



On-Time Express & Logistics, Inc.
Expediting Specialist and 3PL Freight Broker
34443 Industrial Road – Livonia, MI 48150
Phone – 734-427-6400
Fax – 734-427-6442
www.ontimeexpress.com

When you Need it Now!

COMPANY PROFILE

Billing/Mailing Address Operations Office:	34443 Industrial Road Livonia, MI 48150
Contact Info:	Phone – 734-427-6400 Fax – 734-427-6442 ontimeexpress.com
Email:	Dispatch dispatch@ontimeexpress.com Accounting billing@ontimeexpress.com
USDOT Information:	On-Time Express, Inc. – MC-292301-C USDOT# 597126 On-Time Express & Logistics, Inc. – MC-566917-B USDOT#2236758
Federal ID No.'s:	On-Time Express, Inc. – 38-3280198 On-Time Express & Logistics, Inc. – 14-1965763
SCAC Codes:	On-Time Express, Inc. – OTIE On-Time Express & Logistics, Inc. – OTEG
Financial Information:	PNC Bank – Account Number On-Time Express, Inc. – 4231570797 On-Time Express & Logistics, Inc. – 4244510419
Duns Number:	On-Time Express, Inc. – 927588210
Industry References:	Barrett Directline Delivery Svcs – 479-271-9360 C&M Transport – 440-350-0802

All payments should be made payable to: On-Time Express & Logistics, Inc.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on all lines, do not leave this line blank
On-Time Express & Logistics, Inc.

2 Business name (do not include name of officer or partner)

3 Check appropriate box for federal tax classification. Check only one of the following (even boxes):
 Individual sole proprietor
 Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company (LLC) that is treated as a partnership, S-S corporation, partnership, etc.
 Other (specify below): _____
 Note: For single member LLC that is treated as a sole proprietor, do not check LLC, check sole proprietor box in the box above for the business name of the sole proprietor.

4 Enter your (owner's only) or the business's (not owner's) EIN (do not include EIN) (see instructions on page 2)
 EIN: _____
 Reason for FATCA reporting (see instructions on page 2): _____

5 Address (street, street or rural route, or P.O. box)
2443 Industrial Road

6 City, state, and ZIP code
Elvonia, IN 47530

7 Use this area for any other information

Part I Taxpayer Identification Number (TIN)

Display 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 the principal officer, sole proprietor, or other individual, see the Part I instructions on page 3. For other entities, it is the employer identification number (EIN). If you do not have a number, see how to get a TIN on page 2.

Note: If the account is more than one name, see the instructions for line 7 and the chart on page 4 for guidelines on which number to enter.

Social security number								

Employer identification number								
1	4	-	1	9	5	7	5	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (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) in Part III are correct (I am exempt from FATCA reporting if so noted).

Other person's instructions: You must enter an "S" in box 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 interest, 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 this certification, but you must provide your correct TIN. See the instructions on page 2.

Sign Here: _____
 Signature of U.S. person: *[Signature]*
 Date: *1-7-85*

General instructions

Section 6039C(b) of the Internal Revenue Code requires the filer to file this form with the IRS. Failure to comply may result in a civil penalty under section 6039C(b)(2) of the Internal Revenue Code.

Purpose of Form

As indicated on this Form W-9 requestor, who is required to file an information return with the IRS, has asked you to provide the 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 correct TIN is the one that is reported on the information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest and dividends)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (miscellaneous income, prizes, awards, or other payments)
- Form 1099-B (proceeds from the sale of securities and other financial transactions by broker)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1099-B (proceeds from the sale of securities, mutual funds, etc.)
 Form 1099-DIV (dividends)
 Form 1099-MISC (miscellaneous income, prizes, awards, or other payments)
 Form 1099-S (proceeds from the sale of securities and other financial transactions by broker)
 Form 1099-K (merchant card and third party network transactions)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/18/2016 -

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 The Campbell Group PO Box 1788 Grand Rapids MI 49501-	CONTACT NAME: Certificate Department	
	PHONE (A/C No., Ext.): 800-748-0351 Ext #8700	FAX (A/C No.): 800-847-3129
E-MAIL ADDRESS: certs@thecampbellgrp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Underwriters at Lloyd's		19038
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **ONTIMEE-05**
 On Time Express & Logistics Inc
 34443 Industrial
 Livonia MI 48150

COVERAGES **CERTIFICATE NUMBER: 489577344** **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	ADD'L SUBR (INSR / 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
A	Contingent Auto Liability Contingent Cargo Liability		IRPI-CL-15-228	11/21/2015	11/21/2017	Limit: \$1,000,000 Limit: \$500,000 Ded: \$1,000

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

CERTIFICATE HOLDER On Time Express & Logistics Inc 34443 Industrial Livonia MI 48150	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
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April 27, 2014

ROBERT STARK
ON-TIME EXPRESS & LOGISTICS INC
3444 INDUSTRIAL
LIVONIA, MI 48150

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **O7EG** has been renewed for:

ON-TIME EXPRESS & LOGISTICS INC
3444 INDUSTRIAL
LIVONIA, MI 48150
NFC-556317

This Alpha Code will apply only to the company name shown above through June 30, 2015. Approximately two months prior to expiration of this SCAC, NMFCA will provide an invoice for renewal 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 (CBP) automated programs (ACE, AMS, CAPES, FAST, PAPS), your SCAC and related company information has been sent to CBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with CBP, or a copy this letter has been requested by CBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
844 Terminal Road, Seaside (A-1055)
London, VA 22075
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.



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

400 7th Street SW
Washington, DC 20597

SERVICE DATE
June 30, 2015

LICENSE
MC-56837-S
ON TIME EXPRESS & LOGISTICS INC
PLYMOUTH, MI

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 388). 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.

Angel Sepastian, Chief
Information Systems Division

BPO

FMCSA Motor Carrier

USDOT Number: 2235753
 Docket Number: MC556917
 Legal Name: ON TIME EXPRESS & LOGISTICS INC
 DBA (Doing-Business-As) Name:



Addresses:

Business Address: 6642 INDUSTRIAL ROAD
 LIVONIA, MI 48156
 Business Phone: (734) 627-6400 Business Fax:
 Mail Address: 2442 INDUSTRIAL ROAD
 LIVONIA, MI 48156

Mail Permit: Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority:	NONE	Application Pending:	NO	Household Goods:	NO
Contract Authority:	NONE	Application Pending:	NO		
Broker Authority:	ACTIVE	Application Pending:	NO		
Private:	YES	Passenger:	NO		
Enterprise:	NO	Enterprise:	NO		

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$0	BIPD on File:	\$0
Cargo Exempt:	NO	Cargo Required:	NO	Cargo on File:	NO	Cargo on File:	NO
BOC-3:	YES	Bond Required:	YES	Bond on File:	YES	Bond on File:	YES

Blanket Company: PROCESS AGENT SERVICE COMPANY, INC.

Comments:

Active/Pending Insurance:

Form:	34	Type:	SURETY	Posted Date:	5/01/2013
Policy/Surety Number:	1033753	Coverage From:	\$0	To:	\$75,000*
Effective Date:	4/01/2013	Cancellation Date:			

Insurance Carrier: LEXON INSURANCE COMPANY
 Attn: TERRY HEWLE
 Address: 12290 LEBANON RD
 MT. JULIET, TN 37122 US
 Telephone: (615) 553-8500 Fax: (615) 553-8502

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

FMCSA Motor Carrier

USDOT Number: 223725
 Docket Number: MC333317
 Legal Name: OK FIRE EXPRESS & LOGISTICS INC
 DBA (Doing Business As) Name:



Rejected Insurance:

Form:	Type:	Coverage From:	\$:	To:	\$:
Policy/Surety Number:		Rejected:			
Received:					
Rejected Reason:					

Insurance History:

Form:	Type:	Coverage From:	\$:	To:	\$:
Policy/Surety Number: 92532195	SURETY	Effective Date From: 05/20/2015		To: 10/01/2015	10,000
			Disposition: Replaced		

Insurance Carrier: WESTERN SURETY CO.
 Address: 101 SOUTH PHILLIPS AVE.
 SIOUX FALLS, SD 57104 US
 Telephone: (605) 335-0330 Fax: (605) 335-0337

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	05/30/2015

Pending Applications:

Authority Type	Filed	Status	Insurance	DOB

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

Request for Taxpayer Identification Number and Certification

Give Form to the
 depositor. Do not
 send to the IRS.

1 Name (do not use your legal name), firm or company on this form as you enter it on the block.

On-Time Express, Inc.

2 Business name (printed) daily name, if different from above

3 Check appropriate box for federal tax classification. Check only one of the following classification boxes.

Individual sole proprietor Corporation S Corporation Partnership Trust/estate
 Employer identification number (EIN)

Limited liability company. Enter the tax classification for this company, such as corporation, partnership, etc.
 Note: For a tax classification of a limited liability company, do not check "S Corporation" because it is not available for limited liability companies.

Other (specify classification)

4 Exemption (check appropriate box to claim this tax-exempt status and provide the appropriate exemption code.)
 Exempt payee code (if any)
 Description from FATCA reporting code (if any)
 Exemption code (if any)

5 Address (number, street, city, state, zip code)
24453 Industrial Road

6 City, state, zip code
Livonia, MI 48150

7 Taxpayer's phone number (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 trust, estate, sole proprietor, or other unincorporated entity, see the Part I instructions on page 6. For other entities, it is your employer's identification number (EIN). If you do not have a company, see *How to get a TIN* on page 2.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidance on whose number to enter.

Social security number									
or									
Employer identification number									
3	8		3	2	8	0	1	9	8

Part II Certification

Under penalty of perjury, I certify that:

1. The number shown on this form (my correct taxpayer identification number) or I am waiting for a number to be mailed 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 answer all 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 all other filers, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contribution to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 5.

Sign Here: *[Signature]* Date: **1-7-15**

General Instructions

Specify the person to be the Internal Revenue Code filer on this form. For an individual, the filer is the individual. For a trust, estate, partnership, or other unincorporated entity, the filer is the entity. For a corporation, the filer is the corporation.

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 retirement account number (IRA), or other identification number (EIN). To report on an information return (a) interest paid to you, or other income (such as dividends, annuities, or other payments) from a source outside the United States, you are required to file this form. See the instructions on page 5.

- Form 1099-INT (interest or paid)
- Form 1099-DIV (dividends, including those from stock repurchases)
- Form 1099-MSB (miscellaneous income, interest, or other payments)
- Form 1099-C (cancellation of debt) and certain other returns by banks
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-X (corrected tax and interest statements)

Form 1099-C (cancellation of debt), 1099-C (proceeds from interest), 1099-T (dividends)

Form 1099-S (proceeds from sale)

Form 1099-A (acquisition of abandoned asset)

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 may be subject to backup withholding. See the instructions on page 2.

By signing this form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be mailed).
2. Certify that you are not subject to backup withholding, or
3. Claim an exemption from backup withholding if you are a U.S. exempt payee. If you are a U.S. person, you must check the appropriate box on the form of all payments received from a U.S. source or payee. See the instructions on the withholding tax on interest or dividends or other payments received from a U.S. source or payee.
4. Certify that FATCA will be entered on this form (if any) indicating the person exempt from the FATCA reporting, if correct. See the FATCA reporting section for details on reporting.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2017

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).

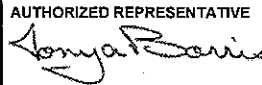
PRODUCER The Campbell Group P O Box 1788 Grand Rapids MI 49501	CONTACT NAME: Certificate Department		
	PHONE (A/C, No, Ext): 616-541-1479	FAX (A/C, No): 800-847-3129	
E-MAIL ADDRESS: certs@thecampbellgrp.com			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED On Time Express Inc 34443 Industrial Livonia MI 48150	INSURER A : Acuity, a Mutual Insurance Company		14184
	INSURER B : Liberty Mutual Insurance Co		23043
	INSURER C : Great West Casualty		11371
	INSURER D : General Star Indemnity Co		37362
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 1240377215 **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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X65571	4/1/2017	4/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MI No-Fault		MCP29416A	3/13/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Except Pvt Passenger \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X65571	4/1/2017	4/1/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 Over GL Only \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A	WC5-34S-546602-017	6/8/2017	6/8/2018	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER Increased E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C D	Cargo Excess Auto Liab		MCP29416A IXG927801	3/13/2017 3/30/2017	3/1/2018 3/1/2018	Limit: \$250,000 Ded: \$2,500 Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excess Liability Policy #X65571 is over the General Liability only; Excess Liability Policy #IXG927801 is over the Auto Liability Policy only

CERTIFICATE HOLDER On Time Express, Inc. 34443 Industrial Road Livonia MI 48150	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 
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April 27, 2014

ROBERT STARK
ON-TIME EXPRESS INC
34463 INDUSTRIAL RD
LIVONIA, MI 48150

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

ON-TIME EXPRESS INC
34463 INDUSTRIAL RD
LIVONIA, MI 48150
MC-292301
US DOT-597125

This Alpha Code will apply only to the company name shown above through June 30, 2015. Approximately two months prior to expiration of this SCAC, NMFATA will provide an invoice for renewal 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.

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

CBP SCAC Processing
Bureau of Customs and Border Protection
6445 Terminal Road, Springfield (VA-1255)
Lorton, VA 22079
AM/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.

PM-26
(Rev. 1/95)

SERVICE DATE
February 26, 1997

FEDERAL HIGHWAY ADMINISTRATION

CERTIFICATE

MC 292301 C

ON-TIME EXPRESS INC

PLYMOUTH, MI, US

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), and the designation of agents upon whom process may be served (49 CFR 1044). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining
Chief, Licensing and Insurance Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.