



Pistoresi Customer Packet

Who Are We:

Pistoresi Logistics is a non-asset-based provider of logistics, consulting, and transportation services throughout North America, Mexico and Canada, committed to partnering with the best carriers and companies to ensure all of its customer's transportation needs are met by providing superior service.

What We Do:

Service Category	Details and Regions
Full Truckload Services	Serves: United States/Canada/Mexico
LTL Services	Flat Beds, Step Decks, and Containers
Pallet Pricing	Offers per 100 weight rates
Time Sensitive and Expedited Services	Available for all services
Dry Vans & Refrigerated	Suitable for temperature-sensitive and perishable goods

Our Commitment:

At Pistoresi Logistics we are committed to the relationships we have with our business partners, customers, vendors, and employees. By partnering with us you will be assigned a quality team that will monitor and care for your freight.

Pistoresi Logistics Company Info:

Identifier	Information
FED ID #	47-5297627
SCAC	PLJI
MC#	938774-B
Bank	Heritage Bank, Toppenish, WA
AR/AP Email	loads-ar-ap@pistoresilogistics.com

CUSTOMER PROFILE

Identifier	Information
Customer Name:	
Physical Address:	
City / State / Zip:	
Remit To / PO Box:	
City / State / Zip:	
Main Contact:	
Email Address:	
Preferred Billing Method Electronic or Hard Copy:	
Billing Department Email:	
Payment Terms:	
Toll Free Number:	
Direct Phone Number:	
Fax Number:	

Pistoresi Logistics Operations

Mailing: PO Box 741109 Riverdale, GA 30274 | **MC Number:** 938774 | **SCAC:** PLJI

Office # 509-579-4030 | AR/AP Department- Loads-ar-ap@pistoresilogistics.com

<u>First name</u>	<u>Last Name</u>	<u>Phone Number</u>	<u>Email</u>
Chris	Dennis	678-521-0518	Chris@pistoresilogistics.com
Shawn	McCabe	541-571-0940	Shawn@pistoresilogistics.com
Tiffani	Jones	509-952-4074	Tiffani@pistoresilogistics.com
Junior		509-952-4074	junior@pistoresilogistics.com
Josh	Kemmerer	267-644-8495	jkemmerer@pistoresilogistics.com

W-9

Form (Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

PISTORESI LOGISTICS LLC

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

Print or type.
See Specific Instructions on page 3.

5 Address (number, street, and apt. or suite no.). See instructions.

P.O. BOX 74109

6 City, state, and ZIP code

RIVERDALE GA 30274

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

or

Employer identification number									
4	7	-	5	2	9	7	6	2	7

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	CHRISTOPHER DENNIS	Date	01/01/2026
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2025

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	CONTACT NAME: Alberto Valdes PHONE (A/C, No. Ext.): (855) 210-1301 FAX (A/C, No.): E-MAIL ADDRESS: alberto.valdes@lumenasainsurance.com	
Lumenas Insurance Agency LLC 4742 N 24th Street, Suite 355 Phoenix AZ 85016		INSURER(S) AFFORDING COVERAGE
		INSURER A: ACCIDENT FUND INS CO OF AMERICA NAIC #
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVG	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	REVISION NUMBER:																																																																																																																																																																																																																																
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WC/Employers Liability policies include a waiver of subrogation in favor of RXO Managed Transport, LLC

CERTIFICATE HOLDER

CANCELLATION

RXO Managed Transport, LLC c/o Registry Monitoring Insurance Services, Inc. 2261 Market Street PMB 85402 San Francisco CA 94114	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 <i>Alberto Valdes</i>
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PISTLOG-01
CERTIFICATE OF LIABILITY INSURANCE

KKLEIN

DATE (MM/DD/YYYY)
10/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	CONTACT NAME: Katherine Klein	
	PHONE (A/C. No. Ext): (509) 321-0574	FAX (A/C. No.):
Transportation Practice Marsh McLennan Agency LLC P.O. Box 30638 Billings, MT 59107-0638	E-MAIL ADDRESS: Katherine.Klein@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A. Certain Underwriters at Lloyd's of London	
INSURED	INSURER B.:	
Pistoresi Logistics LLC PO Box 6386 Kennewick, WA 99336	INSURER C.:	
	INSURER D.:	
	INSURER E.:	
	INSURER F.:	

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							TMHCC13334725	11/2/2025
A	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 1,000,000				
	CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person)	\$ 10,000
	OCCUR						PERSONAL & ADV. INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
							COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	BODILY INJURY (Per person)	\$				
	ANY AUTO OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	BODILY INJURY (Per accident)	\$				
	Hired AUTOS ONLY	<input checked="" type="checkbox"/>	PROPERTY DAMAGE (Per accident)	\$				
								\$
	UMBRELLA LIAB	<input checked="" type="checkbox"/>	EACH OCCURRENCE	\$				
	EXCESS LIAB	<input checked="" type="checkbox"/>	AGGREGATE	\$				
	DED	<input checked="" type="checkbox"/>		\$				
	RETENTION \$	<input checked="" type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>	PER STATUTE	OTHR				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	E.L. EACH ACCIDENT	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	E.L. DISEASE - EA EMPLOYEE	\$				
		<input checked="" type="checkbox"/>	E.L. DISEASE - POLICY LIMIT	\$				
A	FB Legal Liab-Cargo	<input checked="" type="checkbox"/>	DED - \$5,000	200,000				
A	FB Contingent Cargo	<input checked="" type="checkbox"/>	DED - \$5,000	250,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
**Auto and Cargo are Contingent only.

CERTIFICATE HOLDER	CANCELLATION
PISTORESI LOGISTICS LLC PO BOX 6386 Kennewick, WA 99336	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 <i>Katherine Klein</i>

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD



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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
October 30, 2015

LICENSE

MC-938774-B

U.S. DOT No. 2820887
PISTORESI LOGISTICS LLC
TOPPENISH, WA

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.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

Pistoresi Customer Packet

