

# THE BLOCK LOGISTICS

SALT LAKE CITY | CHICAGO | LOS ANGELES | SAN FRANCISCO | DETROIT | MINNEAPOLIS

CONTACT US: 888-721-7221

HELLO@SHIPBLOCK.COM



## THE LOGISTICS UNUSUAL TEAM




DELIVERING CREATIVE SOLUTIONS FOR ALL YOUR LOGISTICS NEEDS



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Thank you for joining The Block Logistics! We warmly welcome you as a new client and value our new partnership. Our dedicated team is committed to delivering exceptional service to ensure your satisfaction. If you have any questions or need assistance, we're here to help. We appreciate your trust in us and look forward to supporting you on this journey.

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Must be completed and signed.



# NEW CLIENT SUMMARY FORM

To ensure we have all the necessary information to serve you best, we kindly request you complete the questions below. This form will provide us with valuable insights into your specific requirements, preferences, and any unique considerations. By gaining an understanding of your business goals and logistics objectives, we can customize our services to not only meet but surpass your expectations.

**PLEASE ANSWER THE FOLLOWING:**

Projected freight spend and volume this year:

International: \_\_\_\_\_ Domestic: \_\_\_\_\_

Previous year's freight spend:

International: \_\_\_\_\_ Domestic: \_\_\_\_\_

Projected duty spend this year: \_\_\_\_\_

Previous year's duty spend: \_\_\_\_\_

Will you be using The Block's Customs Brokerage?  Yes  No

If no, please provide your current brokerage contact information:

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

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please list your current delivery locations - Address, City, State, Zip code and check box if a delivery/ load dock is available.

Address: \_\_\_\_\_ dock

Address: \_\_\_\_\_ dock

Address: \_\_\_\_\_ dock

Please list your current shipping commodities and their HTS codes:

\_\_\_\_\_

Is there anything Hazmat?  Yes  No

Please list your preferred Incoterms® \_\_\_\_\_

Please check all solutions that apply to your Supply Chain needs:

- AIR       BROKERAGE       DRAYAGE       BULK
- FCL       EXPORT       LTL/Truckload       TRANSBORDER
- LCL       FLATBED       INTERMODAL       WAREHOUSING
- TRANSLOADING



**Company Information**

COMPANY NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

FEDERAL TAX ID #: \_\_\_\_\_ DUNS NUMBER: \_\_\_\_\_

**Please provide credit references.**

**Credit References (optional)**

	COMPANY NAME	CONTACT NAME	CONTACT PHONE	EMAIL ADDRESS
1				
2				

**Trade References**

	COMPANY NAME	CONTACT NAME	CONTACT PHONE	EMAIL ADDRESS
1				
2				

**Bank References**

	COMPANY NAME	CONTACT NAME	CONTACT PHONE	EMAIL ADDRESS
1				
2				



# INTERNATIONAL CARGO INSURANCE

Thank you for shipping with The Block Logistics. We appreciate your business and want to provide the highest quality service at all times. Please be assured that while every effort is made to ensure safe delivery of your goods, sometimes loss and/or damage does occur.

## ADVANTAGES OF INSURING YOUR CARGO THROUGH THE BLOCK LOGISTIC'S POLICY

- Covered losses are paid without the need to prove carrier negligence. After your loss is paid, we work with the carriers to ensure your historical losses are minimized.
- No need to demonstrate where the loss occurred.
- Claim payments based on insured value, not weight of pieces missing/ damaged or carrier's limited liability.
- The Block Logistics will report and handle claims on your behalf.

## HOW CAN YOU PROTECT YOURSELF?

"All risk" shippers interest coverage provides the owner of the cargo with coverage for direct physical loss or damage to the cargo without the need to prove liability. if a loss occurs; you will be paid directly and any recovery possible from the carrier will be handled by our subrogation specialists.

## THE BLOCK LOGISTIC'S ROLE AND WHAT YOU WILL RECOVER SHOULD A LOSS OCCUR

### SHIPPING BY AIR

Air carriers limit their liability in a similar fashion as ocean carriers. Under the Montreal Convention, carriers will pay 19 SDRs (about \$28) per kilogram only if it can be proven they were negligent. Once again, the burden of proof is on the shipper, and it is often difficult to prove that the carrier was at fault.

### SHIPPING BY OCEAN

The Block Logistic's role and what you will recover should a loss occur while the Block Logistics arranges for the transportation of your goods, by law, it is the carrier who bears responsibility for loss or damage to your freight. The carrier's liability for freight moving over the ocean is Governed by the Carriage of Goods by Sea Act (COGSA) Under the terms of COGSA, the most you could recover from shipping lines in the event they are proven negligent is \$500 for each customary freight unit (CFU). Measurement of the CFU is widely defined, and it can vary from one container to one pallet.

COGSA is centered on the liability of the carrier. At the heart of the concept of carrier liability is the idea that the carrier is not responsible for paying claims if they did not cause or contribute to the loss. In the event that The Block Logistics acts as an NVOCC and assumes carrier liability, recovery in the event of a claim is still limited by COGSA in the bill of lading terms and conditions.

please continue to next page

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# INTERNATIONAL CARGO INSURANCE

In an effort to better define carrier liability, Hague-Visby rules were created to define 17 circumstances under which the carrier cannot be held liable if a loss is caused by any of the following defenses; The ocean carrier will not pay for any part of the loss.

- Any neglect default of error of the carrier in navigation or of management of the ship
- Fire
- Perils or dangers of the sea (storms etc.)
- Act of God
- Act of War
- Act of public enemies
- Arrest, restraint or seizure
- Defects not discoverable by due diligence
- Shipping by air
- Quarantine restrictions
- Acts of omissions of the shipper or owner
- Strikes, lockouts, or labor shortage
- Riots or civil commotions
- Inherent defect, quality or vice of the goods
- Attempting to save life or property at sea
- Insufficient packing

## PLEASE TELL US HOW YOU WOULD LIKE TO PROCEED

- I wish to insure this shipment. Please contact me to discuss my options.
- I do not wish to insure this shipment and I understand that my recovery will be limited in the event of a loss.

\_\_\_\_\_  
Signature, Title/ Date

\_\_\_\_\_  
Printed Name

This summary is provided for informational purposes. It does not grant or extend coverage. All coverage is governed by the terms and conditions set forth in the policy (text available upon request). The Block Logistics is not the insurance company. The Block Logistics purchases insurance for its clients from ProSight Specialty. The Block Logistics' liability is dictated by its Terms and Conditions of Service, available for view at [www.shipblock.com/terms-conditions-of-service/](http://www.shipblock.com/terms-conditions-of-service/)

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**REMITTANCE INFORMATION**

THE BLOCK LOGISTICS, INC.  
P. O. Box 3354  
Salt Lake City, UT 84110-3354

**DOMESTIC WIRES/ACH:**

SIGNATURE BANK  
9450 W. Bryn Mawr Avenue, Suite 300  
Rosemont, IL 60018  
ABA NO. 071026628  
PRIMARY ACCOUNT: 7000064536  
BENEFICIARY: THE BLOCK LOGISTICS, INC.

**INTERNATIONAL WIRES:**

JP MORGAN CHASE NA  
1 Chase Manhattan Plaza  
New York, NY 10005  
ABA NO. 021000021  
SWIFT CODE: CHASUS33  
BENEFICIARY: **SIGNATURE BANK**  
ACCOUNT: **644414856**  
9450 W. Bryn Mawr Avenue, Suite 300  
Rosemont, IL 60018  
REFERENCE/REMARK/ADDTL INFORMATION:  
CUSTOMER: THE BLOCK LOGISTICS, INC.  
ACCOUNT: 7000064536



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank. <b>THE BLOCK LOGISTICS INC</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>231 W 800 SOUTH, SUITE C</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>SALT LAKE CITY, UT 84101-3022</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
9	4	-	2	9	3	8	4	1	7		

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶	JANUARY 3, 2023
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CARRIER SELECTION PROCESS

The Block Logistics values our partnerships with our active carriers and potential carriers in our network. Our vetting process ensures our customers that our network is consistent with our commitment to providing the best service possible.

The key requirements for all carriers to qualify as an approved partner are listed below. All criteria must be finalized for the qualification process to be completed.

## Requirements:

1. Active MCH, USDOT, or Intrastate DOT number for a period greater than six months.
2. Sign our Motor Carrier Agreement by an authorized person and initial each page.  
Complete the Carrier Profile (This may be done on our Carrier Portal).
3. A valid Tax Identification number. (Completed W-9)
4. Satisfactory FMCSA safety rating.
5. All SMS Basic Scores must meet FMCSA standards.
6. Active insurance, confirmed with Certificate of Insurance, with the following minimum requirements:
  - a. General Liability/ Property Damage \$1,000,00
  - b. Auto liability \$1,000,000/ \$5,000,000 for Hazmat Carriers
  - c. Cargo liability \$100,000 (deductible no more than \$10,000)
  - d. Employer liability \$500,000
  - e. Worker's compensation liability Required in amounts provided by state law

Our compliance team monitors all active carriers in our network via various services that safeguard against changes in insurance, authority, and safety ratings. This guarantees that any lapses in qualifications will be addressed timely and ensures that carriers falling below our standards will not be on any loads until issues have been resolved. Our carrier network is the lifeline of our customers supply chain and we always expect our carriers to maintain our established standards.

If you require additional coverage, industry specific qualifications, or any additional questions please contact us at 888-664-1696



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/07/2022

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 have ADDITIONAL INSURED provisions or 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> Mary Storti c/o Paychex Insurance Agency, Inc. 150 Sawgrass Drive Rochester, NY 14620	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): (877) 266-6850		<b>FAX (A/C, No.):</b>
	<b>E-MAIL ADDRESS:</b> pbscerts@paychex.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> American Zurich Insurance Company			40142
<b>INSURER B:</b>			
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**INSURED**  
The Block Logistics Inc c/o Paychex Business Solutions, LLC  
911 Panorama Trail South  
Rochester, NY 14625

**COVERAGES**      **CERTIFICATE NUMBER:** 22FL0951042498      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <b>DED</b> <b>RETENTION</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <b>N</b>	<b>N/A</b>	<b>X</b>	WC 97-93-253-02	06/01/2022    06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
	<b>Location Coverage Period:</b>				06/01/2022	06/01/2023	Client# 20015716-UT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Coverage is provided for only those co-employees of, but not subcontractors to:  
 The Block Logistics Inc  
 231 W 800 South Ste C  
 Salt Lake City, UT 84101

Coverage is provided for only those co-employees of, but not subcontractors to:  
 Mega-Trans Corporation  
 DBA: The Block Logistics Rep  
 231 W 800 South  
 Salt Lake City, UT 84101

Endorsements: Waiver of Subrogation

<b>CERTIFICATE HOLDER</b>  Mega-Trans Corporation dba: The Block Logistics Rep 231 W 800 South Salt Lake City, UT 84101	<b>CANCELLATION</b>  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 
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U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

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

**SERVICE DATE**  
February 5, 2020

**DECISION**  
**MC-1020295**  
**MEGA TRANS CORPORATION**  
**BURLINGAME, CA**  
**REENTITLED**  
**MEGA-TRANS CORPORATION**  
**D/B/A THE BLOCK LOGISTICS**

On January 29, 2020, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as MEGA-TRANS CORPORATION, D/B/A THE BLOCK LOGISTICS.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC 91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)368-7000 or visit our web site at: <http://fi-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: January 31, 2020  
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NCA



September 29, 2020

GERRY POST  
BLOCK LOGISTICS, THE  
PO BOX 3354  
SALT LAKE CITY, UT 84110-3354

**CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT**

The Standard Carrier Alpha Code of **BLXY** has been assigned to:

BLOCK LOGISTICS, THE  
PO BOX 3354  
SALT LAKE CITY, UT 84110-3354  
MC-1020295  
US DOT- 3246565

This Alpha Code will apply only to the company name shown above through June 30, 2021. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at [customerservice@nmfta.org](mailto:customerservice@nmfta.org).

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

[AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov)  
Customs and Border Protection  
Attention: SCAC Beauregard, Cube: A-105-3  
1801 N. Beauregard Street  
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) a request to enable your SCAC for AES. All SCACs are automatically uploaded to ACE within 24 hours.

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, tariffs, etc.

**NOTICE:** Assignment 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.