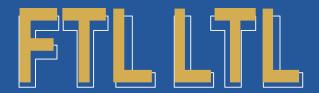




# WHAT WE OFFER



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/Spealialized 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

### **Company Information**



#### **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**









	CREDIT	APPLICATION		
General Company I	nformation:			
Company Name:				
Street Address:				
City:	Sta	ite:	Zip (	Code:
Phone:	Email Address:			
Website:			Esta	blished:
Please Check the Rele	vant Category:			
☐ Corporation	☐ Partnership	☐ Limited Partne	ership	☐ Proprietorship
Applicant's Informa	ation:			
Applicant's Name:				
Applicant's Position:				
Phone:	Email Address:			
Accounting Informa	ation:			
Contact Name:			Phor	ne:
Preferred Method to Re	eceive Invoices:	☐ Email		☐ Mail
Email Address:				
Billing Address:				
City:	Sta	ite:	Zip (	Code:
Bank Reference:				
Bank Name:				
Street Address:				
City:	Sta	ite:	Zip (	Code:
Account Number:		Officer's Name:		
Phone:	Email Address:			
Credit References:				
Reference #1 Name:				
Company Name:				
Street Address:				
City:	Sta	ite:	Zip (	Code:
Phone:	Email Address:			
Reference #2 Name:				
Company Name:				
Street Address:				
City:	Sta	ite:	Zip (	Code:
Phone:	Email Address:			
Reference #3 Name				
Company Name				
Street Address				
City	Sta	ite	Zip (	Code
Phone	Email Address:			
Signature & Author	ization:			
Signature:			Date	:
Title:				



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).

this certificate does not confer any rights to the certificate holder in fled of such endorsement(s).						
PRODUCER	NAME: Joey St. John					
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 513 964-1046 FAX (A/C, No):					
312 Elm St. 24th Floor	E-MAIL ADDRESS: joey.st.john@usi.com					
Cincinnati, OH 45202-3576	INSURER(S) AFFORDING COVERAGE	NAIC#				
513 852-6300	INSURER A : Central Mutual Insurance Company	20230				
INSURED LIGHT A STATE OF THE ST	INSURER B : Certain Underwriters at Lloyds 1122					
HG Logistics, LLC	INSURER C: Berkley National Insurance Company	38911				
1085 Summer St	INSURER D:					
Cincinnati, OH 45204-2037	INSURER E:					
	INSURER F:					

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 TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/Y)			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY			CLP8986303			EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
ı							MED EXP (Any one person)	\$5,000
ı							PERSONAL & ADV INJURY	\$1,000,000
ı	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
ı	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
ı	ANY AUTO						BODILY INJURY (Per person)	\$
ı	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			CXS8986303	11/03/2024	11/01/2025	EACH OCCURRENCE	\$1,000,000
ı	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ı	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
ı	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$
	Contingent Auto			THBZB02453			2,000,000/5,000 DED	
	C Contingent Cargo			MIM108285151			250,000 Any one Ve	
			MPL538832323			1,000,000/5,000 DED	)T	
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.								
attachieu enuorsement.								
l								
CEF	RTIFICATE HOLDER			CA	NCELLATION			
HG Logistics, LLC 1085 Summer Street				1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

HG Logistics, LLC 1085 Summer Street Cincinnati. OH 45204	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			
T	Dir R. R			

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Form W-9
(Bev. October 2018)

(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.						
	HG Logistics LLC							
	2 Business name/disregarded entity name, if different from above							
on page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.	is entered on line 1. Check only one	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
15 on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership Trust/	'estate					
tio y	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation P=Partnership)	Р	(, , , , , , , , , , , , , , , , , , ,				
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fron another LLC that is not disregarded from the owner for U.S. federal tax puris disregarded from the owner should check the appropriate box for the tax	of the single-member owner. Do no in the owner unless the owner of the poses. Otherwise, a single-member	Exemption from FATCA reporting code (if any)					
ec.	Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)				
જ	5 Address (number, street, and apt. or suite no.) See instructions.	Requester'	's name a	nd addr	ess (optio	nal)		
See	1085 Summer Street							
	6 City, state, and ZIP code							
	Cincinnati, Ohio 45204							
	7 List account number(s) here (optional)							
Par								
backu	rour TIN in the appropriate box. The TIN provided must match the name o withholding. For individuals, this is generally your social security numb	e given on line 1 to avoid Sor (SSN). However for a	iocial sec	urity nu	mber			$\dashv$
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for Pa	art I, later. For other		-		-		
entitie	s, it is your employer identification number (EIN). If you do not have a nuter			J L		L.	Ш	
	If the account is in more than one name, see the instructions for line 1.	Or Also see What Name and	mployer	identific	cation nu	mher		1
	er To Give the Requester for guidelines on whose number to enter.	Also see viilat Ivaine aliu	1	ГТ	1 1	1	Т	$\dashv$
		9	3   3	- 3	7 3	7 3	2	0
Pari	II Certification					Щ.		
Under	penalties of perjury, I certify that:	HALL STATE OF THE						
1. The	number shown on this form is my correct taxpayer identification number	er (or I am waiting for a number	to be iss	ued to	me); and	i		
Sen	not subject to backup withholding because: (a) I am exempt from back rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b) I have not to report all interest or dividend	t been neis, or (c)	otified I the IRS	by the In S has no	ternal ified r	Reve ne th	enue at I am
3. I an	a U.S. citizen or other U.S. person (defined below); and							
	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting is correct	et.					
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 Dill P Will CF1	Date ▶	1/31	/20	124			
General Instructions  • Form 1099-DIV (dividends, including those from stocks or mutual funds)					ıal			
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)						
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)						
atter t	ney were published, go to www.irs.gov/FormW9.	Form 1099-S (proceeds from real estate transactions)						
Purpose of Form		Form 1099-K (merchant card and third party network transactions)						
	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>				rest),		
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled debt	t)					
	rer identification number (ATIN), or employer identification number	<ul> <li>Form 1099-A (acquisition or a</li> </ul>						
(EIN), amour	o report on an information return the amount paid to you, or other It reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.						
	s include, but are not limited to, the following. n 1099-INT (interest earned or paid)	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 Ba	ink Name: First Merchants Bank					
Routing Number: 074900657 Ac	count Number: 101924386					
Contact Name: Nancy Sauers Co	ontact Phone #: 513-244-4195					
Remittance Email: nsauers@hglogisticsllc.com						
<u> </u>						
CREDIT CARD	3 1/2% Processing Fee Will Be Applied					
Card Type:						
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:					