



Pistoresi Carrier Packet

CARRIER CHECKLIST

Please check off each item to confirm receipt or completion prior to returning documents back to Pistoresi Logistics:

Company Information Sheet

- ☐ Motor Carrier Broker/Motor Contract Carrier Standard Contract (sign and return to Pistoresi Logistics)
- ☐ Carrier Profile Analysis (please fill out and return to Pistoresi Logistics)
- ☐ Payment Options (please fill out and return to Pistoresi Logistics)

Carrier Instructions

- ☐ Copy of Pistoresi Logistics Certificate of Liability Insurance
- ☐ Provide copy of your W-9 to Pistoresi Logistics
- ☐ Provide copy of your MC Authority to Pistoresi Logistics
- ☐ Provide copy of your Certificate of Liability Insurance listing Pistoresi Logistics LLC as the holder

Pistoresi Logistics Contact Information

- ☐ Copy of Pistoresi Logistics W-9
- ☐ NMFTA – SCAC for Pistoresi Logistics LLC
- ☐ Freight Motor Carrier Safety Administration (FMCSA) for Pistoresi Logistics

Please sign and return this document with the required information

Carrier Signature _____ **Date** _____

Carrier Print: _____

Pistoresi Logistics _____

Date _____

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@pistoreshilistics.com

****** TRADE REFERENCE AVAILABLE UPON REQUEST ******

**STANDARD CONTRACT FOR TRANSPORTATION OF PROPERTY Between A MOTOR CARRIER BROKER
AND A MOTOR CONTRACT CARRIER**

THIS agreement made this day _____ by and between _____
of _____ herein referred to as "Carrier," as evidenced by MC number _____ and
Pistoresi Logistics LLC, a Washington LLC with its Mailing address located at PO Box 6386 Kennewick, WA 99336, herein
referred to as "Broker". Carrier and Broker agree and contract as follows:

1. Broker agrees to offer for shipment and Carrier agrees to transport in its own equipment at least one shipment annually, subject to the availability of suitable equipment.
2. Each shipment tendered to Carrier pursuant to this agreement shall be to Carrier as a Motor Contract Carrier. Carrier shall not use any substitute service to provide the transportation service and warrants and agrees that no shipment shall be re-brokered. In the event Carrier uses substitute service or re-broker's a shipment, there shall be no obligation by Broker to pay Carrier's charges. If Carrier's freight charges have been paid and a claim for freight charge is made by the party that provided the substitute service against Broker, Shipper, Shipper's Agent and/or the Consignee, Carrier shall be required to defend, indemnify and hold harmless Broker, Shipper's Agent, Shipper and/or Consignee against any such claim including all attorney's fees and Broker is authorized to pay for said substitute services and deduct the amount paid from any amounts due to Carrier for other transportation services provided pursuant to this Agreement.
3. Carrier shall provide and maintain at its sole cost and expense, cargo and liability insurance for injury to or death of persons, damage to property, loss or theft or property, delay and such other standard provisions with a combined single limit of not less than \$1,000,000 per occurrence. Carrier agrees to provide Broker a certificate of insurance listing Broker as certificate holder prior to transporting or assigning the load to the Carrier's driver. Carrier agrees it is responsible for all cargo hauled for Broker at the full replacement value based off of the original invoiced amount. Carrier shall require its insurance provider to supply Broker with a written 30-day notice prior to insurance cancellation. Carrier also shall provide Workers' Compensation insurance as required by applicable law or regulation.
4. Broker agrees to pay Carrier for transportation of freight moved under this Agreement according to the rates mutually agreed to at the time of booking. In addition, Broker shall confirm the verbally agreed upon rates to Carrier prior to the freight movement in the document known as the "Rate Confirmation." If Broker pays the freight invoice in a reduced amount, such amount shall constitute the agreed upon charges for the movement, unless Carrier indicates to the contrary to Broker within thirty (30) days of its receipt of payment. All modifications and additions to the rates made either in writing, or verbally and later confirmed in writing, or as established by the payment of the invoices together with the underlying freight bills shall be deemed appendices to and considered part of the rate agreement. Carrier agrees to invoice broker in a timely manner and will enclose a copy of the signed rate confirmation, Proof of Delivery, Bill of Lading, lumper receipts (if applicable), or any other documentation that may be required by Broker.
5. Carrier agrees to comply with specific instructions from the shipper or consignee by way of Broker or by direct communications with the shipper at the time of loading or while en-route and shall provide when requested, protective service, multiple stops, direct dispatch, drop shipments, inside deliveries, spotting trailers and expedited shipments. Carrier, at its sole cost and expense, shall employ for its services hereunder only competent and legally licensed personnel. Carrier shall not cause or permit any shipment tendered hereunder to be transported on any non-owned company equipment without the prior written consent of Broker.
6. Carrier represents and warrants that Carrier is now and at all times hereafter will be qualified and duly and lawfully authorized to conduct all _____ the services and to transport all product hereunder. To the extent of information available to Carrier, Carrier shall immediately notify Broker of any change in such status. Carrier shall strictly comply with all applicable federal and state D.O.T. regulations as well as all other laws and regulations pertaining to the operations of a motor carrier. Carrier shall hold a safety rating from FMCSA of "Satisfactory" and shall promptly advise Broker in the event that its rating is changed to any rating other than Satisfactory. Carrier shall ensure that reported Safety Measurement System ("SMS") scores are below the intervention threshold for all Behavior Analysis and Safety Improvement Categories ("BASICS").
7. All loss and damage claims shall be processed according to federal D.O.T. regulations. In no event, shall either party be liable for special, incidental, punitive and consequential damages that relate to loss, damage or delay to a shipment or for any other reason. No writing of any description including a filed tariff shall be competent to show that there has been a waiver within the meaning of 49 USC 14706(c) unless the same shall have been actually signed by an officer of Broker and/or the Shipper, Shipper's agent or Consignee. All cargo claims will be filed and processed in accordance with 49 CFR Part 370 (the Carmack Amendment). Claims for loss or damage must be filed within 3 months after the scheduled delivery of the property.

8. Carrier shall be solely responsible for the cargo shipped from the time the shipper releases it to Carrier until it is delivered and received by the consignee. Carrier agrees that Broker has no role in how any cargo is loaded, transported, delivered or unloaded. Carrier assumes the liability standard applicable to a motor common carrier as provided in the Title 49 of the United States Code and the U.S. Code of Federal Regulations.
9. Carrier shall be responsible and agrees to hold Broker harmless from and indemnify Broker for any and all personal injury, property damage, loss, claim, injury obligation or liability arising from Carrier's actions, omissions, behavior or transportation pursuant to this Agreement and to hold Broker's clients harmless and indemnify Broker's clients for all personal injury, property damage, loss, claim, injury, obligation, or liability arising from Carrier's actions, behavior or transportation pursuant to this Agreement.
10. Carrier shall issue a Bill of Lading in its own name and will bill all charges for transportation services directly to Broker and, together with the bill, shall provide Broker with a copy of the signed Bill of Lading and Delivery Receipt. Broker agrees that it will pay all such freight bills within thirty (30) days from the postmarked date of Carrier's invoice, provided there was good and timely delivery' of the cargo, and neither the shipper, nor the consignee, has notified the Broker of any claim arising from the transportation of the shipper's goods.
11. Carrier agrees to support and protect Broker's efforts in performance of this Agreement by making no direct contact or solicitation of Broker's customers. During the term of this Agreement and for a period of one (1) year after the termination of the Agreement, Carrier, its officers and directors, shall not directly or indirectly, solicit or do business of a transportation nature with any of Broker's customers who are serviced by Carrier. If the Carrier breaches this provision, Carrier shall be liable to Broker for all of Broker's lost income, based on a 30% calculation of the previous 12 months of business.
12. The relationship of Carrier to Broker shall be that of an independent contractor, except that Broker shall be the agent for Carrier for the collection of the payments to Carrier from customer. Carrier agrees that it will look only to Broker for payment. Broker is liable only to carrier for the payment of loads that the customer, shipper, consignor has paid the Broker. Broker and Carrier agree that Broker is a separate and distinct entity from Carrier, and the persons operating vehicles and equipment for Carrier are not, and shall not be, the employees of Broker.
13. All provisions of this Agreement separate and divisible and, in the event that any provision or clause is deemed unenforceable, the remainder of this Agreement shall remain in full force and effect.
14. Carrier agrees that Broker's compensation, hereunder for its services, is confidential and need not be disclosed to Carrier. Carrier further agrees that it will not reveal to anyone the terms of the agreement, the pricing of transportation services, or any other detail of the business conducted between Carrier and Broker. Carrier and Broker further agree that all documents, forms, rate sheets, form bills of lading, reports, memoranda, drawings, specifications, photographs and other tangible information provided by Broker to Carrier shall remain confidential and shall not be shared with third-parties, or used for other transactions, and remain the valuable property of Broker, and be returned to Broker upon termination of this Agreement.
15. This Agreement represents the entire agreement between the parties and shall only be amended in writing signed by both parties. This contract shall supersede all prior agreements, written or oral, including the Bill of Lading. The terms of any subsequent signed rate confirmation, Bill of Lading or Proof of Delivery shall be subordinate to the terms and conditions of this Agreement.
16. It is understood and agreed between the parties to this Agreement that this is a non-exclusive agreement. Carrier shall be free to accept freight for transportation from customers other than Broker. Broker shall be free to tender freight for transportation to motor carriers other than Carrier.
17. The parties agree that this Agreement was entered in the City of Toppenish, the State of Washington, whose courts shall have jurisdiction and venue for any litigation arising from this Agreement. Carrier agrees to pay all the Broker's costs of enforcing this Agreement including, but not limited to, its attorney's fees.
18. This Agreement shall be effective continuously and remain in effect until either party terminates it with no less than thirty (30) days written notice. Carrier may not assign this Agreement to another party without the express written consent of the Broker.

The parties acknowledge and agree that it is standard in the industry to transmit this Agreement between parties by facsimile (fax) or email for the completion of signatures and agree that all shall have the same full force and effect as an original document. The party executing of this Agreement represents that he or she has the authority to do so on behalf of the party that they represent.

Authorized Carrier Signature

Pistoresi Logistics LLC Signature

Print Name

Print Name

Date:

Date:

Carrier Profile Analysis

Carrier name	
Physical Address	
City/Stat/Zip	
Remit To PO Box	
Dispatcher Name	
Email Address	
Toll Free Number	
Fax Number	
MC Number	
Carrier name	
Physical Address	
City/Stat/Zip	
Remit To PO Box	
Dispatcher Name	
Email Address	
Toll Free Number	
Fax Number	
MC Number	
Federal Tax ID	
SCAC Code	
Insurance Expiration	
Number Of Tractors	
Number Of Flat Beds	
Number Of Dry Vans	
Number Of Reefers	
Does Your Company Factor (Yes or No) → Input in box to the right	
Factor Company Name	
Factor Company Address	

Carrier Profile Analysis

From City	From State	From Zip Code	To: City	To: State	To: Zip Code

Payment Options Carrier /Vendor Billing

Please submit Invoice, Legible copy of POD/BOL and all other pertinent documents (Include Order # from rate confirmation sheet copy of rate confirmation sheet, proof of any additional charges such as lumper receipt, Detention (In & out times noted on BOLs)

1-Day Quick Pay

- ☐ **Submit invoices by 1400 PST (2:00PM PST) for next day payment ACH**
- ☐ **Processing Premium 5% off of total Balance**
- ☐ **No Contract Invoice by invoice basis**
- ☐ **Email loads@pistoresilogistics.com**

7-Day Quick Pay

- ☐ **Paid by Check**
- ☐ **All Invoices at 3% reduction**
- ☐ **Email loads@pistoresilogistics.com**

Standard 30-Day Pay

- ☐ **Paid by Check**
- ☐ **Email loads@pistoresilogistics.com**

Select your payment option below

☐1-Day ACH (5% reduction) ☐7-Day Check (3% reduction) ☐30-Day Standard Paycheck

For ACH

Name on Account _____ Bank Name _____

Bank Account # _____ Routing # _____ DOT# _____

Remittance Email: _____

I hereby authorize Pistoiresi Logistics LLC to initiate entries to checking/savings account at the financial institution listed above. This authority will remain in effect until Pistoiresi Logistics is notified by me in writing to cancel in such time as to afford Pistoiresi Logistics LLC and the financial institution a reasonable opportunity to act on it.

By signing this agreement, I agree to the payment plan terms and conditions selected. Terminating or requesting a change in my selected payment plan must be communicated to Pistoiresi Logistics LLC in writing and provide a reasonable amount of time to afford changes to be made.

Print Name _____ **Date** _____

Signature _____

CARRIER INSTRUCTIONS

All Drivers must speak to their dispatcher for the following

- ☐ Rate Confirmations
- ☐ Pick-up/Drop-off dates and times
- ☐ Load/Unload/ in and out times and daily location updates

- ❑ Any and all delays including but not limited to breakdowns, traffic, weather, HOS, Origin/Destination
- ❑ All drivers should verify the piece count at each consignee, notify Pistoiresi Dispatcher and note any discrepancies on the BOL

Once a driver is assigned to a load, Pistoiresi Logistics will need the assigned driver's name and cell phone number. For Tracking loads with Certain Customers tracking platforms or status updates in the event we can't reach their dispatcher.

Invoices along with signed rate confirmations and ALL BOLs should be mailed or scanned and emailed to the following:

- **PISTORESI LOGISTICS LLC**
P.O. BOX 741109
RIVERDALE GA 30274
Office: 509-579-4030
EMAIL: loads-ar-ap@pistoiresilogistics.com

All discrepancies in piece count should be documented on the BOL with the driver's signature and communicated to Pistoiresi Logistics prior to departing from each consignee

Pistoiresi Logistics Company Information	
Address	P.O. BOX 741109 RIVERDALE GA 30274
MC#	938774
SCAC	PLJI
Office	509-579-4030
Fax	509-579-4034

Pistoresi Logistics Operations

<u>First name</u>	<u>LastName</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



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 Lumenasa Insurance Agency LLC 4742 N 24th Street, Suite 355 Phoenix AZ 85016		CONTACT NAME: Alberto Valdes PHONE (A/C, No, Ext): (855) 210-1301 FAX (A/C, No): E-MAIL ADDRESS: alberto.valdes@lumenasainsurance.com
INSURED Pistoresi Logistics, LLC 508 East 1st Avenue Suite: A Kennewick WA 99336		INSURER(S) AFFORDING COVERAGE INSURER A: ACCIDENT FUND INS CO OF AMERICA INSURER B: INSURER C: 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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A Y	10-19968-25280-390040	09/25/2025	09/25/2026	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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**

CERTIFICATE HOLDER RXO Managed Transport, LLC c/o Registry Monitoring Insurance Services, Inc. 2261 Market Street PMB 85402 San Francisco CA 94114	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 <i>Alberto Valdes</i>
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

PISTLOG-01

KKLEIN

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

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 Transportation Practice Marsh McLennan Agency LLC P.O. Box 30638 Billings, MT 59107-0638	CONTACT NAME: Katherine Klein PHONE (A/C, No, Ext): (509) 321-0574 FAX (A/C, No): E-MAIL ADDRESS: Katherine.Klein@MarshMMA.com
INSURED Pistoresi Logistics LLC PO Box 6386 Kennewick, WA 99336	INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyd's of London INSURER B: INSURER C: 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TMHCC13334725	11/2/2025	11/2/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TMHCC13334725	11/2/2025	11/2/2026	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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	FB Legal Liab-Cargo			TMHCC13334725	11/2/2025	11/2/2026	DED - \$5,000 200,000
A	FB Contingent Cargo			TMHCC13334725	11/2/2025	11/2/2026	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

Katherine Klein

ACORD 25 (2016/03)

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**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.

Print or type. See Specific Instructions on page 3.	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.	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S	
	<input type="checkbox"/> Other (see instructions) _____	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)		
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)		

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									
			-						
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 <i>CHRISTOPHER DENNIS</i>	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



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.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



June 15, 2016

CHRIS DENNIS
PISTORES LOGISTICS LLC
PO BOX 791
TOPPENISH, WA 98948

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **PLJI** has been renewed for:

PISTORES LOGISTICS LLC
PO BOX 791
TOPPENISH, WA 98948
MC-938774
US DOT-2820887

This Alpha Code will apply only to the company name shown above through June 30, 2017. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810