

# Uber Freight

Shipper platform





# Welcome to Uber Freight

On the following pages, you'll find everything you need to begin shipping with Uber Freight. If you have any questions, we're ready to help. To contact our team, call 877-289-8237 or email us [shipper-support@uber.com](mailto:shipper-support@uber.com).

## Platform benefits



Instant quotes and booking



2-week visibility on pricing



Real-time freight management



Growing carrier network



Flexible network, 24/7 support



Facility ratings and insights



## Contact information

### Uber Freight

Uber Freight LLC is a licensed freight broker

#### Address

1455 Market St.  
Suite 400  
San Francisco, CA 94103

#### EIN

32-0578457

#### MC

987790 (broker authority)

#### DOT

2926893

#### SCAC

UFLB

#### DUNS

01-389-5459

### Invoicing information

Email [ar-platform@uber.com](mailto:ar-platform@uber.com)

### Bank information

**Citibank**  
111 Wall St.  
New York NY 10043  
Routing # 021000089  
Account # 31038095

### Payment options\*

#### ACH Payments

Email [ar-freight@uber.com](mailto:ar-freight@uber.com) for all remittance information

#### Check Payments (ACH Highly Recommended)

Pay to the order of: Uber Freight LLC  
Address: PO Box 74007178  
Chicago, IL 60674

[\\*Terms and Conditions](#)

Uber Freight

Haul together



# Accessorial rates

These are the accessorial rates that will be charged to you if they occur on your loads.

## Detention

Free time: 2 hours

Hourly charge: \$50 / hour

**Note:** Charges will be rounded up to the nearest 15 minute increment

## Layover

\$250 / day

## TONU

Charged at \$150 if the load is not cancelled at least 24 hours prior to pickup

## Multi-stop quote

Please email [shipper-support@uber.com](mailto:shipper-support@uber.com) for all multi-stop quotes. We ask that all requests have a minimum lead time of 24 hours before the load is scheduled to pick-up to ensure proper service.

## Driver assist

Moving Pallets: \$50

Load/Unload < 20K lbs: \$75

Load/Unload > 20K lbs: email [shipper-support@uber.com](mailto:shipper-support@uber.com)

## Reconsignment

Extra charges will apply to any unplanned route deviation, for charge amounts please email [shipper-support@uber.com](mailto:shipper-support@uber.com)

## Cancellation policy

A load can be cancelled up to 48 hours before pickup. If you want to cancel the load within 48 hours of pickup, please reach out to our team at [shipper-support@uber.com](mailto:shipper-support@uber.com). If a load is cancelled on the day of scheduled pickup or after end of business hours CST (1700) the day prior and it is in "Driver Assigned" status, a TONU will be issued.



## FAQ

**Who do I contact if I have an issue with my load?**

Email: [shipper-support@uber.com](mailto:shipper-support@uber.com)

Phone: 877-289-8237

**What are standard transit times for my load?**

Preset appointments (suggested transit times)

Same day transit = 0-150 miles

1-day transit = 150-600 miles

2-day transit = 650-1,300 miles

3-day transit = 1,350-1,750 miles

4-day transit = 1,800-2,200 miles

5-day transit = 2,250-2,700 miles

6-day transit = 2,750-3,200 miles

**What are the preferred times to schedule appointments on my load?**

Carriers prefer afternoon pickups and morning deliveries.

**What notes can I include when building a load that will ensure the smoothest delivery?**

Additional notes

Facility contacts

Special requirements like scale tickets, blind load, and/or unmanned warehouse

Phone and/or email address, hours, first come, first served or appointment only, portal, pickup and dropoff time range

**Where can I find the carrier's certificate of cargo liability insurance?**

Uber Freight carriers are required to have \$100,000

of cargo liability insurance, and will be liable to you

for cargo damage in accordance with and subject to US law.

Uber Freight will assist you with cargo claims against a carrier.

**Where can I find a cargo claim form?**

[Page 9](#) of this document.



# Testimonials

Uber Freight is helping to build a better freight future for shippers. But you don't just have to take our word for it. Be sure to check out our gallery of [Uber Freight testimonials](#) to hear what shippers from industries all over the country are saying about us.

**Yone Dewberry**  
Chief Supply Chain Officer  
Land O' Lakes

“Partnering with Uber Freight allows us to continue to be more of a technology and innovation company.”

**Bill Heslam**  
VP of Operations  
Narragansett Beer

“It's great to be able to look at a two-week window and decide whether or not it makes sense to ship something on a Monday, Wednesday, or the following Monday—and that visibility is something I haven't seen anybody else do.”

**Jeannine Arzillo**  
Customer Service Rep  
Premier Packaging

“The Uber Freight platform takes the stress out of the booking process. Our loads are consistently picked up and delivered on time, and we can book, file away, and follow up on delivery day, always confident that our loads are where they need to be.”

## See more from our customers

**Narragansett Beer**

[Narragansett Beer](#) was one of the first companies to use lane explorer, allowing them to lock in rates up to 14 days in advance and save money in the process.

**Ocean Spray**

Working with Uber Freight has brought a new level of efficiency and support to [Ocean Spray's](#) supply chain, leading to consistent on-time delivery of its products.

## Request for Taxpayer Identification Number and Certification

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

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

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.

**Uber Freight Holding Corporation**

2 Business name/disregarded entity name, if different from above

**Uber Freight LLC**

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: 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.

☐ 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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**Corporation Trust Center, 1209 Orange Street**

6 City, state, and ZIP code

**Wilmington, DE, 19801**

7 List account number(s) here (optional)

Requester's name and address (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

3 2 - 0 5 7 8 4 5 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.

Sign  
Here

Signature of  
U.S. person ►

*J. Chadwick*

Date ► 01/07/2020

### 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/3/2019

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**  
Metairie-Alliant Insurance Services, Inc.  
3850 N. Causeway Blvd., Suite 1150  
Metairie LA 70002

**CONTACT NAME:** Taylor Nemmert

**PHONE (A/C, No, Ext):** 503 720 3701

**FAX (A/C, No):**

**E-MAIL ADDRESS:** taylor.nemmert@alliant.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A :** TT Club Mutual Insurance Limited

**INSURER B :**

**INSURER C :**

**INSURER D :**

**INSURER E :**

**INSURER F :**

**INSURED**  
Uber Freight LLC  
1455 Market Street, Suite 400  
San Francisco CA 94103

UBERFRE-01

## COVERAGES

**CERTIFICATE NUMBER:** 416337557

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			81117/2019/001	9/1/2019	9/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<input type="checkbox"/> <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 checked="" type="checkbox"/> Contingent			81117/2019/001	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Insurer A NAIC No.: AA-3191044

## CERTIFICATE HOLDER

## CANCELLATION

For Evidence Purposes Only

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



## Standard Form for Presentation of Loss and Damage Claims

		(Claimant's Number)*
(Company name of Claimant)	(Address of claimant)	(PRO Number)
(Name of Carrier)	(Date)	
(Address)		
This claim for \$ _____ is made against the carrier named above by _____ <small>(Amount of claim)</small> <span style="float: right;"><small>(Name of Claimant)</small></span>		
for _____ in connection with the following described shipment(s): <small>(Loss or damage)</small>		
Description of shipment _____		
Name and address of consignor (shipper) _____		
Shipped from _____, to _____ <small>(City, Town or Station)</small> <span style="float: right;"><small>(City, Town, or Station)</small></span>		
Final Destination _____ Routed via _____ <small>(City, Town or Station)</small>		
Bill of lading issued by: _____ Date of Bill of Lading: _____ Paid Freight Bill (Pro) Number: _____		
Name and address of Consignee (Whom shipped to) _____		
If shipment reconsigned enroute, state particulars: _____		
<b>DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED</b> <small>(Number and Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>		
Total Amount Claimed		
<b>IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM**</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> 1. Original bill of lading, if not previously surrendered to carrier.  <input type="checkbox"/> 2. Original paid freight ("expense") bill.  <input type="checkbox"/> 3. Original invoice or certified copy showing claimants cost.  <input type="checkbox"/> 4. Other particulars obtainable in proof of loss or damage claimed.         </div> <div style="width: 80%;"></div> </div>		
Remarks: _____		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           _____            Printed name of claimant (print clearly)         </div> <div style="width: 50%; text-align: center;">             The foregoing statements of facts is hereby certified to as correct.           </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 40%;">           _____            (Claimants contact phone number)         </div> <div style="width: 50%; text-align: center;">           _____            (Signature of claimant)         </div> </div>		
*Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. **Claimant will please place check ( X ) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.		