



## BlueLinX Transportation New Carrier Approval

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### **INTRODUCTION**

BlueLinX Transportation is responsible for administering all contracts, insurance certificates and operating authorities for motor carriers that haul BlueLinX products. There are certain minimum requirements which all BlueLinX carriers must meet. These requirements have been approved by the Law Department and endorsed by management.

All motor carriers are managed centrally by BlueLinX Transportation and must meet the minimum requirements.

**Effective March 1, 2006** BlueLinX will not use carriers unless they meet our minimum requirements and are on the Transportation Departments Approved Carrier List. This includes ALL shipments from vendors, branches, ports and reloads where BlueLinX pays the freight charges.

### **NEW CARRIER APPROVAL**

New carriers are approved based on the carrier meeting BlueLinX requirements and fulfilling a distinct cost and service need for our business and customers. New carriers must be approved by the BlueLinX Transportation Department – Contacts are as follows:

- Jennifer Wade (770-221-2913) Eastern U.S. (East of the Mississippi River)
- Derek Stoffel (303-706-8224) Western U.S. (West of the Mississippi River)

### **BILLING ADDRESS**

1. Freight bill payment for Approved Carriers Truckload shipments dispatched through the **Atlanta or Denver Sales Centers** should be sent to:

**BLUELINX CORPORATION**  
**ATTN: Workflow**  
**4300 Wildwood Parkway**  
**Atlanta, GA 30339-8401**

### **CARRIER APPROVAL PROCESS**

1. BlueLinX Transportation is contacted by the Carrier, BlueLinX Sales, Procurement or Distribution Center requesting a carrier be added to the approved list.
2. A survey (see Appendix B) is sent to prospective Carrier to obtain basic information including operating authority, levels of insurance coverage, Standard Carrier Alpha Code (SCAC), and the traffic lanes in which they desire to haul.
3. If Transportation Management determines the Carrier provides value to BlueLinX based on their service and rates and BlueLinX capacity needs, the contract administration process is started, subject to the carrier meeting minimum requirements.
4. Carriers who DO NOT MEET the minimum requirements, must obtain the missing elements before the contract administration process can begin.
5. If the BlueLinX Transportation Management determines the Carrier does not fulfill a need or does not meet the minimum requirements, the survey response will be kept on file for future reference. Transportation will notify the Carrier and the appropriate BlueLinX personnel of the status.



### **CONTRACT ADMINISTRATION**

Once it has been determined that a carrier is necessary and meets our minimum requirements, the contracting process can begin. The length of time involved in the contract administration process depends on an expeditious response by the carrier.

1. Transportation Manager negotiates rates to the mutual satisfaction of the Carrier and BlueLinx.
2. BlueLinx Transportation mails two copies of the appropriate contract (carrier and/or broker), rate template is transmitted electronically between carrier and BlueLinx. Fuel surcharge agreement is part of the contract.
3. The Carrier signs both copies of the contract including Schedule A (insurance requirements) and the fuel surcharge document.
4. The Carrier returns all signed originals and proof of insurance.
5. The BlueLinx Transportation Manager signs the rate and fuel surcharge schedules.
6. If no changes are made to the contract format the originals are forwarded to the BlueLinx Law Department.
7. BlueLinx Law Department will initial near the signature line and forward to the General Manager of Transportation for signature.
8. If the Carrier requests changes to the contract format they must be approved in advance by the Law Department. The changes must be initialed by the Law Department and the Corporate Controller prior to signature by the General Manager of Transportation.
9. Once the contract originals are signed by the General Manager of Transportation, one original version of all documents will be mailed back to the carrier.
10. All contract versions and signatures must be originals; faxed copies or electronic signatures are not acceptable.
11. BlueLinx Transportation will maintain the following documents on file for each approved carrier:
  - A. One copy of contract signed by carrier and BlueLinx.
  - B. One copy of rates.
  - C. One copy of fuel surcharge agreement signed by carrier and BlueLinx.
  - D. One copy of current Insurance Certificate.
  - E. One copy of Motor Carrier Operating Authority.
  - F. One copy of MCS-90 endorsement.



**APPENDIX A : INSURANCE REQUIREMENTS**

Each carrier must maintain minimum insurance coverage as established by the Law Department.

If the carrier's insurance coverage lapses they will be temporarily removed from the Approved Carrier List and prevented from hauling BlueLinX products until the lapse in coverage is resolved. Repeated lapses will result in permanent exclusion.

**INSURANCE**

CARRIER agrees to obtain and maintain at its sole cost, during the term of this Agreement, insurance covering the risks incident to this Agreement with the following minimum limits:

- i. Workers' Compensation with statutory limits or as required by law in the states where CARRIER operates;
- ii. Employer's Liability with \$100,000 per occurrence;
- iii. Commercial General Liability insurance, covering bodily injuries and death and property damage, Independent Contractors, Personal Injury, and Contractual Liability with limits of \$500,000 per occurrence and \$1,000,000 in the aggregate;
- iv. Automobile Liability, covering owned, non-owned, hired, and other vehicles, with a combined single limit of \$1,000,000 per occurrence, including a MCS90 Endorsement.
- v. Cargo Liability (Motor Truck Cargo) covering damage to or loss of cargo or freight transported on behalf of BLUELINX with limits of \$50,000 per occurrence.

In the event that federal or state law or regulation requires more extensive coverage than the limits listed above, CARRIER shall procure and maintain such additional coverage at its expense.

CARRIER shall be responsible for payment of any and all deductibles from insured claims under its policies. Carrier shall cause BLUELINX to be named as an additional insured on its Commercial General Liability and Automobile Liability policies. The coverage afforded under any insurance policy obtained by CARRIER pursuant to this Appendix shall be primary coverage regardless of whether or not BLUELINX has similar coverage provided that CARRIER'S liability is limited pursuant to paragraph 7 of this "Contract Carriage Agreement". **Evidence of insurance, including where applicable the fact that BLUELINX has been named as an additional insured, shall be filed with BLUELINX before CARRIER transports any freight for BLUELINX, including renewals thereof.** CARRIER agrees to provide and maintain a current certificate of insurance showing BLUELINX as an additional insured and providing that the policies above shall neither be canceled nor changed without at least ten (10) days prior written notice to BLUELINX.

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

SCAC: \_\_\_\_\_ MC# \_\_\_\_\_ Federal ID# \_\_\_\_\_

Duns# \_\_\_\_\_



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## APPENDIX B : BlueLinx Carrier Survey

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Tractors: \_\_\_\_\_

Number/Type of Trailers: \_\_\_\_\_

Company Trucks: Y or N Quantity: \_\_\_\_\_

Owner Operators: Y or N

Broker: Y or N

Annual Sales less than \$23.5 million: Y or N

Are you a Veteran owned Business ? Y or N

Are you a Service Disabled Veteran owned Business ? Y or N

Are you women owned Business ? Y or N

Are you a Minority owned Business ? Y or N

Are you located in a HUB ZONE ? Y or N

Are you an 8a small business ? Y or N

Areas of Interest:

*Attach additional detail as required to support your request.*

<b>Insurance Requirements:</b>	Is company "self insured"	<b>Y or N</b>
	Auto Liability: \$1,000,000	<b>Y or N</b>
	MCS-90 Endorsement (Auto)	<b>Y or N</b>
	Cargo: \$50,000	<b>Y or N</b>
	General Liability: \$1,000,000	<b>Y or N</b>
	Workers' Compensation with statutory limits	<b>Y or N</b>

BlueLinx Corporation must be named as the additional Insured on Commercial GL, Auto GL and BlueLinx Corporation must be named as the certificate holder.

A Standard Carrier Alpha Code (SCAC) is a contractual requirement to haul for BlueLinx Corporation. To purchase a SCAC, visit the following web site:

<http://www.nmfta.org/> and click on Standard Carrier Alpha Code link on left hand side of the page.

The following documents must accompany this survey upon its return:

- Insurance Certificate with the stated requirements above.
- Copy of SCAC documentation issued from NMFTA or proof that a SCAC has been applied for.

Completion of this survey does not approve your company as a BlueLinx Corporation Carrier.