

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



# **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!

Transportation Intermediaries Association

# TIMEMBER 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

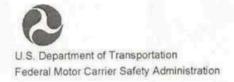
Cine Cheinke M.

Anne C. Reinke President & CEO Mike Riccio, CTB Chair - TIA Board of Directors

# **Shipper Packet Contents**

Operating Authority Certificate Of Liability Insurance

W9 Form



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

Alby f. Stait

Information Technology Operations Division

NC.



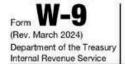
# CERTIFICATE OF LIABILITY INSURANCE

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).

ti	nis certificate does not confer rights to	the c	ertifi	cate holder in lieu of such						-			
PRODUCER					CONTACT Barbara Cadolino								
Schenker, Inc						PHONE (A/C, No, Ext): (516) 377-5260 FAX (A/C, No):  E-MAIL clientrelations@dbschenker.com & cc: barbara.cadolino@dbschenker.com							
41 Pinelawn Road					ADDRESS: clientrelations@dbschenker.com & cc: barbara.cadolino@dbschenker.com								
Sui	te 110						NAIC#						
Melville NY 11747					INSURE								
INSURED					INSURE								
	Value Logistics Inc dba A1 Value	Logis	tics Ir	nc	INSURE								
	26133 US Hwy 19 N Suite 302				INSURE								
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	Clearwater			FL 33763	INSURE								
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INSR	TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	IMITS				
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	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s				
62				32200276200707		10001000100000000		MED EXP (Any one person)	\$ 5,00				
Α			CSLOM00111			10/23/2024	10/23/2025	PERSONAL & ADV INJURY	- 0	00,000			
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$ 2,00	00,000			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AG	G s incli	udėd			
_	OTHER:							Fire Legal Liability	\$ 100	,000			
	AUTOMOBILE LIABILITY					9		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000			
	ANYAUTO			**************************************		115000000000000000000000000000000000000	2000 Y 1000 (1000 - 1	BODILY INJURY (Per person	1) \$				
Α	OWNED SCHEDULED AUTOS			CSLOM00111		10/23/2024	10/23/2025	BODILY INJURY (Per accide	nt) S				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
	➤ Frt. Broker							Aggregate	\$ 1,00	00,000			
	UMBRELLA LIAB OCCUR					i i		EACH OCCURRENCE	s				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s				
	DED RETENTION \$							THE WAR TO SEE THE SECOND	5				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE							PER OT STATUTE ER	н-				
								E.L. EACH ACCIDENT	s				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					1	E.L. DISEASE - EA EMPLOY	EE S	-			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM					
Α	Contingent Cargo			CSLOM00111		10/23/2024	10/23/2025	Limit:	\$30	0,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE ors & Omissions, \$250,000 & in Aggregate	ES (ACC	ORD 1	01, Additional Remarks Schedule,	may be a	Itached if more sp	pace is required)						
CE	RTIFICATE HOLDER				CANC	ELLATION							
					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.

Befor	re you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.														
	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														
	Business name/disregarded entity name, if different from above.														
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.      ☐ Individual/sole proprietor	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)													
	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							(Applies to accounts maintained outside the United States.)							
	5 Address (number, street, and apt. or suite no.). See instructions.	Requ	ester's	name	and ac	idress (d	ption	al)							
	8735 Dunwoody PI #4737														
	6 City, state, and ZIP code														
	Atlanta Ga 30350														
	7 List account number(s) here (optional)														
Pai	Taxpayer Identification Number (TIN)														
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid						Social security number									
backı	up withholding. For individuals, this is generally your social security number (SSN). However,			П	83		500		Т						
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other														
TIN, I	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a	or				-63								
Service and a			En	Employer identification number											
	or To Give the Requester for guidelines on whose number to enter.	and	8	3	- 2	9	7 9	9 4	2						
Par	t II Certification		-0.01				10		-	0					
Unde	r penalties of perjury, I certify that:														
	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a num	ber to	be is	sued	to me);	and								
2. I ar Se	m not subject to backup withholding because (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	I have	not b	oeen r	otified	by the	Inte								
3. I ar	m a U.S. citizen or other U.S. person (defined below); and														
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is co	orrect												
becau acqui	fication instructions. You must cross out item 2 above if you have been notified by the IRS that use you have failed to report all interest and dividends on your tax return. For real estate transactive is it is not abandonment of secured property, cancellation of debt, contributions to an individual return interest and dividends, you are not required to sign the certification, but you must provide you	ons, ite iremen	m 2 c it arra	does n	ot app ent (IR	ly. For a A), and,	mortg gene	age interally, p	erest ayme	ents					
Sign		Date	7/24	1/24											
						2-2									

### **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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

### 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