



Mailing Address:

1201 Bridgeville Highway
P.O. Box 1620
Seaford, DE 19973

Advancing Excellence

Credentials

Remit to:

14413 Collections Center Drive
Chicago, IL 60693

- **National Headquarters:** Seaford, DE
- **History:** In business since 1979
- **ICC No#** 205157
- **Bank:** Bank of America Salisbury, MD
Monty Saylor, 410-219-3301
- **Dun & Bradstreet Rating:** Above-average IR3
- **Credit Reporting Services:**
 - o Listed with Credit Exchange
 - o Listed in CompuNet Gold Book
- **Bond:** Performance Certified by the TIA (Transportation Intermediaries Association)
\$100,000 Bond No#: 100026
- **Federal ID#** 51-0357757

- **Recognitions** (for a complete listing, visit our website)
 - o Listed #18 among the Top 25 Freight Brokerage Firms by Transport Topics
 - o 2009 named Best in the Business, ranked in the Top Ten in Medium Sized Category, by the DE News Journal.
 - o 2008 & 2007 Ranked Among the Top 5000 Fastest Growing Businesses, Inc. Magazine
 - o 2008 & 2007 "Fit - Friendly Company, by American Heart Association
 - o 2008 Torch Award Winner for Marketplace Ethics, DE Better Business Bureau
 - o Broker of the Year since 2000 by National Association of Small Trucking Companies
 - o P3 Performance Certified up to \$100,000 by the TIA.

- **Corporate Professional Memberships:**
 - o (TIA) Transportation Intermediaries Association since 1987
 - o EPA SmartWay Transport Partnership
 - o (ATA) American Transportation Association
 - o (NASTC) National Association of Small Trucking Companies
 - o (KCTA) Kansas City Transportation Association
 - o (BBB) Better Business Bureau of DE
 - o (IANA) Intermodal Association of North America
 - o (RCP) Responsible Care Program, an American Chemistry Council Initiative
 - o (DDBC) Deli, Dairy, Bakery Council of Southern CA

- **Carrier Credit References:**
 - Bobby Amerian: Sun West Transport, Inc. Glendale, CA (800) 996-6101
 - Stacy Larsen: Wynne Transport Service. Omaha, NE (800) 383-9330
 - Suzanne Collier: Aim Transport, Inc. Rhodesdale, MD (800) 942-0246
 - Stacie Vicente: Don Stockley Trucking. Eitwanda, CA Fax to (909) 463-3243

INTERSTATE COMMERCE COMMISSION

LICENSE

SERVICE DATE

FEB 14, 1995

No. MC-205157 (Sub No. 5)*

TRINITY TRANSPORT, INC.

(Seaford, DE)

This license is evidence of the applicant's authority to engage in operation as a broker.

This authority will be effective as long as the broker has met the compliance requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to meet these conditions will constitute sufficient ground for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or will be, attached to this privilege.

Any duplication of this authority and rights currently held does not confer more than one operating right.

SERVICE TO BE PERFORMED:

To engage in operations in interstate or foreign commerce as a broker, of general commodities (except household goods), between points in the United States.

By the Commission.

VERNON A. WILLIAMS

Secretary

(SEAL)

No. MC-205157 (Sub No. 5)*

Sheet 2

*This license cancels License No. MC-205157, issued February 17, 1988, and acquired by applicant pursuant to No. MC-FC-87781.

(FACSIMILE)

**Request for Taxpayer
Identification Number and Certification**

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

Name (as shown on your income tax return)
TRINITY TRANSPORT, INC.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
1201 BRIDGEVILLE HWY

City, state, and ZIP code
SEAFORD DE 19973

Requester's name and address (optional)

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number
51 0357757

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ **CAREG MASSEY** Date ▶ **6-17-09**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2009

PRODUCER 732-855-3155 Willis IIB, Inc. 10 Woodbridge Center Dr. Suite 601 Woodbridge, NJ 07095		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED TRINITY TRANSPORT, INC. PO BOX 1620 SEAFORD, DE 19973		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Hartford Life and Accident Insurance Comp	70815-001
		INSURER B: AIG Insurance Group	19380-900
		INSURER C: The North River Insurance Company	21105-001
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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	10UUNNF7888	9/1/2009	9/1/2010	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					MED EXP (Any one person)	\$ 1,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <u>Contingent Auto</u>	001033882	9/1/2009	9/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	10XHUNF6421	9/1/2009	9/1/2010	EACH OCCURRENCE	\$ 10,000,000
					AGGREGATE	\$ 10,000,000
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below	10WBAB3603	9/1/2009	9/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	OTHER Cargo Liability Insurance Including Reefer Breakdown	321742290-6	9/1/2009	9/1/2010	\$250,000 any one conveyance/0cc	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER**CANCELLATION**

ISSUED AS EVIDENCE OF INSURANCE IN FULL FORCE AND EFFECT . .	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Catherine J. Peterson</i>



Trinity Transport Inc.



is
PERFORMANCE CERTIFIED
by the Transportation Intermediaries Association



*indicating the company's commitment
to the most professional industry standards
and
participation in TIA's
Guaranteed Payment Program*

Valid through March 31, 2010 Bond 100026, with a limit of \$90,000.00

A handwritten signature in black ink, appearing to read "GRoch", written over a horizontal line.

Gilles Roch
Chairman
TIA Services

A handwritten signature in black ink, appearing to read "Robert A. Voltmann", written over a horizontal line.

Robert A. Voltmann
President & CEO
Transportation Intermediaries Association