

CHIEF EXPRESS LLC

236 North Broad Street
Post Office Box 10
Seagrove, NC 27341

**Pages 2, 3 & 4 must be completed and returned prior
to driver being dispatched!**

Phone	336-873-1100	MC Number	342674
Fax	336-873-9219	DOT Number	759924
Website	www.chiefexpress.com	SCAC Code	CHXF
Insurance Contact	Benton & Parker Co. Inc. 770-536-8340	Federal ID	56-2074250

President/Owner Kennan L. Hill ext. 230
klhill@chiefexpress.com

Driver Manager/
Inbound Dispatch Tonia Howell ext. 236
thowell@chiefexpress.com

Driver Manager/
Inbound/Outbound Samuel Robertson ext. 272
srobertson@chiefexpress.com

Driver Manager/
Outbound Dispatch Carl Smith ext. 229
csmith@chiefexpress.com

Customer Service
Regional Dispatch April Cheek ext. 261
acheek@chiefexpress.com

Customer Service Wilma Britt ext. 239
wbritt@chiefexpress.com

Safety Victor van Kuilenburg ext. 244
victorv@chiefexpress.com

Accounting billing@chiefexpress.com

CHIEF EXPRESS LLC

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:	State:	ZIP:	Phone:
Web Address:		Email Address:	

Company Information

Type of Business:	In Business Since:	MC#:	D&B Code:	Requested Credit Limit:
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Accounts Payable Contact Name:			Phone:	
Accounts Payable Contact Email Address:				

Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the financial institutions listed in this credit application to release necessary information to Chief Express & Logistics in order to verify the information contained herein. Claims arising from invoices must be made within seven days. I agree to pay invoices within the specific terms, which are thirty (30) calendar days beyond presentation of freight bills.

Authorized Signature: _____

Date: _____

CHIEF EXPRESS LLC

ATTENTION: ACCOUNTS PAYABLE DEPARTMENT

Chief Express LLC uses DocumentPower Rendition Billing to send out all of our invoices to our customers. What this means is that once the bill(s) of lading and all the other relevant paperwork is in-house, it is then scanned into our computer system.

All original paperwork is then destroyed.

According to the FMCSR, part 390.31

- (a) All records and documents required to be maintained under this subchapter must be preserved in their original form for the periods specified, **unless the records and documents are suitably photographed and the microfilm is retained in lieu of the original record for the required retention period**
- (b) All records and documents required to be maintained under this subchapter may be destroyed after they have been suitably photographed for preservation.

Our Imaging System meets the DOT requirements as outlined by 390.31

(<http://www.fmcsa.dot.gov/rules-regulations/administration>, section 390.31)

Our customers can receive invoices by email. You may select to have multiple email addresses in which invoices are sent (however you can only choose one file format for email). Please fill out the section below and email or fax with your selection to:

billing@chiefexpress.com OR fax to (336) 873-9219

Customer Name:

Accounts Payable Contact:

A/P Phone: _____

A/P Email: _____

Bill submission method:

Email **Choose file format:** TIFF ___ or PDF ___

Thank you!

Accounts Receivable Department

Chief Express is happy to accept payment for your invoices via ACH, please inquire to billing@chiefexpress.com for details to get set up today!

CHIEF Standard Policies

Standard detention charges: \$75.-/hour. Live loads/unloads are allowed 2 hours free. Free time will be calculated from the appointment time if there is one, or from the arrival time if shipping/receiving is first come, first serve, within the delivery window if there is one.

Please provide contact email address(s) for detention notification

X _____

Standard layover fee: \$250.-.

In transit stop fee: \$75.- for each additional stop.

Truck ordered not used fee: \$250.-.

CHIEF is strictly no-touch. That means CHIEF drivers are not responsible for loading, unloading, tailgating or otherwise handling cargo.

EFS processing fee \$15. – for lumpers, etc.

Company Name _____

Printed Name _____ Title _____

Signature _____ Date _____



Carrier References

Chief Express, LLC

PO BOX 10

Seagrove, NC 27341

1. Kyle Hobart – **ECHO** – Kyle.Hobart@echo.com

600 W. Chicago Ave, Suite 725, Chicago, IL 60654- #224-251-6650

2. John Kelly – **CH Robinson** – keljoh@chrobinson.com

1840 N. Marcey, Chicago, IL - #312-944-7277 x 1765

3. Bobby Colletti – **Coyote** – bobby.colletti@coyote.com

2754 N Diversey Ave, Chicago, IL 60646 - #773-365-6478

Chief Express LLC - Trucking Lanes



*All trucks back to central NC and Indy, IN

X- Do not currently travel to these states.

PM-31
(Rev. 1/95)

SERVICE DATE
August 06, 1998

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 342674 P

CHIEF EXPRESS L.L.C.
SEAGROVE, NC, US

This Permit is evidence of the carrier's authority to engage in transportation as a contract 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 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2020

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 Cottingham & Butler 800 Main St. Dubuque IA 52001		CONTACT NAME: PHONE (A/C. No. Ext): 563-587-5000 FAX (A/C. No): 563-583-7339 E-MAIL ADDRESS: certificates@cottinghambutler.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : Arch Insurance Company 11150	
INSURED Chief Express, LLC 236 N Broad St Seagrove NC 27341		CHIEXP-01 INSURER B : Atlantic Specialty Insurance Company 27154 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1781998506

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 INSD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZAPKG6024601	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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"/> Except PPT'S			ZACAT5208401	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 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	N/A	ZAWCI5201801	9/1/2020	9/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Cargo			790030778-0000	6/9/2020	9/1/2021	Limit	100,000

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Only

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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Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Chief Express LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 10

6 City, state, and ZIP code
Seagrove, NC 27341

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

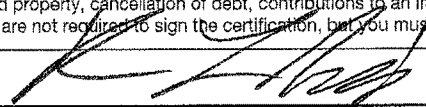
Social security number									
or									
Employer identification number									
5	6		2	0	7	4	2	5	0

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 ▶  Date ▶ **5-8-20**

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)
- 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 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.