



epameric



EP America is an International Freight Company specialized in moving freight throughout the NAFTA corridor. We focus on optimizing transit times, flexibility, security and transparency, allowing our customers to have greater control over their freight while increasing efficiency in their supply chain.

OUR SERVICES

We have plenty of expertise and all type of services, beyond Dry Van, Flatbeds, Reefers or LTL loads, we can assist customers with: Premium, Volume Quote/Partial Shipments, Fragile Cargo, Hazardous Materials, Out of Gauge, Heavy Loads, Hand Carry, Hot Shots, Multi-Stops, Tradeshow Deliveries, High Value and more.



AIR



FULL TRUCK LOAD



INTERMODAL



LESS THAN TRUCK LOAD



HEAVY HAUL



FLATBED



CRITICAL CARGO

FAST FACTS



•EP America is an International Freight Company with expertise in Supply Chain Management and Compliance Control.



•Our worldwide revenue adds up nearly \$80 million USD.



•EP America is part of Europartners Group, founded in 2002, one of the fastest growing logistics companies in the Mexico freight industry.



•22 EP America offices in the NAFTA region (USA, Canada & Mexico).



•Aggressive global expansion goals (2020 Goal = 120 EP-A offices worldwide).



•Growth of 237% in the last 3 years in Mexico (from \$24.6 million USD in 2009 to \$58.30 million USD in 2012).



•Diversified customer base (over 900 Clients).



•Powered by talented people, driven by Values.



EP AMERICA'S WAY TO WORK

We take pride in providing the most flexible and friendliest service to our partner carriers to drive value for our customers. Please share with us the lanes you are targeting and we will find the right freight for it. We aim to be an extension of your sales force and help you achieve your operational goals.





READY TO MAKE A GREAT DECISION? BECOME OUR PARTNER!

Please check below our requirements and submit our new vendor registration form attached along with required documentation to pricing.otr@ep-america.com. Upon completion and approval, a Carrier Manager will contact you to complete our setup process. We look forward to working with your company!

To become an Approved Carrier you must provide and meet the following criteria:

Complete the new vendor registration form, including valid main carrier contact information and dispatch contact information.

Submit an electronic W9. (Canadian carriers will download special IRS forms and submit offline.)

You will be required to meet the following Carrier Compliance Requirements:

- ☐ Safety Rating must be Satisfactory or None.
- ☐ Proof of Active Operating Authority.
- ☐ Proof of Bond.
- ☐ All Carriers must have appropriate Federal, State, or Provincial Authority.
- ☐ Being financially stable.

Provide a Certificate of Insurance that meets the insurance minimum requirements below.

Certificates must be submitted from your insurance producer (agent):

- ☐ A minimum of \$100,000 Cargo Coverage
- ☐ \$1,000,000 Auto Coverage
- ☐ Worker's Compensation as required by law.
- ☐ General Liability (GL) insurance in a minimum amount of \$1,000,000 is preferred.

If EP America does not already have a copy of your certificate on file, we will request it from you or from your insurance carrier.





New Vendor Register Form

Rev No.

Form Version Created On:
October 2013
Form Version Reviewed On:
November 2013
Pag 1 of 1

COMPANY DETAILS

Full Name:				
Main Address:		City:		
Post Code:		State:		Country:
Phone:		Fax:		Tax ID:

SUPPLIER TYPE

Carrier	Services	Forwarders / Agents
<input type="checkbox"/> Trucking <input type="checkbox"/> Shipping Line <input type="checkbox"/> Airline	<input type="checkbox"/> Customs Broker <input type="checkbox"/> CFS / Warehouse <input type="checkbox"/> Other	<input type="checkbox"/>

CONTACT INFORMATION

Account Payables				
Contact Name:	Job Title	Phone and Ext.	Email	Branch
Operation Staff				
Contact Name:	Job Title	Phone and Ext.	Email	Branch
Others				
Contact Name:	Job Title	Phone and Ext.	Email	Branch

BANK REFERENCES

Bank Name:		Branch:		Currency:	
Account Number:		SWIFT/ABA/ROUTING#:			
Bank Name:		Branch:		Currency:	
Account Number:		SWIFT/ABA/ROUTING#:			

CREDIT INFORMATION*

Credit Limit:	Payment Method:	Credit days:

PROOF OF INSURANCE & W-9 MUST BE ATTACHED TO THIS FORM





REQUEST FOR CUSTOMER ACCOUNT

BN# 841732654
CASS ASSOCIATE# - 60-1-9231-0010
SCAC- EPAN

DUN & BRADSTREET- 248597606
MC# 770295
Form Version Reviewed On:

BUSINESS INFORMATION:

Company Name: EP America Inc
Address: 5800 Ambler Drive, Suite 210
City: Mississauga
Phone: 905-366-3676

Type of Business: Freight Forwarder
Province: Ontario
Postal Code: L4W 4J4
Fax: 905-212-9055

Billing Address: same as above

Name of Owner (1): Ricardo Rodriguez
Name of Owner (2): Jose Morales
Specify of ownership: ☐ Individual ☐ Partnership ☐ Corporation

Acct Payable Name: Roger Garza
Length of Business: Oct 2009

TRADE REFERENCES:

Company Name:	Contact:	Phone:	Fax:
Hunter Express Ltd	Jaspreet Singh	905-791-3090	905-791-3091
Gigg Express Inc	Gurvinder Virk	905-614-0544	905-614-1660
Wheel King Transhaul	German Calles	905-636-1711	905-636-6581
Mississauga Transportation Resources	Gurminder S. Janda	905-677-2588 x 208	905-677-6522
Polaris Transportation	Dave Cox	905-671-3100	905-671-4600
Carmel Transportation Intl	Roman Gorobets	905-660-7272 x 234	905-660-5822
CH Robinson- Dorval, QC	Melody Lepine	514-636-8694	514-636-6181

Are you now or have you ever filed for bankruptcy protection? ☐ no ☐ yes

BANK REFERENCES

Name:	Contact:	Address:	Phone
TD Canada Trust	Harwinder Kalsi	3868 Bloor St W	416-236-1095
Account #- CDN- 02352-004-77855218406		Etobicoke, ON M9B 1K2	Fax:
Account#- USD- 02352-004-77857301464			416-236-4015
Invoicing/Statement Preference: <input type="checkbox"/> hard copy <input checked="" type="checkbox"/> email			

Credit Limit Requested: \$ 10,000.00

Confirmation of Information Accuracy:

Name: Roger Garza

Title: Branch Manager





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

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

SERVICE DATE
January 25, 2012

LICENSE

MC-770295-B
U.S. DOT No. 2265278
EP AMERICA, INC
SCHILLER PARK, 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.



Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO





Bond Rider to FMCSA Form BMC-84

Bond Serial No: 90361165
Principal Name: EP AMERICA, INC
Principal's MC or FF No: 770295

This rider makes the following changes, effective October 1, 2013, so that the FMCSA Form BMC-84 bond described above will conform to the September 26, 2013 revision of that form:

- 1. The bond shall reflect the following OMB number and expiration date: "OMB No.: 2126-0017 Expiration: 01/31/2014".
- 2. The title of the bond now reads:
"Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906
Form BMC-84"
- 3. This bond is for the following Filer FMCSA Account Number(s): 22010-00
- 4. In the first paragraph, the amount of the bond is \$100,000 , and the text ", for which payment," shall read "for a broker or forwarder, for which payment,".
- 5. In the second paragraph, the text "intends to become a Broker" shall now read "intends to become a Broker or Freight Forwarder".
- 6. In the third paragraph, the text "as a licensed Property Broker" shall now read "as either a licensed Broker or a licensed Freight Forwarder".
- 7. Paragraphs 6 and 7 shall be combined into one paragraph (new paragraph 6).
- 8. In the new paragraph 6, the text "on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond." shall be inserted at the end of the second sentence after "said notice by the FMCSA".

This rider is executed and effective on October 1, 2013.

SURETY:
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420

Matthew L. Zehner
Matthew L. Zehner, Attorney-in-Fact



Jennifer E. Rome
Jennifer E. Rome, Witness





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2017

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 Agents Alliance Services, Ltd Brooks Insurance 83 Woodlily Pl Spring TX 77382		CONTACT NAME: Swank Brooks PHONE (A/C, No, Ext): (281) 760-3422 FAX (A/C, No): (800) 577-1079 E-MAIL ADDRESS: swank.brooks@brooksinstx.com	
INSURED EP America, Inc 3340-D Greens Rd Ste 800 Houston TX 77032		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: Kinsale Insurance Company INSURER C: Westchester Surplus Lines INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1512723772 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			3AA121045	11/05/16	11/05/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$			0100033440-1	11/05/16	11/05/17	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Commercial Property			D39280619	11/05/16	11/05/17	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location 1 3340 B Greens Rd Ste 300 Houston TX 77032
Location 2 1812 Ave J Houston TX 77015
Additional Insured Prologis Targeted U.S. Logistics Fund, L.P. A Delaware limited partnership 1296 North Post Oak Houston TX 77055

Per written contract in accordance with the conditions and exclusions contained within the policy(ies) "
A waiver of subrogation applies in favor of these entities per agreement.

CERTIFICATE HOLDER	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 Swank Brooks/NSB





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

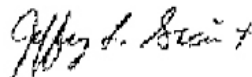
1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
May 23, 2016

CERTIFICATE
MC-968926-C
U.S. DOT No. 2878944
EP AMERICA, INC
HOUSTON, TX

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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 carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.



Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO

2878944-91520





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/06/2017

PRODUCER COX INSURANCE AGENCY PO BOX 907 ROCKINGHAM, NC 28380-0907 PHONE 910-997-5006 FAX 910-895-5006		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED EP AMERICA INC EXPEDITED AMERICA 304A NEW LEICESTER HWY ASHEVILLE, NC 28806		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: PROGRESSIVE SOUTHEASTERN	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES							
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	03883432	07/06/2017	08/11/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED	
A	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	03883432	8/11/16	8/11/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EAACC \$ AUTO ONLY: AGG \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A		OTHER CARGO	03883432	8/11/16	8/11/17	LIIMIT: 150,000 DEDUCTIBLE: 1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE GERALD MCKENZIE

