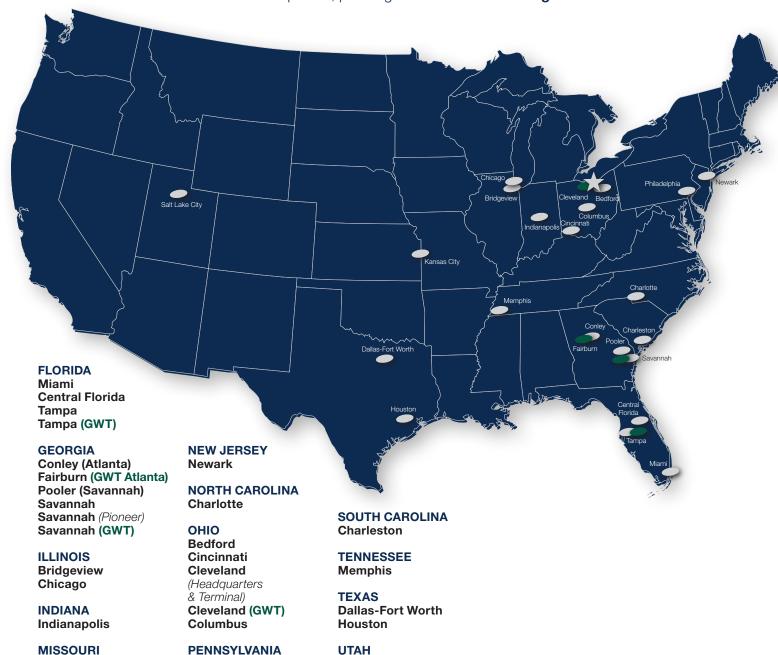
TRX Locations & Subsidiaries

For any pricing, sales, or operational questions, contact us at **pricing@TRXTrucking.com** or **855-259-9259**.

For terminal updates, please go to **www.TRXTrucking.com**.



Salt Lake City

Corporate Administration/Sales:	Phone	Fax				
Cleveland, OH – 8777 Rockside Rd, Cleveland, OH 44125 Pricing/Sales/Operations: Pricing@TRXTrucking.com Accounts Receivable: AR@TRXTrucking.com Safety: Safety@TRXTrucking.com	855-259-9259	216-937-0233				
Customer Remittance: PO Box 92916, Cleveland, OH 44194-2916	-	-				
Banking Information: Key Bank Mail Code: OH-01-27-1203 127 Public Square,12th floor, Cleveland, OH 44114 Jay McKelvey	216-689-8573	-				
www.TRXTrucking.com						

Philadelphia



Kansas City

TRX Locations & Subsidiaries

For any pricing, sales, or operational questions, contact us at **pricing@TRXTrucking.com** or **855-259-9259**.

For terminal updates, please go to **www.TRXTrucking.com**.

Newark, NJ

Philadelphia, PA

Bridgeview, IL

Central Florida

Tampa, FL (Green Wave)

Savannah, GA (Pioneer)



	TRX, INC	Location:	Services:						
	MC #443895 DOT #1071546	Charleston, SC	International FCL Domestic FCL						
	SCAC-TRHI EIN #27-4628469 PHMSA #050609-551-033RT	Conley, GA (Atlanta)	International FCL Domestic FCL						
		Dallas-Fort Worth, TX	International FCL Domestic FCL						
		Houston, TX	International FCL						
		Pooler, GA (Savannah)	International FCL Domestic FCL						



M D S(TRX GREAT LAKES, INC	Location:	Services:					
	MC #770136 DOT #2256202 SCAC-TGDK EIN #45-4017954 PHMSA #041812-550-011T	Chicago, IL	International FCL					
		Cincinnati, OH	International FCL Domestic FCL					
		Columbus, OH	International FCL Domestic FCL					
		Indianapolis, IN	International FCL					
		Kansas City, MO	International FCL					

International FCL

International FCL

International FCL

International FCL

Domestic FCL

Domestic FCL

Domestic FCL



EIN #45-4018121

PHMSA #020712-550-007T **Division is NON-HAZMAT**

	Salt Lake City, UT	International FCL	Domestic FCL			
TRX MIDWEST, INC	Location:	Services:				
MC #770149 DOT #2256091	Cleveland, OH	International FCL	Domestic FCL			
SCAC-TMUI	Bedford, OH		Domestic FCL			



TRX SOUTHEAST, INC	Location:	Services:	
MC #770140 DOT #2256081	Charlotte, NC		Domestic FCL
SCAC-TSUA	Memphis, TN	International FCL	Domestic FCL
EIN #45-4018306 PHMSA #041812-550-010T	Miami, FL	International FCL	Domestic FCL
	Savannah, GA		Domestic FCL
	Tampa, FL	International FCL	



	Savannah, GA	International FCL	Domestic FCL
	Tampa, FL	International FCL	
MC #770140 DOT #2256081	Cleveland, OH (Green Wave)	International FCL	Domestic FCL
SCAC TXRS	Fairburn, GA (Green Wave)	International FCL	Domestic FCL
EIN #92-1211193	Savannah, GA (Green Wave)	International FCL	



Domestic FCL



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

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

SERVICE DATE

April 18, 2012

DECISION

MC-770149 HORIZON LOGISTICS SERVICES INC CLEVELAND, OH REENTITLED TRX MIDWEST, INC.

On April 12, 2012, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as TRX MIDWEST, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: http://li-public.fmcsa.dot.gov. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: April 13, 2012

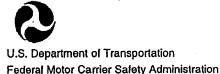
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief

Affry to Stear +

Information Technology Operations Division

NC_iA



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

SERVICE DATE April 18, 2012

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MC-770149
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Decided: April 13, 2012

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief

Offy to Stant

Information Technology Operations Division



U.S. Department of Transportation Federal Motor Carner Safety Administration 1200 New Jersey Avo., S.E. Washington, DC 20590

SERVICE DATE January 09, 2012

LICENSE

MC-770149-B U.S. DOT No. 2256091 HORIZON L'OGISTICS SERVICES INC CLEVELAND, OH

This License is evidence of the applicant's authority to engage in operations, in interstate or toreign 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



U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Wasnington, DC 20590

SERVICE DATE January 10, 2012

CERTIFICATE

MC-770149-C

U.S. DOT No. 3256091 HORIZON LOGISTICS SERVICES INC CLEVELAND, OH

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.

Jeffray L. Secrist, Chief

Affy I Swit

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.

СМО



U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, OC 20590

SERVICE DATE
January 10, 2012

PERMIT

MC-770149-P U.S. DOT No. 2256091 HORIZON LOGISTICS SERVICES INC CLEVELAND, OH

This Permit is evidence of the cernier's authority to engage in transportation as a contract 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Jeffrey L. Secrist. Chief

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Information Technology Operations Division

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

PMO

Page 2

The Kaplan Trucking Company

Motor Truck Cargo Policy MXI 93022388 - AGCS Marine Insurance Company

LIMITS OF LIABILITY:

\$500,000 - Cargo Limit per vehicle

SUBLIMITS:

\$500,000 - Wine & Spirits

DEDUCTIBLES:

\$100,000 - Cargo Deductible Per Occurrence

AMENDATORY ENDORSEMENTS:

Endorsement - Tarpaulin Warranty

Reefer Breakdown Included

Horizon Freight System, Inc., Horizon East, Inc., Horizon Midwest, Inc., Horizon South, Inc., Horizon Southeast, Inc., Horizon West, Inc.

Motor Truck Cargo Policy MXI 93022388 - AGCS Marine Insurance Company

LIMITS OF LIABILITY:

\$500,000 - Cargo Limit per vehicle

SUBLIMITS:

\$500,000 - Wine & Spirits

\$500,000 - Pharmaceuticals

DEDUCTIBLES:

\$ 50,000 - Cargo Deductible Per Occurrence

\$100,000 - Cargo Deductible Per Occurrence if trailer not attached to Tractor or King Pin Lock (Theft)

AMENDATORY ENDORSEMENTS:

Endorsement – Tarpaulin Warranty

Reefer Breakdown Included

TRX, Inc., TRX Great Lakes, Inc., TRX Great Plains, Inc., TRX Midwest, Inc., TRX Southeast, Inc.

Motor Truck Cargo Policy MXI 93022388 - AGCS Marine Insurance Company

LIMITS OF LIABILITY:

\$500,000 - Cargo Limit per vehicle

SUBLIMITS:

\$500,000 - Wine & Spirits

\$500,000 - Pharmaceuticals

DEDUCTIBLES:

\$ 50,000 - Cargo Deductible Per Occurrence

\$100,000 - Cargo Deductible Per Occurrence if trailer not attached to Tractor or King Pin Lock (Theft)

AMENDATORY ENDORSEMENTS:

Endorsement - Tarpaulin Warranty

Reefer Breakdown Included

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

BOND NUMBER (Assigned by CBP)

CUSTOMS BOND

19 CFR Part 113

CBP USE ONLY 9912AG404

OMB No. 1651-0050 Exp. 03/31/2014

Broker Filer Code: WY8 Surety Reference Number: 120423008/09083531 In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity **Execution Date** covered by any condition referenced below, we, the below name principal(s) and surety(les), bind ourselves to the United States in the amount or amounts, as set forth below. 04-30-2012 SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces. Identification of transaction secured by this bond (e.g., entry number, SINGLE Transaction Date Port Code seizure number, etc.) TRANSACTION XXXXXXXXXXX BOND This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amounts listed below for liabilities that accrue in each period. The intention to terminate this bond **Effective Date ⊠** CONTINUOUS BOND 05-04-2012 must be conveyed within the period and manner prescribed in the CBP Regulations. SECTION II - This bond includes the following agreements. Check one box only, (Except 3a may be checked independently or with 3.) Activity Name and CBP Regulations in which conditions codified Activity Limit of Liability Activity **Activity Name and CBP Regulations** Limit of Liability Code Code in which conditions codified Importer or broker§113.62 Detention of Copyrighted Material □ 8 XXXXXXXXXX§113.70 XXXXXXXXXX -Single Transaction Only-Drawback Payments Refunds§113.65 ☐ 1a Neutrality§113.71 □ 9 XXXXXXXXXX XXXXXXXXXX -Single Transaction Only-Custodian of Bonded Merchandise §113.63 X 2 Court Costs for Condemned Goods **10** (Includes bonded carriers, freight forwarders,§113,72 cartmen and lightermen, all classes of 50,000.00 XXXXXXXXXX warehouse, container station operators) -Continuous Bond Only--Single Transaction Only-☐ 3 International Carrier.....§113.64 Airport Security Bond Part 113 App A **11** XXXXXXXXXX XXXXXXXXXX Instruments of International Traffic... §113.86
-Continuous Bond Only-International Trade Commission (ITC) 3a **12** XXXXXXXXXX XXXXXXXXXX Exclusion Bond......Part 113 App B In-Bond Export Foreign Trade Zone......§113.73 **14** XXXXXXXXXX XXXXXXXXXX Consolidation Bond -Continuous Bond Only-□ 5 Public Gauger..... XXXXXXXXXX **15** Intellectual Property Rights (IPR) XXXXXXXXXX Wool & Fur Products......§113.68 Labeling Acts Importation Importer Security Filing (ISF)
Part 113 App D ☐ 6 **16** XXXXXXXXXX XXXXXXXXXX -Single Transaction Only-□ 7 Marine Terminal Operator **17** XXXXXXXXXX XXXXXXXXXX -Continuous Bond Only-By checking the box you agree that you have a seal in accordance with 19 CFR 113.25 PRINCIPAL AFFIX SEAL or Check Box Name and Physical Address (Including legal description **CBP** Identification Number: and state of incorporation) 45-401812100 Signature James B. Gifford - Vice President TRX Midwest, Inc. 6600 Bessemer Avenue Cleveland, OH 44127 x Check Box (OH Corporation) Principal and surety agree that any charge against the bond under any of the listed names is as Mailing Address Requested by the Surety though it was made by the principal(s). Principal and surety agree that they are bound to the 6 Mill Ridge Lane same extent as if they executed a separate bond covering each set of conditions incorporated Chester, NJ 07930 by reference to the CBP regulations into this bond. If the surety falls to appoint an agent under Title 31, United States Code, Section 9306, surety consents to service on the Clerk of any

SURETY

Name and Physical Address (including legal description and state of incorporation)	Surety Number 281	Agent ID Number 145-84-0753	A DEPOSIT
The Fidelity & Deposit Company of Maryland 1400 American Lane, Tower I Schaumburg, IL 60196 (MD Corporation)	Signature Reven J. Daily, At	ty-in-Fact	SEAL BOX

United States District Court or the U.S. Court of International Trade, where suit is brought on

this bond. That clerk is to send notice of the service to the surety at: >

Broker Filer Code: WY8	Su	rety Reference	Number: 1	20423008/09083531	
Principal Name: TRX M1 dwe	st, Inc.	CBP Identifi	ication Numb	er: <u>45-401812100</u>	Or Check Box
CO-PRINCIPAL					By checking the box you agree that you have a seal in accordance with 19 CFR 113.2
Name and Physical Address (incluand state of incorporation)	ding legal description	CBP Identifi	cation Numb	er.	
		Signature			
	N.A.		N.A.		N.A.
					Check Box
SECTION III - List below the cor	nplete name of all trad	le names or uni	incorporated	divisions that will be pe	ermitted to obligate this bond in
the principal's nat CBP Identification Number	ne including their CBF	dentification i	Number(s).	and the state of t	
CBP Identification Number	Name	·	CBP Ide	entification Number	Name
				i i josep	
					á.
N.A.	N.A.		Ń.A.		N.A.
					:
			Total Numb	er of Importer Names I	isted in Section III: 99
		<u> </u>	(Olai Nullio	er of importer Maines i	isted in Section in. To
CO-SURETY Name and Physical Address (includia	na least description	Surety Number	ar 1/A	gent ID Number	
and state of incorporation)	ig legal description	:" 		Jentin Mannoel	
	N.A.	Signature	N.A.		N.A.
					Check Box

Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials

TRX MIDWEST INC 8777 ROCKSIDE RD CLEVELAND, OH 44125



PROCEDURES

USDOT Census #:

2256091

ICC#: 770149

EPA Transporter IDs: -

Intrastate Motor Carrier #:

19613

Phone Number to call in case of an accident or emergency:

(877) 801-7791

Uniform Program ID: UPM-2256091-WV

Certified By: Kimberly P. Hildreth

Issuance Date: 13-Mar-24

Expiration Date: 30-Jun-25

Issuing Agency: Public Service Commission of West Virginia

Agency Phone Number: (304) 340-0456



UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



Registrant: TRX MIDWEST, INC.

ATTN: Evelyn Golden 8777 ROCKSIDE RD CLEVELAND, OH 44125

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 052024550020G Effective: July 1, 2024 Expires: June 30, 2025

HM Company ID: 151622

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.											
	TRX MIDWEST, INC.											
	2 Business name/disregarded entity name, if different from above											
_												
oage 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.	certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
e. ns on l	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation ☐ Partnership single-member LLC		npt paye			ny)	5					
typ.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner											
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	code	code (if any)									
ŠĊ.	Other (see instructions)			(Applie	s to accou	nts main	tained o	utside	the U.S	S.)		
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's	name	e and ad	dress (d	ption	al)					
See	8777 ROCKSIDE ROAD											
0)	6 City, state, and ZIP code											
	CLEVELAND, OH 44125											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)									_		
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid So	cial s	ecurity	numbe							
	up withholding. For individuals, this is generally your social security number (SSN). However, f	ora 🗀										
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	t a		-		-						
TIN, la		or				_						
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Em	ploy	er identi	fication	num	ber					
Numb	er To Give the Requester for guidelines on whose number to enter.	4	5	- 4	0	I 8	1	2	1			
Par	t Certification									—		
	penalties of periury, I certify that:											
	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to	be i	ssued t	o me):	and						
2. I ar Sei	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not b	oeen	notified	d by th	e Inte						
3. I ar	n 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	g is correct.										
you ha	ication instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 sition or abandonment of secured property, cancellation of debt, contributions to an individual retire than interest and dividends, you are not required to sign the certification, but you must provide you	does not ap ement arranç	p İ y. I geme	Fór mor ent (I RA)	tgage i , and g	nteres enera	t pai Ily, p	d, aym	ents	use		

General Instructions

Signature of

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Joseph hous.

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.

Purpose of Form

Sign

Here

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)

01/04/2024

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- 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 ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC TMUI

Assigned Date Friday, 20 April 2012

Assigned To TRX MIDWEST INC

6600 BESSEMER AVE

CLEVELAND, OH USA 44127

USDOT # 2256091 MC # 0770149

Company Contact EVELYN GOLDEN

Expiration Date Friday, 04 July 2025



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to https://scaccode.com.

To update the company name, address, or contact information affiliated with this SCAC, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.

Refer to our Terms of Sale at https://nmfta.org/terms-of-sale for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U"

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

All SCACs are automatically uploaded to ACE within 24 hours. If participating in the U.S. Customs and Border Protection (CBP) ACE program, contact CBP at AMSSCAC@cbp.dhs.gov if you have an issue when using your SCAC with ACE. To participate in the Automated Export System (AES) program, email AMSSCAC@cbp.dhs.gov and askaes@census.gov with your request and attach a copy of this NMFTA SCAC Certificate. For additional information on CBP's automated programs, go to https://www.cbp.gov/trade/automated/getting-started

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2024

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).

	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTACT NAME: Lorri Mulligan						
Hy	lant Group, Inc Cleveland				PHONE (A/C, No, Ext): 216-447-1050 FAX (A/C, No): 216-447-4088						
	00 Freedom Sq Dr, Ste 400 ependence OH 44131				ADDRESS: cleveland hmi@hylant.com						
					INSURER(S) AFFORDING COVERAGE						
					INSURER A: Old Republic Insurance Company					NAIC # 24147	
	RED			KAPLA-4	INSURE	Rв: Travelers	s Prop Cas C	o of Amer		25674	
	X Midwest, Inc. 77 Rockside Road				INSURE						
Cleveland, OH 44125					INSURE						
	, -				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 290577169				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
А	X COMMERCIAL GENERAL LIABILITY			MWZY31783424		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 2,000,	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	,000	
									\$ 5,000		
								PERSONAL & ADV INJURY	\$ 2,000,	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			MWTT31415324		9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident)	,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							` '	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
_	DÉSCRIPTION OF OPERATIONS below Motor Truck Cargo			0004D770450		0/4/0004	0/4/0005		\$		
B A	Phys Dam Incl Trailer Interchange			6301R772156 MWTT31415324		9/1/2024 9/1/2024	9/1/2025 9/1/2025	\$100,000 ACV			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
Cai	go deductible is \$10,000.										
CE	RTIFICATE HOLDER				CANO	ELLATION					
Evidence of Insurance					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	<u>.</u> 				AUTHO	RIZED REPRESEI	NTATIVE				
						M: 1. 20 01 0 1 -					