**ATTENTION!!!**

**PLEASE UTILIZE THE FMCSA WEBSITE TO VERIFY WCDI ACTIVE BOND AND INDEMNIFICATION STATUS, FOR THEY NO LONGER PROVIDE PAPER DOCUMENTS AS ALL VERIFICATION CAN BE VERIFIED ONLINE AT:**  
[https://li-public.fmcsa.dot.gov/LIVIEW/pkg\\_carrquery.prc\\_getdetail](https://li-public.fmcsa.dot.gov/LIVIEW/pkg_carrquery.prc_getdetail)

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