



Address:
26133 US HWY 19 N SUITE 30
CLEARWATER FL 33763
Mailing Address:
8735 DUNWOODY PLACE
4737 ATLANTA GA 30350

Remittance Address:
Value Logistics INC
P.O. Box 736045
Dallas, TX 75373-6045

Email
vl@valueloads.com
Fax: 678-666-3088

Phone
678-487-5508

Adding Value to your Logistic Process By saving your precious "time and money"

Company information

MC: 1013935-B
USDOT Number: 3232856
Federal ID: 83-2979942

SCAC Code: AOVJ
Blue Book: 355746
SOS Control # 18151953

Company Facts

Value logistics focuses on punctuality, morals and good business. We are a professional state of art third-party logistics company for the ever-evolving needs of clients.

Insurance Details

Commercial general liability: \$1,000,000 - Aggregate
Cargo coverage: \$300,000
Contingent auto liability: \$1,000,000 - Aggregate
Errors & omissions: \$250,000 - Aggregate
Policy expiration date: 10/23/2025

Account Details

**Remittance address : Value Logistics INC P.O. Box
736045 Dallas, TX 75373-6045**
Bank Name: JP Morgan Chase Bank

Truckstop Rating

Days to Pay : 5
Experience Factor: A

DAT Rating

Days to Pay: 33
Credit Score: 95

Ansonia Rating

Days to Pay:37
Credit Score: 95


Transcredit Rating

Days to Pay: 26
Credit Score: 86

A young man with blonde hair, wearing a dark blue suit jacket over a light-colored shirt, stands with his arms crossed and a friendly smile. He is positioned in the foreground on the right side of the frame. Behind him is a vast yard filled with stacks of shipping containers in various colors, including teal, brown, and orange. A tall crane is visible in the background against a clear sky.

Adding Value to your Business

By saving your precious 'time and money'

The image shows a perspective view down a long aisle in a large industrial warehouse. On the left side, there are several levels of blue metal shelving units (pallet racks) filled with numerous cardboard boxes. The boxes are stacked neatly, and some have labels. The aisle extends far into the distance, where the ceiling and structural beams of the warehouse are visible, creating a sense of depth and scale.

**We are Value Logistics, your smart
business partner and reliable logistics
service provider across the regions.**

ABOUT US

We are Value Logistics, your smart business partner for reliable logistic services across the United States and into Canada. Our business relationships are built on trust, reliability and our growth stems from customer satisfaction. If you are shippers or carriers, we have good business deals for you. If you need shippers or carriers, we have the opportunity to serve you with our value deals. We are a professional state of art third-party logistics company for the ever-evolving needs of your organization. We are the Value logistics, your smart business partner and reliable logistics service provider across the regions, who arrange for logistics of freight by motor vehicles. If you are looking for logistic services, you have come to the right site. We are one of the best-known brokers in the logistics industry, and deservedly so!



Certificate of Membership

This Certificate of Membership Recognizes

A Distinguished Member in Good Standing Since 2021

Issued for the 2024 Membership Year for

***Leadership** in the Third-Party Logistics Industry,*

***Commitment** to Customer Service, and*

***Dedication** to Ethics & Excellence Through
Adherence to the TIA Code of Ethics*

A handwritten signature in black ink that reads "Anne C. Reinke".

Anne C. Reinke
President & CEO

A handwritten signature in black ink that reads "Mike Riccio".

Mike Riccio, CTB
Chair - TIA Board of Directors

Shipper Packet Contents

**Operating
Authority**

**Certificate Of
Liability Insurance**

W9 Form



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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE

April 3, 2020

DECISION

MC-1013935

VALUE LOGISTICS INC

D/B/A AL VALUE LOGISTICS, INC
SMYRNA, GA

REENTITLED

VALUE LOGISTICS INC

D/B/A A1 VALUE LOGISTICS, INC.

On March 30, 2020, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as VALUE LOGISTICS INC, D/B/A A1 VALUE LOGISTICS, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: March 31, 2020

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2024

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 Schenker, Inc 41 Pinelawn Road Suite 110 Melville NY 11747 | CONTACT NAME: Barbara Cadolino PHONE (A/C, No, Ext): (516) 377-5260 FAX (A/C, No): E-MAIL ADDRESS: clientrelations@dbschenker.com & cc: barbara.cadolino@dbschenker.com |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Palms Specialty Insurance Co Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED Value Logistics Inc dba A1 Value Logistics Inc 26133 US Hwy 19 N Suite 302 Clearwater FL 33763 | |

COVERAGES **CERTIFICATE NUMBER:** CL24102304687 **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: | | | CSL0M00111 | 10/23/2024 | 10/23/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ included Fire Legal Liability \$ 100,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Frt. Broker | | | CSL0M00111 | 10/23/2024 | 10/23/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$ 1,000,000 |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Contingent Cargo | | | CSL0M00111 | 10/23/2024 | 10/23/2025 | Limit: \$300,000 |

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

Errors & Omissions, \$250,000 & in Aggregate

CERTIFICATE HOLDER

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|-----------|--|
| Print or type. See Specific Instructions on page 3. | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Value Logistics Inc dba A1 Value Logistics Inc |
| | 2 | Business name/disregarded entity name, if different from above. |
| | 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ |
| | 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> |
| | 4 | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| | 5 | Address (number, street, and apt. or suite no.). See instructions. 8735 Dunwoody Pl #4737 |
| | 6 | City, state, and ZIP code Atlanta Ga 30350 |
| | 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.

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| or | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px; text-align: center;">8</td> <td style="width:25%; height: 20px; text-align: center;">3</td> <td style="width:25%; height: 20px; text-align: center;">-</td> <td style="width:25%; height: 20px; text-align: center;">2</td> </tr> <tr> <td style="width:25%; height: 20px; text-align: center;">9</td> <td style="width:25%; height: 20px; text-align: center;">7</td> <td style="width:25%; height: 20px; text-align: center;">9</td> <td style="width:25%; height: 20px; text-align: center;">4</td> </tr> <tr> <td style="width:25%; height: 20px; text-align: center;">9</td> <td style="width:25%; height: 20px; text-align: center;">9</td> <td style="width:25%; height: 20px; text-align: center;">4</td> <td style="width:25%; height: 20px; text-align: center;">2</td> </tr> </table> | 8 | 3 | - | 2 | 9 | 7 | 9 | 4 | 9 | 9 | 4 | 2 |
| 8 | 3 | - | 2 | | | | | | | | | |
| 9 | 7 | 9 | 4 | | | | | | | | | |
| 9 | 9 | 4 | 2 | | | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *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:

- 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 <i>Britin Bhandari</i> | Date 7/24/24 |
|------------------|---|---------------------|

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they