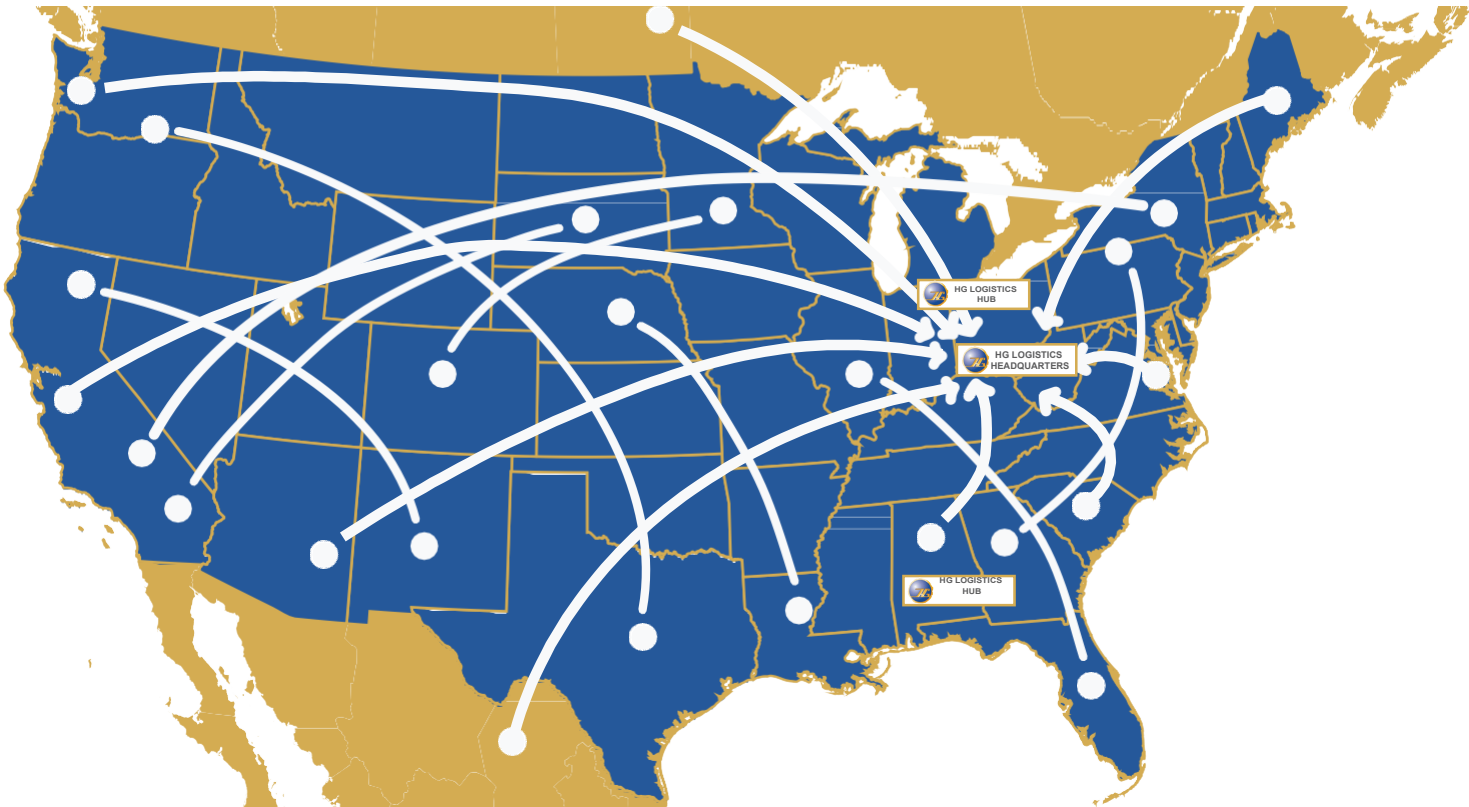




logistics, llc



WHAT WE OFFER

FTL LTL

- TL COVERAGE to all 48 states plus Canada and Mexico
- Vans/Flatbeds/Stepdecks/RGNs/Reefers/Team Service
- Hazardous/Straight Trucks/Blanket Wrapped/Oversized
- Mutli-Pick or Mutli-Drop/Air Ride/Specialized Equipment
- 24/7 Dispatch
- Single point of contact
- TIA Certified
- LTL COVERAGE to all 48 states plus Canada and Mexico
- Over 120 Years
- Expedited and Guaranteed Services
- Rail to All 48 states
- Intermodal/International
- Air

HG Logistics, LLC

Established – 2006

1085 Summer Street, Cincinnati, Ohio 45204
www.hillandgriffith.com • www.hglogisticsllc.com
513-244-3026 • 513-244-4199 (fax)

MC # 569982

US DOT # 2236963

FID #93-3737320

HAZMAT Reg. No: 101512 550 009UW

TIA Member in Good Standing since 2006

Smartway Partner

Recipient: 2-time Tropicana Central Region Carrier of the Year

Bank Reference

First Merchants Bank	Baily Sons
707 Ridge Road	Acct #101924386
Munster, IN 46321	219-864-1330

Insurance

USI Insurance Services, LLC (Cargo and General Liability)

Contact: Joey St. John 513-964-1046

joey.st.john@usi.com

\$100,000 Surety Bond, Merchants Bonding

Company Ohio Bureau of Worker's Compensation
Policy No. 1538758

Sister Company Information

The Hill and Griffith Company, est. 1896

MC # 180685

Ryan Canfield, President

Mike Lawry, CEO

Insurance: USI Insurance Services, LLC

Contact: Joey St. John 513-964-1046

HG Logistics Management Team

Mike Rieck, Director of Sales.....mrieck@hglogisticsllc.com, 513-244-3022

Duke Heller, Director of Operations.....dheller@hglogisticsllc.com, 513-244-4196

Nancy Sauers, Accounting Administrator nsauers@hglogisticsllc.com, 513-244-4195



CREDIT APPLICATION					
General Company Information:					
Company Name					
Street Address					
City		State		Zip Code	
Phone		Email Address			
Website				Established	
Please Check the Relevant Category					
Corporation		Partnership		Limited Partnership	
				Proprietorship	
Applicant's Information:					
Applicant's Name					
Applicant's Position					
Phone		Fax		Email	
Bank Reference:					
Bank Name					
Street Address					
City		State		Zip Code	
Account Number		Officer's Name			
Phone		Fax		Email	
Credit References:					
Reference #1 Name					
Company Name					
Street Address					
City		State		Zip Code	
Phone		Fax		Email	
Reference #2 Name					
Company Name					
Street Address					
City		State		Zip Code	
Phone		Fax		Email	
Reference #3 Name					
Company Name					
Street Address					
City		State		Zip Code	
Phone		Fax		Email	
Agreement					
<ol style="list-style-type: none"> All invoices must be paid 30 days from the date of the invoice. Invoices not paid in this time frame will be charged 1.5% interest rate per month. By submitting this application, you authorize HG Logistics LLC to make inquiries into the banking and business/trade references that you have supplied. 					
Signature & Authorization:					
Signature				Date	
Title					

Insurance Certificate



Client#: 1617554

HGLOG

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 312 Elm St. 24th Floor Cincinnati, OH 45202-3576 513 852-6300		CONTACT NAME: Joey St. John PHONE (A/C, No, Ext): 513 964-1046 FAX (A/C, No): E-MAIL ADDRESS: joey.st.john@usi.com	
INSURED HG Logistics, LLC 1085 Summer St Cincinnati, OH 45204-2037		INSURER(S) AFFORDING COVERAGE INSURER A: Central Mutual Insurance Company NAIC # 20230 INSURER B: Certain Underwriters at Lloyds 1122 INSURER C: Berkley National Insurance Company 38911 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CLP8986303	11/03/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CXS8986303	11/03/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Contingent Auto			THBZB02453	11/01/2024	11/01/2025	2,000,000/5,000 DEDT
C	Contingent Cargo			MIM108285151	11/01/2024	11/01/2025	250,000 Any one Vehicl
B	Professional Liab			MPL538832323	11/03/2024	11/01/2025	1,000,000/5,000 DEDT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Refrigeration Breakdown included at \$100,000 Any Single Vehicle Limit subject to the limitations on the attached endorsement.

CERTIFICATE HOLDER HG Logistics, LLC 1085 Summer Street Cincinnati, OH 45204	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
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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
HG Logistics LLC

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

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.
1085 Summer Street

6 City, state, and ZIP code
Cincinnati, Ohio 45204

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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.

Social security number

				-					
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OR

Employer identification number

9	3	-	3	7	3	7	3	2	0
---	---	---	---	---	---	---	---	---	---

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.

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 ▶ *Dan P. Wilton, CFO* Date ▶ *1/31/2024*

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-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 17, 2006

LICENSE

MC-569982-B
HG LOGISTICS LLC
CINCINNATI, OH

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



Angeli Sebastian, Chief
Information Systems Division

BPO

Payment Method



HG Logistics LLC accepts payments by ACH, credit card, or check. Please specify how you will be submitting your payment. Fill out the required information if paying by credit card. Sign and email completed form to nsauers@hglogisticsllc.com.

- **BANK (ACH)**

Account Type: Checking

Name on Account: HG Logistics LLC Bank Name: First Merchants Bank

Routing Number: 074900657 Account Number: 101924386

Contact Name: Nancy Sauers Contact Phone #: 513-244-4195

Remittance Email: nsauers@hglogisticsllc.com

- **CREDIT CARD** 3 1/2% Processing Fee Will Be Applied

Card Type: Visa Mastercard American Express

Name on Account: _____

Card Number: _____

Expiration: _____(mm/yy) CVV: Cardholder Zip Code: _____

Email Address to Send Receipt: _____

- **CHECK**

Mail to 1085 Summer Street, Cincinnati, OH 45204.

CUSTOMER'S SIGNATURE: _____ **DATE:** _____