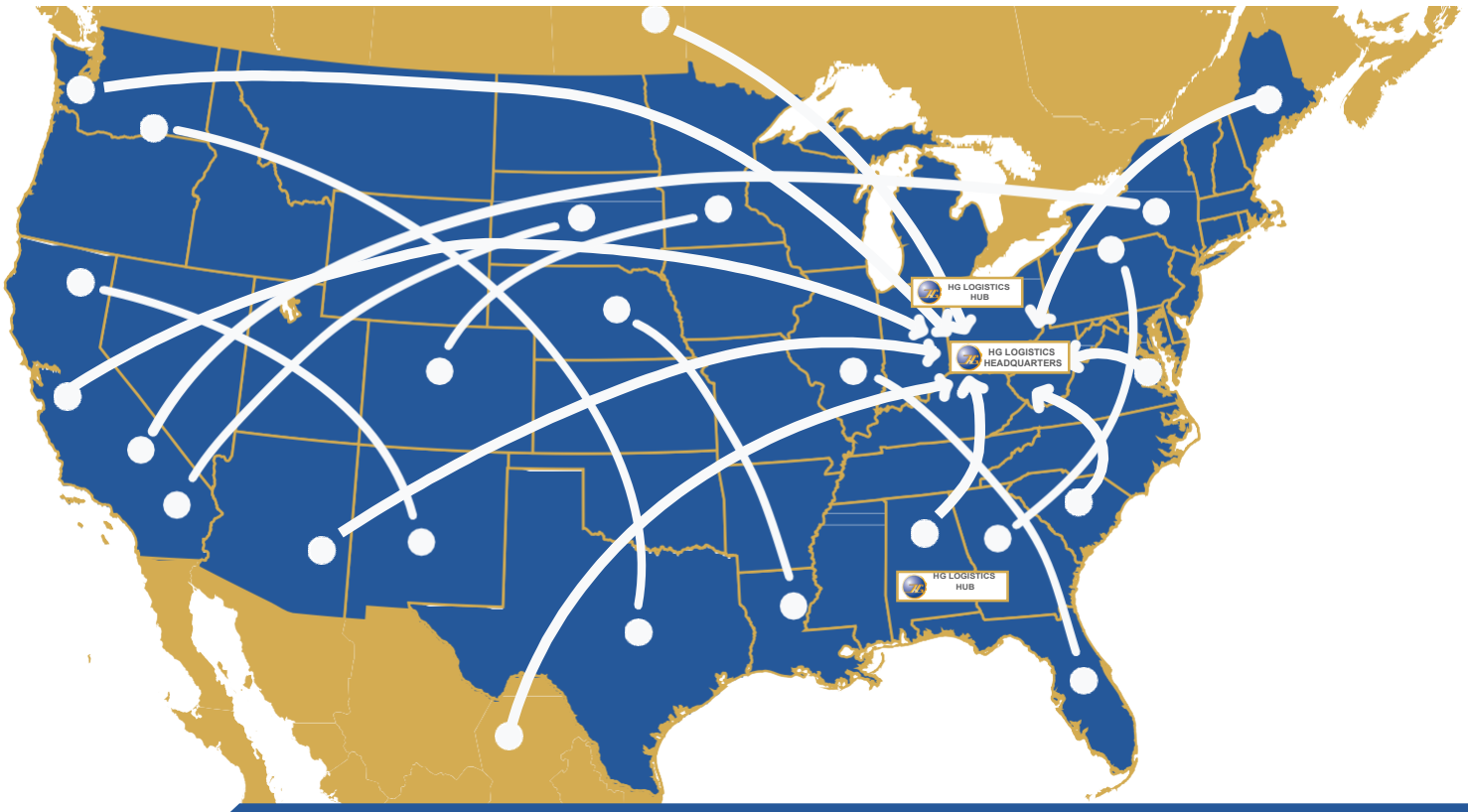
logistics, llc




# 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/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

logistics,llc

**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, 513-244-3022
Katrina Kilgore, Director of Operations.....kkilgore@hglogisticsllc.com, 513-244-4196
Nancy Sauers, Accounting Administrator .....nsauers@hglogisticsllc.com, 513-244-4195

SmartWay Transport Partner
Getting There With Cleaner Air

TIA MEMBER

Cincinnati USA Regional Chamber

# Credit Application

logistics,llc

| 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: | Email Address: | | |
| **Accounting Information:** | | | |
| Contact Name: | | Phone: | |
| Preferred Method to Receive Invoices: | ☐ Email | ☐ Mail | |
| Email Address: | | | |
| Billing Address: | | | |
| City: | State: | Zip Code: | |
| **Bank Reference:** | | | |
| Bank Name: | | | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Account Number: | | Officer's Name: | |
| Phone: | Email Address: | | |
| **Credit References:** | | | |
| **Reference #1** | Name: | Company Name: | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Email Address: | | |
| **Reference #2** | Name: | Company Name: | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Email Address: | | |
| **Reference #3** | Name: | Company Name: | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Email Address: | | |
| **Terms and Conditions:** | | | |
| HG Logistics LLC's Terms and Conditions of Service, which can be found at https://hglogisticsllc.com/terms-and-conditions/, 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. | | | |
| **Signature & Authorization:** | | | |
| Signature: | | Date: | |
| Title: | | | |

# Insurance Certificate

HG logistics,llc

ACORD®

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/15/2026

**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).**

| | |
|---|---|
| **PRODUCER**<br>Avalon Risk Management Insurance Agency LLC<br>200 N. Martingale Rd.<br>Suite 700<br>Schaumburg IL 60173 | **CONTACT NAME:** Melissa Aternino<br>**PHONE (A/C, No, Ext):** 847-700-8080 **FAX (A/C, No):** 847-700-8118<br>**E-MAIL ADDRESS:** ARMcentral@avalonrisk.com |
| **INSURED** HGLOGIS-01<br>HG Logistics, LLC<br>1085 Summer St<br>Cincinnati OH 45204-2037 | **INSURER(S) AFFORDING COVERAGE** / **NAIC #**<br>**INSURER A :** Trident Marine Managers<br>**INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 89615523 **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 | **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE / OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY / PRO-JECT / LOC<br>OTHER: | | | TFB-000013-00 | 6/15/2026 | 6/15/2027 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 1,000,000 |
| | **AUTOMOBILE LIABILITY**<br>ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | **UMBRELLA LIAB** / OCCUR<br>**EXCESS LIAB** / CLAIMS-MADE<br>DED / RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** N / A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE / OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |
| A<br>A<br>A | Errors & Omissions<br>Contingent Motor Truck Cargo<br>Contingent Auto Liability | | | TFB-000013-00<br>TFB-000013-00<br>TFB-000013-00 | 6/15/2026<br>6/15/2026<br>6/15/2026 | 6/15/2027<br>6/15/2027<br>6/15/2027 | Per Occur/Aggregate<br>Per Occur/Aggregate<br>Per Occur/Aggregate | 1,000,000<br>250,000<br>1,000,000 |

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

**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**

Melissa Aternino

Form **W-9**
(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.**

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.

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

Requester's name and address (optional)

6 City, state, and ZIP code

Cincinnati, Ohio 45204

7 List account number(s) here (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**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 3 | – | 3 | 7 | 3 | 7 | 3 | 2 | 0 |

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am 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 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 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*.

## 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 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:** _____