

### Tadmore Transportation, LLC

24 Hour Dispatch 419-724-9444 (After hours, all calls are forwarded to cell 419-261-1862)

#### Our Job is to:

- Find you the right truck.
- Be easy to work with.
- Do what we say.
- Work when you work.

#### We offer these & more...

- Flatbeds & Dry Vans
- Temperature-Controlled
- Covered Wagons
- Heavy Haul
- Intermodal
- Partials, LTLs & Expedites

120 Tenth Street Toledo, OH 43604

Phone 419-724-9444 Fax 419-724-5740

<u>www.TadmoreTrans.com</u> dispatch@tadmoretrans.com

> MC 709413 Duns 028644316









INSURANCE. We carry higher levels of insurance than 95% of the industry. Our <u>Avalon</u> coverage includes:

- Errors & Omissions: \$100,000 per occurrence and aggregate per policy period
- Contingent Motor Truck Cargo: \$100,000 per occurrence and aggregate per policy period
- Extended Refrigerated Contingent Motor Truck Cargo: \$100,000 per occurrence and aggregate per policy period
- Extended Dishonest Acts of Third Parties for Contingent Motor Truck Cargo: \$100,000 per occurrence and aggregate per policy period

**THEFT PROTECTION.** We triple vet every driver, calling each phone number and confirming locations to make sure they match federal databases. We confirm through RMIS and Carrier411. This protects you from fraud.

**OPTIONS AND OPPORTUNITIES.** We can offer options you may not be aware are possible for your lanes and loads. Equipment options, other modes of transportation, spoke and hub approaches, partials and LTL.

**RATE KNOWLEDGE**. We invest in freight and load databases that give us information on rates over the past 7 days, past 6 months, and past 13 months. This makes us more reliable than what most might expect from a freight broker.

**TIME SAVINGS.** We minimize calls, overall cost on an annualized basis, and extra overhead which takes time away from other important tasks.

**EFFICIENT PICKUPS AND DELIVERIES.** Round-the-clock driver contact and tracking ensures that your freight is on schedule and safe. Truckers have peace of mind by always being in reach of assistance when needed.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/2/2016

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 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 Jodie 1	<b>Tenerelli</b>				
Avalon Risk Management Insuran	nce Ag	ency LLC	PHONE (A/C, No, Ext): (847)	FAX (A/C, No):	): (8 <b>4</b> 7)700-8118			
150 Northwest Point Blvd.			E-MAIL ADDRESS: jtenerelli@avalonrisk.com					
2nd Floor			INSURER(S) AFFORDING COVERAGE N					
Elk Grove Village IL 6000	7				alty Insurance (Pa	C)		
INSURED			INSURER B :		,			
Tadmore Transportation, LLC.			INSURER C :					
120th 10th St.			INSURER D :					
			INSURER E :					
Toledo OH 4360	)4		INSURER F :					
COVERAGES CERT	IFICATE	ENUMBER:Master	MOORENT.		REVISION NUMBER:		<u> </u>	
THIS IS TO CERTIFY THAT THE POLICIES O			VE BEEN ISSUED TO			HE PO	LICY PERIOD	
INDICATED. NOTWITHSTANDING ANY REQ								
CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH P						O ALL	THE TERMS,	
INSR   AI	DDL SUBR	R		POLICY EXP (MM/DD/YYYY)	LIMIT	e		
COMMERCIAL GENERAL LIABILITY	NSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		\$		
					EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$		
					MED EXP (Any one person)			
					PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$		
POLICY PRO-					PRODUCTS - COMP/OP AGG	\$		
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$		
					(Ea accident)	\$		
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$		
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE			
HIRED AUTOS AUTOS					(Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION\$					I DED   I OTH	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	1 / A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
A Combined Transit		AR2016FFP01308	6/1/2016	6/1/2017	See Below			
Liabiity								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE					uired)			
Errors & Omissions \$100,000 per occurrence/aggregate per policy period Contingent Motor Truck Cargo \$100,000 per occurrence/aggregate per policy period								
		_				+0 ==	on nolice	
Extended Refrigerated Continge period	ent Mo	otor Truck Cargo Co	overage \$100,0	ou per o	courrence/aggrega	re be	t borrea	
Extended Dishonest Acts of Thi	ird P=	rties for Contings	ent Motor Truc	rk Cargo	\$100 000 per			
occurrence/aggregate per police		_	one rocor iruc	on cargo	+100,000 Per			

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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
	Jodie Tenerelli/MMA Jaie A. Leerelli

Contingent Auto \$1,000,000 per occurrence/aggregate per policy period

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### Form W-9 (Rev. December 2014

(Rev. December 2014) 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.

	d Name (se share a se										
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	TADMORE TRANSPORTATION, LLC										
3ge 2.	2 Business name/disregarded entity name, if different from above										
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:    Individual/sole proprietor or   C Corporation   S Corporation   Partnership   Trust/estate   Exemptions (codes apply of certain entities, not individual instructions on page 3):							iduals	nly to ; see		
Ę Ē		classification (C=C corporation, S=S corporation, P=partne				-			•	·· —	
Print or type Instructions	the tax classification of the single-member	disregarded, do not check LLC; check the appropriate box ber owner.	x in the line	above			otion fro (if any)	m FA	ICA	report	ing
<u>ت</u> ي	Other (see instructions) ►				0	Applies (	to account	s mainta	ined or	utside th	e U.S.)
<u> </u>	5 Address (number, street, and apt. or suite	no.)	Reque	ster's n	ame an	d add	ress (op	tional	)		
Š	120 TENTH STREET	1									
See	6 City, state, and ZIP code										
S	TOLEDO OH 43604										
	7 List account number(s) here (optional)										
Par	Taxpayer Identification	Number (TIN)									
Enter	your TIN in the appropriate box. The TIN	provided must match the name given on line 1 to	avoid	Soci	al secu	rity nı	umber				
Dacku	p withholding. For individuals, this is gen	rerally your social security number (SSN). However,	for a			Γ	T	$\overline{1}$	T	T	7
entitie	nt allen, sole proprietor, or disregarded e s. it is your employer identification numb	entity, see the Part I instructions on page 3. For other (EIN). If you do not have a number, see How to g	er			-		-			
TIN or	page 3.	let (Elly). If you do not have a number, see How to g	get a			L	—	J			
Note.	lote. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for Employer identification number						7				
guidel	ines on whose number to enter.	page and mode doubtes for line 1 and the chart on page	g <del>o</del> 4 (0)		7		<del></del>	1 1	ᢡ	<del>-</del>	╡
				2	7   -	1	9 4	0	4	0 6	5
Par	II Certification					<b></b>					
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										
361	<ol> <li>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</li> </ol>							nue it I am			
3. Iar	n a U.S. citizen or other U.S. person (defi	ined below): and									
4. The	FATCA code(s) entered on this form (if a	any) indicating that I am exempt from FATCA report	ting is cor	rect.							
interes genera instruc	it paid, acquisition or abandonment of se	t item 2 above if you have been notified by the IRS and dividends on your tax return. For real estate transcured property, cancellation of debt, contributions dends, you are not required to sign the certification	sactions,	item :	2 does	not a	apply. F	or m	ortg	age	
Sign Here	Signature of U.S. person ► Sunar	Seiler .	Date ►	1-	26	<u>۔۔</u> ن ب	201	17			
Gen	eral Instructions	Form 1098 (home m (tuitlon)	nortgage in					_	est),	1098-	т

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### **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 (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 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? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



#### **CREDIT APPLICATION AND COLLECTION AGREEMENT**

Applicant Company/Shipper Information							
Company/Shipper Name			Date				
Physical Address		Ph#	Fax #				
		Type of Business					
Acco	unting Inforr	mation					
Method of Payment	_ ACH	Check	Wire Transfer				
Contacts (Name)	Direct Phone	:#	Email				
Operations Contacts (Persons Authorized to sign orders)							
Accounting Contacts (Name)	Direct Phone	:#	Email				
Controller							
Accounts Payable							
<ol> <li>Tadmore Transportation LLC credit terms are Purchase Order Documentation Who provides these documents? Name &amp; Purchase Order Number Only Who provides PO#'s? Name &amp; email Load Tender (Rate confirmation)</li> <li>BOL (Bill of Lading) / POD (Proof of Deliver)</li> </ol>	email						
2. ☐ Electronic (digital/scanned) or ☐	I Originals	Only?					
3. All payments are reported to CompuNet; deline	quent accou	ints to D&B.					
The undersigned agrees on behalf of their firm to the terms of Tadmore Transportation LLC. The undersigned hereby gives permission for the release of information regarding the above referenced account. Authorized Applicant:							
(Print Name of Authorized Applicant)			(Date)				
(Signature of Authorized Applicant)		(Title)	(Email)				



AllI Rights Reserved Tadmore Transportation, LLC, 2017)

#### 120 Tenth Street Toledo Ohio 43604

Tadmore Transportation LLC appreciates your ability to pay via ACH. To contact our Billing department, please call (419-724-9444) or email to billing@tadmoretrans.com.

**Broker Name:** 

#### **TADMORE TRANSPORTATION LLC**

Contact email for remittance advice notices:

#### **BILLING@TADMORETRANS.COM**

Beneficiary Bank Name:

#### **HUNTINGTON**

Beneficiary Bank ID Routing (ABA/Swift):

#### 041215016

Beneficiary Acct ID/Vendor Bank Acct No.:

#### 014 7278 4982







Confidential credit information for the exclusive use of subscriber, duplication is prohibited.

### Credit Report on: TADMORE TRANSPORTATION



LLC

Requested on: 3/3/2017 10:48:34 AM

Legal Name LLC Business LLC	TADMORE T Name TADMORE T				MC-Numb	ber 709413
Billing Address	120 TENTH TOLEDO, OH 436	604		Physical Address	120 TENTH TOLEDO , OH 436	504
Telephone	1-419-724-9444			Toll-Free		
Fax	1-419-724-5740			Fed ID	27-1940406	
Ownership	LTD LIABILITY CO	MPANY		Established		MC-Number Issued4/2010
Business Type	TRANSPORTATIO	N BROKER	Bond Per STB YES	Branches	NONE	
Warehouse		# of Employ	ees	Affiliates	NONE	
Company Email Address			Company Web SiteWWW.TADMORETRANS.COM			

Company Officers: PETER J EMAHISER, MANAGING MEMBER Information Provided By: PETER J EMAHISER, MANAGING MEMBER

#### Remarks:

#### **CREDIT SUMMARY**

- 5 credit references reported with an average high credit of \$1,750 and \*average days for payment are 28 days
- 6 credit references reported with an unlisted high credit, and \*average days for payment are 29 days

\*Calculated per account, not per load

#### COMPUNET CREDIT SEAL SUMMARY

No Collections, Non-Sufficient Funds, or Non-Payments 3 References are from certified transportation companies within the last year

No unpaid liens, or bankruptcies in the last 5 years Overall average days for payment equal or less than 30 days Silver Certified: all average days for payment below or equal to 45



## HISTORICAL AVERAGE DAYS TO PAY Does Not Include Non-payments

## ACTIVITY GRAPH Times This Report Has Been Requested

