



P.O. Box 190, Davisboro, GA 31018 www.agrowstar.com
Call: 229-299-0980 Email: dsikes@agrowstar.com Fax: (888) 859-5751

FREIGHT VENDOR REQUIREMENTS - revised 09/14/23

Thank you for inquiring about becoming a freight vendor for AGrowStar. To create a vendor account, the following information is required:

1. IRS Form **W-9** (Request for Taxpayer Identification Number and Certification)
2. AGrowStar Freight Vendor **Account Form**
3. **Certificate of Insurance** - specifically naming AGrowStar as an Additional Insured with respect to auto and cargo liability and general liability. The certificate of insurance must show a minimum of:
 - a. \$1,000,000 coverage for Auto Liability
 - b. \$25,000 coverage for Cargo Liability
 - c. \$20,000 coverage for Non-owned Trailer-Physical Damage (*This coverage is different from Trailer Interchange coverage.*)
 - d. General Liability limits as shown on sample certificate.
 - e. Worker's Compensation insurance as required by law.

LOAD DOCUMENTATION: **BEFORE leaving the destination, drivers must confirm that AGrowStar is listed as the customer on the receiving ticket and send an image of the ticket to freight@agrowstar.com.**

FOR VARIANCES GREATER THAN 1% BETWEEN ORIGIN AND DESTINATION WEIGHTS, THE DRIVER MUST NOTIFY AGROWSTAR **PRIOR** TO LEAVING THE DESTINATION.

For loads shipped directly from a farm, an AGrowStar Direct-Ship ticket with an assigned Direct-Ship Log control number is required. A Direct-Ship Log number must be obtained **prior** to each truck being loaded. Drivers must call AGrowStar at (800) 710-2476 ext. 1118 with the destination delivery information before they will be issued the control number for the next load.

DESTINATION DELIVERY: If any shipment will NOT be delivered to its destination within 24 hours of being loaded, the driver should advise AGrowStar before the truck leaves the origin.

All original signed destination delivery paperwork should be returned to an AGrowStar elevator as soon as possible - preferably within 24 hours of the load being delivered.

FREIGHT INVOICES should be emailed to freight@agrowstar.com by 8:00 a.m. on Mondays and must include AGrowStar's load sheet or an alternative format which includes **ALL** information requested on AGrowStar's load sheet. Freight settlements are immediately created using origin weights for shipments from the elevator. Freight settlements for direct-ship loads are not available until the destination delivery ticket is processed in AGrowStar's accounting system.



CERTIFICATE OF LIABILITY INSURANCE - SAMPLE

DATE (MM/DD/YYYY)

6/19/2019

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).

PRODUCER ABC Insurance Company 1 Main St. Atlanta GA 30000	CONTACT NAME: PHONE (A/C. No. Ext): 123-456-7891 FAX (A/C. No): 123-456-7891 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Unknown Company
INSURED ABC Trucking	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1670270480

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1234567	1/1/2019	1/1/2019	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 \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1234567	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" 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	Y/N <input type="checkbox"/>	N/A	1234567	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input checked="" type="checkbox"/> Cargo Coverage <input checked="" type="checkbox"/> Non-Owned Trailer Physical Damage			1234567	1/1/2019	1/1/2020	Cargo Limit 25,000 N/O Trlr Phy Dam Lim 20,000

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

Certificate holder is listed as Additional Insured in regards to General Liability and Auto Liability.

CERTIFICATE HOLDER

CANCELLATION

Ag Lining Partners, LLC dba AGrowStar P.O. Box 190 Davisboro GA 31018	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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P.O. Box 190, 12389 HWY 24 East, Davisboro, Ga., 31018. www.agrowstar.com
For assistance, call 1-800-710-2476 x1811. Please submit completed form to dsikes@agrowstar.com

FREIGHT VENDOR ACCOUNT FORM - PAGE 1 OF 2
(PLEASE PRINT THE FORM **BEFORE** SIGNING.)

Enter FULL LEGAL NAME to create a **PERSONAL** ACCOUNT:

Name (First)	(Middle)	(Last)	Social Security Number
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Enter information here **ONLY IF** creating an account in the name of a LEGAL BUSINESS ENTITY:

Exact name to which Federal Tax ID # was issued	Entity Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
Federal Tax ID Number - Please attach a signed IRS Form W9	

ACCOUNT OWNER CONTACT INFORMATION

Mailing Address				Cell Phone
City	State	Zip Code	County	Work Phone (Landline)
Email Address :			Fax Line:	Home Phone (Landline)

**THE FOLLOWING PEOPLE HAVE THE AUTHORITY TO ENTER INTO LEGALLY BINDING AGREEMENTS
FOR THIS ACCOUNT. Revisions to the list below must be submitted in writing to AGrowStar.**

Name (First and Last)	Relationship to Account Owner AND Phone number
Name (First and Last)	Relationship to Account Owner AND Phone number
Name (First and Last)	Relationship to Account Owner AND Phone number

RELEASE OF INFORMATION AUTHORIZATION

I give AGrowStar permission to release any information regarding my account transactions with AGrowStar including, but not limited to: freight settlements, payments and reports to the following people:

Name (First and Last)	Address AND Phone number
Name (First and Last)	Address AND Phone number
Name (First and Last)	Address AND Phone number



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FREIGHT VENDOR ACCOUNT FORM - PAGE 2 OF 2

DOT NUMBER:	AUTHORIZED TO HAUL IN THESE STATES:
MC NUMBER:	

AVAILABLE EQUIPMENT:

# OF TRACTORS: _____ # OF HOPPERS: _____ # OF DUMPS: _____ # OF BELTS: _____ # OF WALKING FLOORS: _____	REFER TO REQUIREMENTS SHEET FOR INFORMATION ON INSURANCE, LOAD DOCUMENTATION AND SUBMITTING INVOICES FOR PAYMENT.
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I hereby certify, under penalty of perjury, that all of the above information which I have this day provided to AGrowStar is complete, accurate and true to the best of my knowledge.

Signature of Account Owner or Legally Authorized Representative

Date

Title (Owner, Partner, LLC Managing Member, President, Vice President or Corporation Secretary)

IF THE ACCOUNT IS CREATED FOR A BUSINESS ENTITY, THEN THE FOLLOWING INFORMATION IS REQUIRED:

- FOR A CORPORATION: NAMES OF ALL CORPORATE OFFICERS
- FOR AN LLC: NAMES OF ALL MEMBERS OF THE LLC
- FOR PARTNERSHIPS: NAMES OF ALL PARTNERS
- FOR SOLE PROPRIETORSHIPS: THE ACCOUNT OWNER MUST SIGN THE FORM.

PLEASE PRINT THE FORM *BEFORE* SIGNING.

WE ARE UNABLE TO ACCEPT DIGITAL SIGNATURES ON THIS FORM.



P. O. Box 190, 12389 Hwy 24 East, Davisboro, Ga., 31018 (478) 247-0377

AUTHORIZATION FOR ELECTRONIC PAYMENT TRANSACTIONS

As a customer of AGROWSTAR, I hereby authorize AGROWSTAR to initiate a CREDIT entry (*for grain payables customers*) or a debit entry (*for grain receivables customers*) to the bank account of:

(Please provide the name on the account with bank.)

AGROWSTAR is also hereby authorized to initiate adjustments, if necessary, for any transactions credited or debited in error. This authorization will remain in effect until AGROWSTAR is notified in writing by the account owner (or a legally authorized representative of the account owner) to cancel the authorization in such time as to afford AGROWSTAR LLC a reasonable opportunity to process a request.

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION'S ROUTING/TRANSIT NUMBER: _____

ACCOUNT NUMBER for EFT TRANSACTIONS: _____

EMAIL ADDRESS FOR EFT NOTIFICATIONS: _____

AGROWSTAR ACCOUNT CODE: _____

PLEASE **PRINT** THE **NAME AND TITLE** OF PERSON SIGNING THIS FORM ON BEHALF OF THE ACCOUNT OWNER:

NAME: _____

TITLE: _____

SIGNATURE OF ACCOUNT OWNER OR LEGALLY AUTHORIZED REPRESENTATIVE

DATE: _____

PLEASE ATTACH EITHER A COPY OF A VOIDED CHECK OR A SIGNED LETTER FROM YOUR FINANCIAL INSTITUTION WHICH CONFIRMS BOTH THE BANK'S ROUTING NUMBER AND YOUR ACCOUNT NUMBER.

AGROWSTAR LOAD SHEET FOR FREIGHT VENDORS

FREIGHT VENDOR NAME: _____ FREIGHT VENDOR ACCOUNT CODE: _____

INVOICE #: _____ INVOICE DATE: _____

*** THERE MAY BE LOADS INVOICED WHICH WON'T BE PAID IF TICKET SETTLEMENT INFORMATION IS NOT AVAILABLE AT THE TIME FREIGHT PAYMENTS ARE GENERATED. IF SO, PLEASE RESUBMIT THE INVOICE WITH THE NEXT INVOICE AND CIRCLE THE MISSED LOADS. ***

[illegible]

BEFORE leaving destination, drivers should send receiving tickets to: freight@agrowstar.com
EMAIL ALL FREIGHT INVOICES to: freight@agrowstar.com