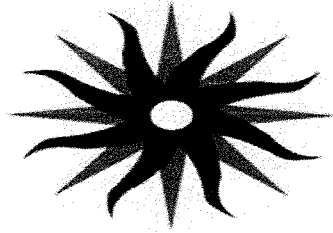


ICUSA



Mobility Exchange Corporation

18000 Studebaker Road, Suite 700 Cerritos, CA 90703

Phone: 562-983-8182 Fax: 562-983-8051

Email: dispatch@icusamobility.com

Website: www.icusamobility.com

ICUSA MOBILITY EXCHANGE CORPORATION

Federal ID #: 20-5698659

Federal MC #: 579605

US DOT #: 2237587

SCAC: ICUA

DUNS #: 786485800

SURETY BOND

Interstate Commerce Financial Credit Corporation

Cerritos, CA 90703

ICFCC@aol.com

562-467-8935, Phone

CREDIT

TransCredit, Inc.

11250 Alumni Way

Jacksonville, FL 32246

800-215-8448, Phone

904-725-1941, Fax

www.transcredit.com

CARRIER REFERENCES

Dunbar Truck Lines, Inc.
albert.dunbartl@gmail.com

POC – Albert Radillo
562-983-8163

Priefert Logistics
rprice@priefert.com

POC – Randy Price
877-527-8616

First Eagle Trucking, Inc.
jake@firsteagletrucking.com

POC – Jake Morrison
909-693-4022

SD Logistics, Inc.
sdlogisticsinc@gmail.com

POC – Jose Lopez
904-270-4520

NB Interstate Logistics, LLC
rjohnson23@sbcglobal.net

POC – Yanira Johnson
214-405-5320

Over the Road, LLC
overtheroadllc@gmail.com

POC – Sam Muresan
623-565-8093

DMC Logistics, LLC
Dmc_dispatch@yahoo.com

POC – Lina Tomkute
630-541-9454

Dash Point Distributing, LLC
robd@dashpointservices.com

POC – Robert Dennis
253-661-8206

Great Plains Trucking, Inc.
stevenm@gptrucking.com

POC – Steve Murnahan
785-823-2261

Mountaineer Industries, LLC
info@lionind.com

POC – Dan Cox
740-671-9822

ICUSA



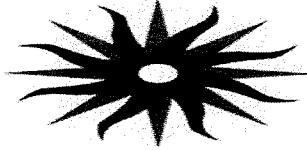
Mobility Exchange Corporation

18000 Studebaker Road Suite 700 | Cerritos, CA 90703 | Tel: 562.983.8182 | Fax: 562.983.8051

CHECK LIST

1. Broker / Carrier Contract
 2. Copy of Motor Carrier Authority Permit
 3. Copy W-9 Taxpayer Identification No.
 4. Copy of Certificate of Insurance
 - *ICUSA Mobility Exchange Inc.
Listed as Certificate Holder
 - *Radius of Operation
 - *Commodity Exclusions and Restrictions
 5. Carrier Payment Information
 - *If not filled out will default to 30 days paper check
 6. ICUSA Standard Operating Procedures
 7. Workman's Compensation Exclusion
-

ICUSA



Mobility Exchange Corporation

18000 Studebaker Road Suite 700 Cerritos, CA 90703

PH. 562-983-8182 Fax 562-983-8051

This Agreement shall govern the services provided by _____, licensed motor carrier pursuant to USDOT # _____ & Docket No. MC# _____ (hereinafter referred to as "Carrier") and "ICUSA Mobility Exchange Corporation." (Hereinafter referred to as "Broker"), a licensed Transportation broker pursuant to Docket No. MC#-579605

1. **BROKER** is a freight broker which arranges for motor carriers to provide cargo transportation for its customers. Broker and Carrier wish for this Contract to govern Carrier's performance of motor transportation services for Broker.

1.1 INDEPENDENT CONTRACTOR. Carrier will perform its Transportation Services for Broker and its Customers as an independent contractor and will not for any purpose is the agent of Broker or Broker's Customers. Carrier has exclusive control and direction of the work Carrier performs pursuant to this Agreement. Carrier will not contract or take other action in Broker's name without Broker's prior written consent.

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, 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 shipments arranged by Broker pursuant to carrier load confirmation sheet(s) included herewith or subsequently incorporated by reference. (See Appendix A)

2.1 CARRIER will not re-broker, assign or interline the shipments hereunder without prior written consent of the Broker. If Carrier breaches this provision, Broker shall have the right of paying the monies it owes Carrier directly to the delivering carrier, in lieu of payment to Carrier. Upon Broker's payment to delivering carrier, Carrier shall not be released from any liability to Broker under this agreement. In addition to the indemnity obligation reflected in this agreement the Carrier will be liable for consequential damages for violation of this clause of the agreement.

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 thirty (30) days from receipt of necessary supporting documentation.

INITIALS _____

4. 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.

4.1 CARRIER agrees to provide any insurance coverage's required by any government body for the types of transportation and related services specified in load confirmation communications received from Broker. All insurance required by this Agreement 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 as specified in load confirmation communications received from Broker.

4.2 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 have no claim, right of action, or right of subrogation against Broker, its affiliates, or its Customer based on any loss or liability insured under the foregoing insurance. 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.

4.3 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.

4.4 CARRIER shall at all times during the term of this agreement have and maintain in full force and effect, at its expense, (i) Motor Truck Cargo insurance or a superior equivalent, with limits of not less than US\$100,000 per shipment, a deductible no greater than US\$1,000.00 per shipment and at least the same coverage limit and deductible per shipment while in storage or at a storage facility en route to the consignee, (ii) Commercial Automobile Liability insurance with a combined single limit of not less than US\$1,000,000 per occurrence and without aggregate limits, (iv) Worker's Compensation insurance in the amounts required by statute, and Employer's Liability insurance with limits not less than US\$500,000 per occurrence, and (v) if Carrier provides Transportation Services for hazardous materials under DOT regulations, public insurance required for the commodity transported under 49 C.F.R § 387.7 and 387.9 (or successor regulations thereto).

4.5 WHEN CARRIER provides Transportation Services that involve origins and destinations solely within Canada, Carrier shall be current in its remittances to the appropriate Worker's Compensation Board of the Carrier's province, shall provide a certificate issued by the appropriate Worker's Compensation Board of the Carrier's province certifying that the Carrier is not delinquent and is current in its remittances to that authority, and shall have such other insurance or higher coverage limits required by applicable Canadian national or provincial law or regulation.

INITIAL _____

4.6 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, state and/or provincial regulatory bodies having jurisdiction over Carrier's performances pursuant to this agreement. During this Contract's term, the insurance policies

required hereunder and any replacement policies will (i) insure the interests of shipper, Broker and, (ii) cover all drivers, equipment and cargo used in providing Transportation Services and (iii) not contain an exclusion for unattended equipment or cargo, for unscheduled equipment or cargo, for fraud or infidelity, geographical location in the United States, or for a particular radius of operation.

5. NO BACK SOLICITATION AGREEMENT. CARRIER and BROKER agree that BROKER, at great expense has developed a broad customer and vendor base that is essential to the successful operation of BROKER, and that the disclosure of these parties to CARRIER constitutes valuable consideration. During the term of this Agreement and for a period of one (1) year from termination of this Agreement, CARRIER shall not solicit traffic from any consignor, consignee, or Customer of BROKER (collectively referred to as "Customers") where either (1) the availability of such traffic first became known to CARRIER as a result of BROKER's efforts, or (2) the traffic of the BROKER, consignor, consignee or customer of the BROKER was first tendered to the CARRIER by the BROKER. Solicitations prohibited under this Agreement means participation in any conduct, whether direct or indirect, the purpose of which involves transportation of shipper traffic by the CARRIER for BROKER's Customers. Solicitation includes conduct initiated or induced by CARRIER, or accepted from or through others in any way related to or affiliated with CARRIER. If CARRIER breaches this Agreement and "back-solicits" the BROKER's Customers, and obtains traffic from such Customers, CARRIER shall pay BROKER within ten (10) days of each such violation an amount equal to ten (10%) of all revenues invoiced to BROKER's Customers by CARRIER. CARRIER further agrees that BROKER may publicly report this breach of the Agreement, if it occurs, to any trade association or publication, and that the facts of the breach may be published.

6. CARRIER moving perishables: Carrier warrants that the carrier will inspect or hire a service representative to inspect a vehicle's refrigeration or heating unit at least once each month. Carrier warrants that they shall maintain a record of each inspection of refrigeration or heating unit and retain the records of the inspection for a least one year. Copies of these records must be provided upon request to the carrier's insurance company and Broker.

Carrier warrants that they will maintain adequate fuel levels for the refrigeration or heating unit and assume full liability for claims and expenses incurred by the Broker or the shipper for failure to do so.

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 upon request.

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.

INITIALS _____

7. 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.

8. INDEMNIFICATION. Carrier agrees to indemnify and hold Broker and its customers harmless from any 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 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.

Carrier agrees to hold Broker harmless from and indemnify Broker for any liability resulting from loss or damage to any freight transported by the carrier pursuant to this agreement including all cost to defend claims.

Carrier also agrees to hold Broker harmless from and indemnify Broker for any liability resulting from personal injury or property damage which may occur during the operations of carrier pursuant to this agreement, including all cost to defend claims.

9. 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, and 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.

9.1 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.

10. LAW AND INTERGRATION. 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 Indiana.

INITIALS _____

10.1 CARRIER shall maintain satisfactory U.S. DOT safety ratings otherwise they are not authorized to provide the proposed services.

11. 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 law.

12. 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.

ICUSA Mobility Exchange Corporation

CARRIER

By: _____

By: _____

Witness: _____

Witness: _____

Date: _____

Date: _____



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

400 7th Street SW
Washington, DC 20590

FILE COPY

SERVICE DATE
October 27, 2006

LICENSE

MC-579605-B

ICUSA MOBILITY EXCHANGE CORPORATION
D/B/A ICUSA
CERRITOS, CA

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.

Angeli Sebastian, Chief
Information Systems Division

BPO

FILE COPY

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) ICUSA Mobility Exchange Corporation	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 18000 Studebaker Road, Suite 700	Requester's name and address (optional)
City, state, and ZIP code Cerritos, CA, 90703		
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 the "Name" line 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									

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

Employer identification number									
2	0	-	5	6	9	8	6	5	9

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/1/2014</u>
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/20/15

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 Hancock & Associates, Inc. 8200 Kingston Pike Suite#21 Knoxville, TN 37919 Phone (800) 977-9885 Fax (800) 686-2170	CONTACT NAME: CUSTOMER SERVICE PHONE (A/C, No, Ext): (800) 977-9885 FAX (A/C, No): (800) 686-2170 E-MAIL ADDRESS: service@hancockinsagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F : PENNSYLVANIA MANUFACTURERS ASSOC INS CO</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F : PENNSYLVANIA MANUFACTURERS ASSOC INS CO
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INSURER E :														
INSURER F : PENNSYLVANIA MANUFACTURERS ASSOC INS CO														
INSURED ICUSA MOBILITY EXCHANGE CORPORATION 18000 STUDEBAKER ROAD #700 CERRITOS, CA 90703 SCAC CODE: ICUA														

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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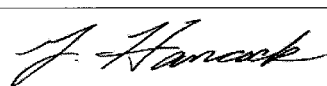
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
F	CONTINGENT CARGO		811401-0474825Y	12/02/2014	12/02/2015	LIMIT \$250,000 ; DEDUCTIBLE \$1,000

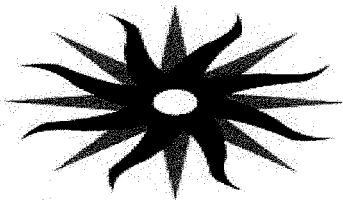
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NO REEFER BREAKDOWN COVERAGE

SCAC CODE: ICUA

CERTIFICATE HOLDER MASTER CERTIFICATE	CANCELLATION 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 

ICUSA



Mobility Exchange Corporation

Carrier Payment Information:

You can send your Invoice and POD/BOL via one of the following 2 ways.

1. **FAX:** 562-983-8051 (Make sure that the load number is at the top of each page.)One fax per load.
2. **E-MAIL:** dispatch@icusamobility.com (Make sure that our load number is in the subject line of the email.)Attached file containing documents must be in a PDF file.

+++++

WITH NO PAYMENT FORM TURNED IN CARRIERS WILL AUTOMATICALLY BE PAID IN 30 DAYS WITH A PAPER CHECK.

ICUSA Mobility Exchange Corporation pays you one of 3 ways (your choice): Please check one

1. Net 30 via ACH DIRECT DEPOSIT - We will need a copy of a voided check.

2. Net 30 Via PAPER CHECK

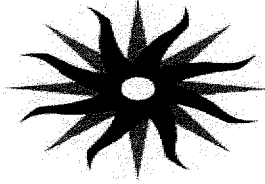
3. Through your FACTORING COMPANY - We will need a notice of assignment from your factoring company.

Sign/Date _____ Print Name/Title _____

+++++

<p>ATTACH VOIDED CHECK HERE</p>

ICUSA



Mobility Exchange Corporation

1. Prior to arrival:

Company / Driver must complete rate / load agreement

Trailers must be clean of all debris and without any holes or breaks in trailer or floor

2. At pick up:

Drivers must be professional and courteous at all times

Driver will sign necessary paperwork

Driver will help load trailer if needed

Driver will provide and use securing devices as needed to secure shipment

3. Enroute:

ICUSA Mobility Exchange Corporation will set all delivery appointments as needed

Driver must update ICUSA Mobility Exchange Corporation operations team daily by 9am on truck status

Driver will notify ICUSA Mobility Exchange Corporation IMMEDIATLEY of any and all possible changes in delivery times or problems with the load

4. At delivery:

Drivers must be professional and courteous at all times

Driver will manage all deliveries to avoid any overage or shortage issues

(Drivers will be held accountable for all discrepancies)

Driver must have all paperwork signed and dated

5. Additional info:

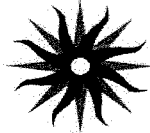
ICUSA Mobility Exchange Corporation and driver must be able to respond to occasional changes in delivery

Clear and damage free deliveries are of "High Importance"

Print Name / Company Name

Sign Name / Date

ICUSA



Mobility Exchange Corporation

To Whom It May Concern:

So that we may keep you active in our database, please e-mail me the sign exemption (see below) to jdunbar@icusamobility.com or fax to 562-983-8051 at your earliest possible convenience, with the original copy sent via regular mail to

ICUSA Mobility Exchange Corporation
Attn: Jake Dunbar
18000 Studebaker Road Suite 700
Cerritos, CA 90703

If you are not required by the state to maintain Worker's Compensation

Please verify by printing name and state of operation, signing and dating the statement below.

I, _____, attest that _____ is
(name) (Company name)

_____ to provide Workers' Compensation insurance or equivalent thereof.
(state)

Signed

Date

Sincerely,

Jake Dunbar
Vice President
Phone: 562-983-8182
Fax: 562-983-8051
jdunbar@icusamobility.com