



Premium Transportation Logistics, LLC

5445 Southwyck Blvd. Suite 210, Toledo, OH 43614

800.861.3166

419.861.3430

Accounting

Phone: 419.861.3430 Option 4

Fax: 419.867.8149

accounting@shipptl.com

Dispatch

Phone: 419.861.3430 Option 2

Fax: 419.861.3526

dispatch@shipptl.com

Sales

Phone: 419.861.3430 Option 5

Fax: 419.861.3430

sales@shipptl.com

Safety

Phone: 419.861.3430 Option 6

Fax: 419.491.6329

safety@shipptl.com

Recruiting

Phone: 419.861.3430 Ext. 3

Fax: 419.491.6329

recruiting@shipptl.com

Human Resources

419.861.3430 Option 105

Fax: 419.867.8149

humanresources@shipptl.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2019

2/4/2019

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 1458805 PREMIUM TRANSPORTATION LOGISTICS LLC 5445 SOUTHWYCK BLVD, STE 210 TOLEDO OH 43614	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hartford Casualty Insurance Company	
	NAIC # 29424	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 15872302 **REVISION NUMBER:** XXXXXXXX

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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	37UUNID1661	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

CERTIFICATE HOLDER

15872302
FOR INFORMATION PURPOSES ONLY

CANCELLATION

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

Joseph M. Amello

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Request for Taxpayer Identification Number and Certification

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

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

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.
Premium Trans., LLC.

2 Business name/disregarded entity name, if different from above
Premium Transportation Logistics, 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) ▶ **P**

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.
5445 Southwyck Boulevard, Suite 210

6 City, state, and ZIP code
Toledo, OH 43614

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										
2	6		-	4	3	3	7	6	0	8

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶

Rettie L. Ollie

Date ▶

1-17-19

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.

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.



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
August 09, 2002

PERMIT
MC-434695-P
PREMIUM TRANSPORTATION LOGISTICS LLC
TOLEDO, OH

This Permit is evidence of the carrier'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.

A handwritten signature in black ink that reads "Terry Shelton". The signature is written in a cursive, flowing style.

Terry Shelton, Director
Office of Data Analysis & Information Systems

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.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.


Policy number and employer
01364859

Period Specified Below
07/01/2018 to 07/01/2019

PREMIUM TRANSPORTATION LOGISTICS LLC
5445 SOUTHWYCK BLVD STE 210
TOLEDO, OH 43614-1534



www.bwc.ohio.gov
Issued by: BWC


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

PREMIUM TRANSPORTATION LOGISTICS

LIMITATION OF LIABILITY/TARIFF

Limitation Of Carrier Liability.

- I. Premium Transportation Logistics (“PTL” or “Carrier”) shall have a maximum liability for loss, damage, or delay to all or part of any goods comprising a shipment or load, equal to the actual monetary value of the shipment up to a maximum monetary value of \$100,000.00 U.S. Dollars (USD), whichever is LESS. However, it hereby is provided,
- II. The customer/shipper may, at its expense, declare an additional value of a particular shipment, and may increase PTL’s maximum liability by purchasing - for additional compensation - excess insurance coverage for such shipment(s).

Loads or shipments tendered to PTL shall not, under any circumstances, exceed a declared value of \$300,000, in the aggregate. The tendering or acceptance of any such shipment or load shall be deemed non-confirming and shall result in an automatic declared value of \$100,000.00 USD.

- III. All shipments without a specifically declared value in accordance with this limitation, or which violate the provisions of same, shall be deemed to be non-conforming and to have an actual cash value not to exceed the \$100,000.00 USD for the entire shipment or load in the aggregate. The sole duty to declare excess value (and obtain the benefit of excess coverage as scheduled) is borne by the customer/shipper as per this limitation. The failure of PTL to request a declared value shall not operate as a waiver of this limitation.
- IV. Under no circumstances shall PTL be responsible for special, consequential, punitive, incidental or indirect damages for the damage, loss, or delay of a shipment or part of a shipment.
- V. Where a shipment or load is transported by PTL under a third party bill of lading, through bill of lading, or the like, and such document contains further restrictions of liability establishing a lower maximum value than contained herein, measured either by total shipment, piece, or weight, such lower limitation shall apply. Under no circumstances shall such third party bill of lading, through bill of lading or the like increase the limitation of PTL’s liability contained and established herein.

Shipper hereby accepts all conditions of the above listed liability limitation and tariff as outlined.

Company Name: _____

Employee name: _____

Title: _____

Date: _____

Signature: _____

TOL01\180997.01



CREDIT APPLICATION

Date: _____ Credit Line Requested: _____
Company Name: _____ DBA: _____
Division/Subsidiary of: _____
Company Address: _____
D&B Number: _____

Corporation Branch Partnership Proprietorship Other

Type of Business: Distribution Manufacturing Retail Other _____

Date Business Started: _____ Federal ID#: _____

Company Officers, Partners, or Proprietor:

Name: _____ Title: _____
Home address: _____ SSN: _____

Name: _____ Title: _____
Home address: _____ SSN: _____

Accts. Payable Contact:

_____ Phone: _____
Fax: _____ E-mail: _____

Traffic Manager:

_____ Phone: _____
Fax: _____ E-mail: _____

Credit References: List (3)

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Date Opened: _____	Date Opened: _____	Date Opened: _____
Current Bal: _____	Current Bal: _____	Current Bal: _____
Terms: _____	Terms: _____	Terms: _____

Primary Bank:

Name: _____

Acct.: _____

Address: _____

Bank Officer: _____

Phone: _____

***ALL BLANKS MUST BE COMPLETE AND APPLICATION SIGNED BY A PRINCIPAL. BY EXECUTION OF THIS APPLICATION, YOU AGREE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, AND YOU AGREE TO THE TERMS BELOW AND ACKNOWLEDGE THE RECEIPT OF SUCH TERMS. PERMISSION IS GIVEN TO INQUIRE AS TO APPLICANTS CREDIT WORTHINESS FROM ANY SOURCE. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND IS STRICTLY FOR CREDIT PURPOSES!**

I/we agree to pay all debts incurred within the terms of sale. However, should the debt become past due, I/we expressly agree (subject to statutory regulations) to pay finance charges on the past due amounts at the rate of 1.5% per month (18% annual rate). I/we further expressly agree to pay reasonable collection cost and/or attorney's fees incurred in connection with the collection of this account. Jurisdiction: The customer hereby acknowledges doing business with The Premium Group companies – Premium Transportation Logistics LLC, Premium Freight Management LLC, Premium Trans LLC, Premium Freight Forwarding LLC, and Premium Haz LLC. (hereafter referred to as "The Premium Group") and hereby irrevocably consents and agrees that any legal action, suit or proceeding arising out of or in any way connected with customer's transaction with The Premium Group may be instituted by The Premium Group in the State or Federal Courts having jurisdiction over Lucas County, Ohio as The Premium Group, in it's sole option, may elect. Customer waives any objections to the forum selected by The Premium Group and consents to the jurisdiction and venue thereof. The customer further hereby acknowledges and agrees that any legal action, suit or other proceeding brought by customer against The Premium Group, in which customer asserts any claim of any kind or nature may only be fulfilled in the courts of the State of Ohio in the County of Lucas, or the United States District Court for Northwest Ohio, unless The Premium Group waives its right to object and consents to another forum.

Signature: _____

Date: _____

Print Name: _____

Applications without an authorized signature will not be processed.

Individual, Personal Guaranty

I, _____, residing at _____ and in consideration of

your extending credit at my request to _____

(Name of Company)

(hereinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you the payment at THE PREMIUM GROUP in the State of Ohio any obligation of the Company, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Witness: _____

Signature: _____