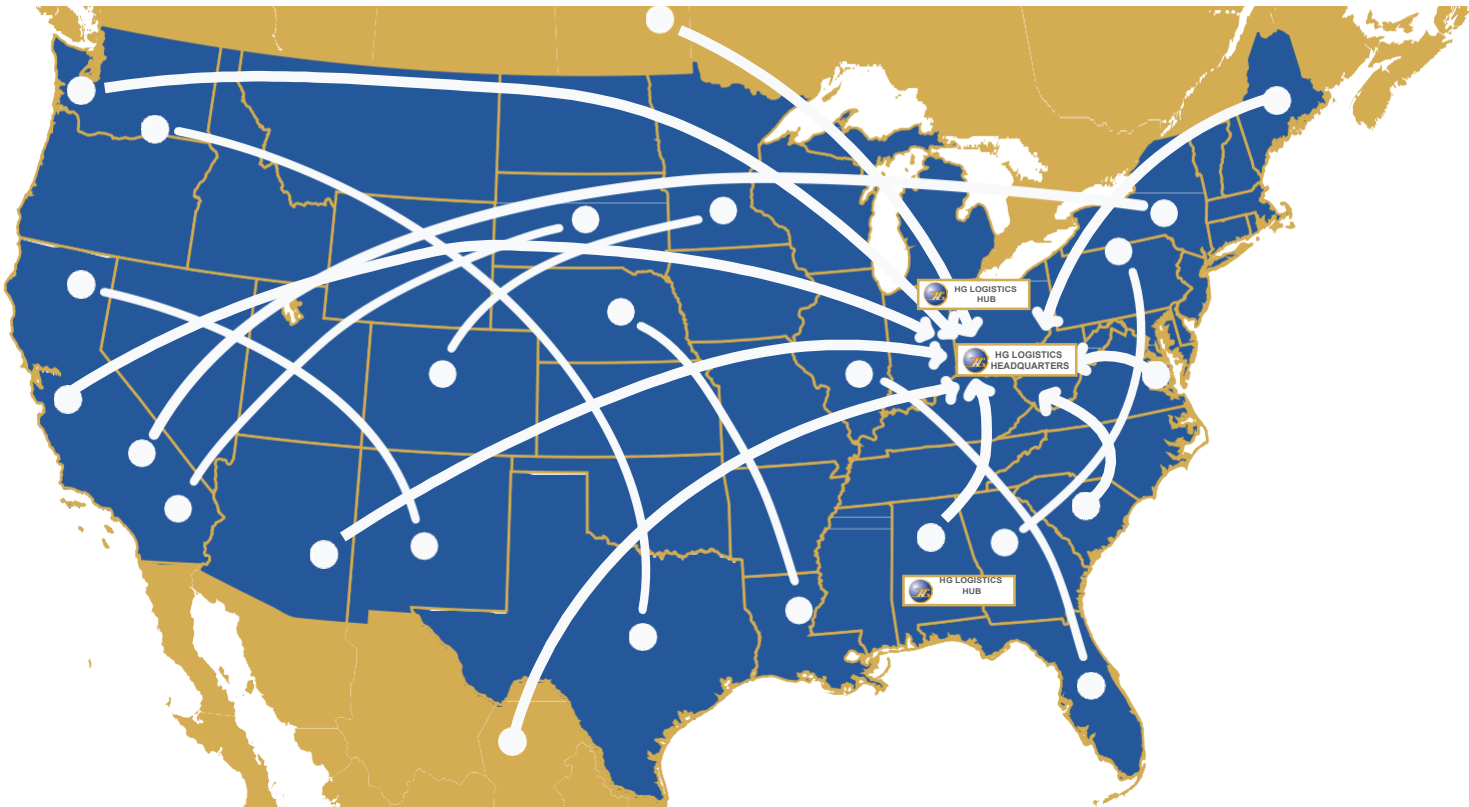




# logistics, llc



## 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**

Avalon Risk Management (Cargo and General Liability)  
Contact: Melissa Aternino 847-700-8080  
ARMCentral@avalonrisk.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](mailto:mrieck@hglogisticsllc.com), 513-244-3022  
Duke Heller, Director of Operations.....[dheller@hglogisticsllc.com](mailto:dheller@hglogisticsllc.com), 513-244-4196  
Nancy Sauers, Accounting Administrator ..... [nsauers@hglogisticsllc.com](mailto:nsauers@hglogisticsllc.com), 513-244-4195



CREDIT APPLICATION			
<b>General Company Information:</b>			
Company Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:	Email Address:		
Website:	Established:		
Please Check the Relevant Category:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Proprietorship
<b>Applicant's Information:</b>			
Applicant's Name:			
Applicant's Position:			
Phone:	Email Address:		
<b>Accounting Information:</b>			
Contact Name:			Phone:
Preferred Method to Receive Invoices:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	
Email Address:			
Billing Address:			
City:	State:	Zip Code:	
<b>Bank Reference:</b>			
Bank Name:			
Street Address:			
City:	State:	Zip Code:	
Account Number:	Officer's Name:		
Phone:	Email Address:		
<b>Credit References:</b>			
<b>Reference #1</b>	Name:	Company Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Email Address:		
<b>Reference #2</b>	Name:	Company Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Email Address:		
<b>Reference #3</b>	Name:	Company Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Email Address:		
<b>Terms and Conditions:</b>			
HG Logistics LLC's Terms and Conditions of Service, which can be found at <a href="https://hglogisticsllc.com/terms-and-conditions/">https://hglogisticsllc.com/terms-and-conditions/</a> , are the only terms and conditions that govern any and all shipments and related services arranged or provided by HG Logistics LLC on your behalf. You hereby agree that any and all other terms and conditions you may have, whether contained in your written, electronic or digital purchase orders, acknowledgments, files or other documents or locations, do not apply in whole or in part and hereby are expressly rejected by HG Logistics LLC.			
<b>Signature &amp; Authorization:</b>			
Signature:		Date:	
Title:			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/17/2026

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).

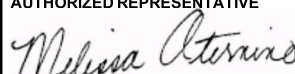
<b>PRODUCER</b> Avalon Risk Management Insurance Agency LLC 200 N. Martingale Rd. Suite 700 Schaumburg IL 60173	<b>CONTACT NAME:</b> Melissa Aternino <b>PHONE (A/C, No, Ext):</b> 847-700-8080 <b>E-MAIL ADDRESS:</b> ARMcentral@avalonrisk.com	<b>FAX (A/C, No):</b> 847-700-8118
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> HG Logistics, LLC 1085 Summer St Cincinnati OH 45204-2037	<b>INSURER A :</b> Trident Marine Managers	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1677736883 **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	<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 OTHER:			TFB-000013-00	6/15/2026	6/15/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE 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 <input type="checkbox"/> N (Mandatory in NH) 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 \$
A	Errors & Omissions			TFB-000013-00	6/15/2026	6/15/2027	Per Occur/Aggregate 1,000,000
A	Contingent Motor Truck Cargo			TFB-000013-00	6/15/2026	6/15/2027	Per Occur/Aggregate 250,000
A	Contingent Auto Liability			TFB-000013-00	6/15/2026	6/15/2027	Per Occur/Aggregate 5,000,000

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

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance 2026-27 United States	<b>CANCELLATION</b>  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](http://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)

**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								
			-					
Employer identification number								
9	3	-	3	7	3	7	3	2 0

**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.

Signature of U.S. person ▶ *Dave P. Wilson, 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](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-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](mailto: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](mailto: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:** \_\_\_\_\_