



Dear **PARTNER CARRIER**:

Let me be the first to welcome you to the L.T.I. Sales **PARTNER CARRIER** family. We are pleased that you'll be partnering with us and look forward to working with you.

To provide a seamless relationship between your organization and ours, we have provided some information as well as some required documents that will assist us in creating a **PARTNER CARRIER** profile that will help us get you loaded and paid quickly. I would ask that you provide all the necessary information requested as timely as possible.

The information needed from you is as follows:

1. Completed PARTNER CARRIER Profile Sheet – pg. 2-3
2. Legible Copy of Operating Authority
3. Completed W-9 Tax Form
4. Insurance Certificate
  - ❖ To help facilitate this request please contact your insurance company and have them fax an insurance certificate naming L.T.I. Sales, Inc. as the certificate holder. We have also provided an "Request for Certificate of Insurance" for your Insurance Agent to help expedite processing the certificate.

And mail the original to   L.T.I. Sales, Inc.  
1503 Eagle Ct  
Lewisville, TX 75057

5. Copy of Owner and Drivers CDL
6. ACH Direct Deposit Authorization

Should you have any questions regarding the set-up process, please contact me directly at **972-221-8873** or email me at [accounting@lti-turfsales.com](mailto:accounting@lti-turfsales.com)

**Once complete, you may either fax the packet to me directly to 972-317-2472 or scan and email to me at [accounting@lti-turfsales.com](mailto:accounting@lti-turfsales.com)**

Again, thank you for your interest in L.T.I. Sales and we look forward to a prosperous relationship with your company.

Kind Regards,

**Kamilah Southall**  
L.T.I. Sales, Inc.

# LTI Sales Partner Carrier Profile

\*Carrier Name: \_\_\_\_\_

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

*US DOT #	*Motor Carrier (MC) #	*TAX ID #

Please check appropriate box:

- ☐ Incorporated  
☐ LLC  
☐ Individual/Sole Proprietor

\*Physical Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Make Payments Payable To: \_\_\_\_\_

Remit Payment to Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Website: \_\_\_\_\_

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

## Equipment & Services Offered:

Drivers/ Trucks#	
Flat Bed 48'#	
Flat Bed 53'#	
Step Deck#	
Forklifts#	

## \*Trade References (Companies that your company has hauled freight for)

Company Name	Contact Name	Phone#	Fax# or Email Address

(\*) Indicates a required field for the Profile Setup request to be processed. Pages 2 & 3 are required.

# LTI Sales Partner Carrier Profile



## Company Contact Information

\*Carrier Name: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_  
Last Name First Name

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Dispatcher Name: \_\_\_\_\_

Dispatcher Phone #: \_\_\_\_\_

## REQUEST FOR CERTIFICATE OF INSURANCE

To: (Insurance Agent) \_\_\_\_\_

Insured: (Carrier's Company Name) \_\_\_\_\_

Re: REQUESTED CERTIFICATE OF INSURANCE FOR LTI SALES

Dear Insurance Agent:

This letter is requesting that you provide a Certificate of Insurance to LTI Sales.

### LTI Sales Insurance Requirements

All insurance must be written by a U.S. insurance company which is rated in the most recent edition of Best Key Rating Guide (Property-Casualty edition) as A- or better. The insurance policy must provide for filing of claims in the United States and for payment of claims in U.S. Currency. The insurance must also permit legal service of process in the U.S. and U.S. law must apply to claims.

### Coverage

Carrier must provide a current Certificate of Insurance with the agent's signature. The Carrier's (insured) name and address must be the same as the company executing the Carrier Agreement. The same applies if a third-party handles receivable. Carrier shall at all times during the term of this Agreement have and maintain in full force and effect:

### Requirements:

1. Provide policy numbers, deductible amounts (no greater than \$10,000.00), and 30-day modification/cancellation notice.
2. Comprehensive general liability and automobile liability insurance, including blanket contractual coverage, for bodily injury and tangible property damage in the following amounts: (i) general liability: one million dollars (1,000,000.00) each occurrence and (ii) automobile liability: one million dollars (\$1,000,000.00) each accident, single limit bodily injury and property damage combined.
3. Motor truck cargo liability insurance in an amount not less than one hundred thousand dollars (\$100,000.00) per incident and such policy shall not exclude coverage for fraud, dishonesty or criminal acts of Carrier's employees, agents, officers or directors.
4. The certificate of coverage for the motor truck cargo liability insurance policy must evidence coverage for theft, fire, hijacking, unattended vehicles subject to the above stated limits and with a deductible of no greater than ten thousand dollars (\$10,000.00) per occurrence.
5. List LTI Sales, Inc. as **Additional Insured**:  
LTI Sales, Inc.  
1503 Eagle Ct  
Lewisville, TX 75057-2330  
Phone#: 972-221-8873  
Fax#: 972-317-2472

Thank you for your promptness in handling this important request from your policy holder.