# Customer Information Packet





ShipFreightSecure.com



# SHIP FREIGHT SECURE, INC.

### Where we always take the high road!

PO BOX 289 Forest Junction, WI 54123 Phone: 920.682.9600 Fax: 920.682.9606

#### ShipFreightSecure.com

#### **Operations/Customer Service**

General Dispatch: <u>dispatch@shipfreightsecure.com</u> Accounting Email: <u>steven@shipfreightsecure.com</u>

#### Phone: 920-682-9600

Fax: 920-682-9606

Steven PrestonExt. 202Theresa SchuhExt. 208

#### Milton, WI Branch

Jon Luebke 608-921-5818

jon@shipfreightsecure.com

#### **Owners/Board of Directors:**

Scott Preston President

Scott@shipfreightsecure.com

#### Broker bond: Philadelphia Indemnity Insurance Company

MC # 466645-B DOT # 1890455 Fed ID # 26-4801426 SCAC: SGHW

**Cargo policy:** Limits of Liability: \$250,000 Agency: Society Insurance

#### **Professional References**

U.S. Bank Corp, Manitowoc, WI Scott Umland Insurance, New Holstein, WI Liability policy: Limits of Liability: \$1,000,000 Agency: ESSEX Insurance Co.

CliftonLarsonAllen LLP, Manitowoc, WI Nutrition Service Company, Pulaski, WI Go to www.irs.gov/FormW9 for instructions and the latest information.

| 1 | Name (as shown on your | r income tax return | Name is required o | on this line; do not leave this line blank. |  |
|---|------------------------|---------------------|--------------------|---|--|

|                                    | Ship Freight Secure, Inc.  |   |  |  |  |  |  |  |  |
|------------------------------------|--|---|--|--|--|--|--|--|--|
|                                    | 2 Business name/disregarded entity name, if different from above   |   |  |  |  |  |  |  |  |
| on page 3.                         | following seven boxes.   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |  |  |  |  |  |  |  |
|                                    |  | Exempt payee code (if any)  |  |  |  |  |  |  |  |
| ctio D                             | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  |   |  |  |  |  |  |  |  |
| Print or type.<br>fic Instructions | LLC if the LLC is closed in a single member LLC that is discograded from the owner unless the owner of the LLC is  | Exemption from FATCA reporting<br>code (if any)   |  |  |  |  |  |  |  |
| Р<br>Specific                      |  | (Applies to accounts maintained outside the U.S.)   |  |  |  |  |  |  |  |
|                                    | 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name an  | nd address (optional)   |  |  |  |  |  |  |  |
| See                                | PO Box 289   |   |  |  |  |  |  |  |  |
|                                    | 6 City, state, and ZIP code  |   |  |  |  |  |  |  |  |
|                                    | Forest Junction, WI 54123  |   |  |  |  |  |  |  |  |
|                                    | 7 List account number(s) here (optional)   |   |  |  |  |  |  |  |  |
| Par                                |  |   |  |  |  |  |  |  |  |
|                                    | your maint the appropriate box. The time provided must match the name given of time i to avoid   | urity number  |  |  |  |  |  |  |  |
| eside<br>ntitie                    | p withholding. For individuals, this is generally your social security number (SSN). However, for a<br>int alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>is, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> |   |  |  |  |  |  |  |  |
| 7N la                              | nter or  |   |  |  |  |  |  |  |  |

**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.

#### 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.

|              | 1                             |          |         |                            |                                       |   |
|--------------|-------------------------------|----------|---------|----------------------------|---------------------------------------|---|
| Sign<br>Here | Signature of<br>U.S. person ► | Suis     | HG heat | Date ►                     | November 6, 2020                      |   |
|              |                               | <u> </u> |         | • Form 1000 DN/ (dividende | including these from stacks or mutual | - |

#### **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)

Employer identification number

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- 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)

2 6

- 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.



CERTIFICATE OF LIABILITY INSURANCE

NRUBERSTELL

DATE (MM/DD/YYYY) 8/25/2020

SHIPFRE0PC

|                        |   |   |              |             |                        |  |                            |                            |   | 0,      |           |
|------------------------|---|---|--------------|-------------|------------------------|--|----------------------------|----------------------------|---|---------|-----------|
| C<br>B                 | 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. |   |              |             |                        |  |                            |                            |   |         |           |
| lf                     | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>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).                    |   |              |             |                        |  |                            |                            |   |         |           |
|                        | DUCE  | v   | •            | 00.1        |                        |  | <sup>c⊤</sup> Nikki Ru     |                            |   |         |           |
|                        |   | n Kahl Insurance Agency, fka Sco  | tt Un        | nland       | Agency                 |  | o, Ext): (800) 2           |                            | FAX   | (866)   | 218-6850  |
|                        | Box<br>/ Hol  | 236<br>Istein, WI 53061   |              |             |                        | E-MAIL   | nruberst                   | tell@jackso                |   | (000) / |           |
|                        |   |   |              |             |                        | ADDRE  |                            |                            |   |         | NAIC #    |
|                        |   |   |              |             |                        |  |                            | / Insurance                |   |         | 15261     |
| INSL                   | RED   |   |              |             |                        |  |                            | of London                  |   |         |           |
|                        |   | Ship Freight Secure Inc   |              |             |                        | INSURE   |                            |                            |   |         |           |
|                        |   | PO Box 289  |              |             |                        | INSURE   |                            |                            |   |         |           |
|                        |   | Forest Junction, WI 54123   |              |             |                        | INSURE   | RE:                        |                            |   |         |           |
|                        |   |   |              |             |                        | INSURE   | RF:                        |                            |   |         |           |
| со                     | VER   | AGES CER  | TIFI         | CATE        | E NUMBER:              |  |                            |                            | <b>REVISION NUMBER:</b>                                   |         |           |
|                        |   | IS TO CERTIFY THAT THE POLICIE  |              |             |                        |  |                            |                            |   |         |           |
| C                      | ERTI  | ATED. NOTWITHSTANDING ANY R<br>FICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | PER          | TAIN,       | , THE INSURANCE AFFORI | DED BY   | THE POLIC                  | IES DESCRIB                | ED HEREIN IS SUBJECT T                                    |         |           |
| INSR<br>LTR            |   | TYPE OF INSURANCE   | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER          |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | s       |           |
| A                      | X   | COMMERCIAL GENERAL LIABILITY  |              |             |                        |  |                            | ·                          | EACH OCCURRENCE   | \$      | 1,000,000 |
|                        |   | CLAIMS-MADE X OCCUR   |              |             | HOB 555395             |  | 8/4/2020                   | 8/4/2021                   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)              | \$      | 100,000   |
|                        |   |   |              |             |                        |  |                            |                            | MED EXP (Any one person)                                  | \$      | 5,000     |
|                        |   |   |              |             |                        |  |                            |                            | PERSONAL & ADV INJURY                                     | \$      | 1,000,000 |
|                        |   | VL AGGREGATE LIMIT APPLIES PER:   |              |             |                        |  |                            |                            | GENERAL AGGREGATE   | \$      | 2,000,000 |
|                        | X   | POLICY PRO-<br>JECT LOC   |              |             |                        |  |                            |                            | PRODUCTS - COMP/OP AGG                                    | \$      | 2,000,000 |
|                        |   | OTHER:  |              |             |                        |  |                            |                            |   | \$      |           |
| <b>A</b>               | AUT   |   |              |             |                        |  |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$      | 1,000,000 |
|                        |   |   |              |             | HOB 555395             |  | 8/4/2020                   | 8/4/2021                   | BODILY INJURY (Per person)                                | \$      |           |
|                        |   | OWNED AUTOS ONLY AUTOS  |              |             |                        |  |                            |                            | BODILY INJURY (Per accident)                              | \$      |           |
|                        | X   | AUTOS ONLY X NON-OWNED AUTOS ONLY   |              |             |                        |  |                            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$      |           |
|                        |   |   |              |             |                        |  |                            |                            |   | \$      |           |
|                        |   | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE  |              |             |                        |  |                            |                            | EACH OCCURRENCE   | \$      |           |
|                        |   |   | -            |             |                        |  |                            |                            | AGGREGATE   | \$      |           |
| A                      | WOF   | DED RETENTION \$  |              |             |                        |  |                            |                            | X PER OTH-<br>STATUTE ER                                  | \$      |           |
|                        | AND   | EMPLOYERS' LIABILITY  |              |             | WC 555396              |  | 8/4/2020                   | 8/4/2021                   |   | ¢       | 100,000   |
|                        | OFFI  | PROPRIETOR/PARTNER/EXECUTIVE  | N / A        |             |                        |  |                            |                            | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE          | \$      | 100,000   |
|                        | If ves  | s, describe under<br>CRIPTION OF OPERATIONS below   |              |             |                        |  |                            |                            | E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT |         | 500,000   |
| в                      |   | f-Liab Claims Mad   |              |             | IRPI-GL-20-064         |  | 8/4/2020                   | 8/4/2021                   | Each Claim  | \$      | 500,000   |
| в                      | Cor   | ntingent Cargo  |              |             | IRPI-MCC-20-111        |  | 8/4/2020                   | 8/4/2021                   | Each Occurrence   |         | 250,000   |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
| DES                    | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
| CERTIFICATE HOLDER CAN |   |   |              |             |                        | CANC   | ELLATION                   |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                            |   |         |           |
|                        | TO WHOM IT MAY CONCERN  |   |              |             |                        |  |                            |                            |   |         |           |
|                        |   |   |              |             |                        | AUTHORIZED REPRESENTATIVE  |                            |                            |   |         |           |

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MUUC.

2023663477

U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE July 28, 2009

#### LICENSE

#### MC-466645-B SHIP FREIGHT SECURE INC MANITOWOC, WI

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.

Kathy A. Heiner-

Kathy Weiner, Chief Information Systems Division

8P0

## FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION ACCEPTANCE REPORT

| USER ID:             | PHILINDINSCO        |
|----------------------|---------------------|
| TRANSMISSION NUMBER: | WEB66479            |
| TRANSMITTED ON:      | 07/15/2020 13:50:02 |

COMPANY NAME:PHILADELPHIA INDEMNITY INSURANCE COMPANYSUMITTED BY:PHILADELPHIA INDEMNITY INSURANCE COMPANY (12810-00)

| Docket    | Form/Type     | Policy Number | Effective Date | Action   |
|-----------|---------------|---------------|----------------|----------|
| MC-466645 | BMC-84/SURETY | PB11729000866 | 07/21/2020     | ACCEPTED |

Values in FMCSA Licensing & Insurance Database:

Legal Name: SHIP FREIGHT SECURE INC. Address: N8926 HWY 57 BRILLION WI US 54110 PO BOX 289 FOREST JUNCTION WI US 54123

91X Coverage(Type/Max/Underlying):

Total: 1