



# CUSTOMER CARRIER PACKET



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2019

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).

<b>PRODUCER</b> Carrillo Insurance Agency, Inc. 11400 SW 80th Road  Pinecrest FL 33156		<b>CONTACT NAME:</b> JORGE CARRILLO <b>PHONE (A/C, No, Ext):</b> (305) 238-8834 <b>E-MAIL ADDRESS:</b> jorge@carrilloins.com <b>FAX (A/C, No):</b> (305) 238-8670	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Penn America Insurance Co	<b>NAIC #</b> 32859
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Logistics Freight Solutions 10660 NW 37 LLC 10660 NW 37 Terr Doral FL 33178			

**COVERAGES**

CERTIFICATE NUMBER: CL18121800517

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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PAC7140550	12/17/2018	12/17/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,1000
							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
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

Evidense of Liability Insurance

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2019

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<b>PRODUCER</b> <b>Avalon Risk Management Insurance Agency LLC</b> <b>8300 N.W. 53rd Street</b> <b>Suite 310</b> <b>Miami, FL 33166</b>	<b>CONTACT NAME:</b> Rosie Vargas <b>PHONE (A/C, No, Ext):</b> (305) 513-3892 <b>E-MAIL ADDRESS:</b> rvargas@avalonrisk.com	<b>FAX (A/C, No):</b> (305) 513-4897
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : New York Marine &amp; General Insurance Co.</b>		<b>NAIC #</b> <b>16608</b>
<b>INSURED</b>  <b>Logistics Freight Solutions, Inc.</b> <b>10660 NW 37th Terrace</b> <b>Doral, FL 33178</b>	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N    N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Combined Transit Lia</b>			<b>AR2019FFP01374</b>	<b>1/14/2019</b>	<b>1/14/2020</b>	<b>Errors &amp; Omissions</b> <b>100,000</b>
A	<b>Combined Transit Lia</b>			<b>AR2019FFP01374</b>	<b>1/14/2019</b>	<b>1/14/2020</b>	<b>Contingent Motor TC</b> <b>100,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Pol. AR2019FFP01374 - Contingent Auto - Limit \$1,000,000

<b>CERTIFICATE HOLDER</b>  <b>Logistics Freight Solutions</b> <b>As Evidence of Coverage</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2019

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<b>PRODUCER</b> American Trust Insurance 9360 Sunset Drive Suite 240  Miami FL 33173		<b>CONTACT NAME:</b> Edna Sanchez <b>PHONE (A/C, No. Ext):</b> (305) 270-2220 <b>FAX (A/C, No):</b> (305) 270-2496 <b>E-MAIL ADDRESS:</b> ednas@americantrustins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> ASCENDANT COMMERCIAL INSURANCE	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Logistics Freight Solutions, Inc. 10660 NW 37 Terrace  Doral FL 33178			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC-73329-0	11/07/2018	11/07/2019	<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

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

**CERTIFICATE HOLDER****CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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

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

**SERVICE DATE**  
November 09, 2007

**LICENSE**  
**MC-624177-B**  
**LOGISTIC FREIGHT SOLUTIONS INC**  
**MIAMI, FL**

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 366). 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.

A handwritten signature in cursive script that reads "Kathy A. Weiner".

Kathy Weiner, Chief  
Information Systems Division

BPO

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Logistics Freight Solutions Inc</b>	<b>2</b> Business name/disregarded entity name, if different from above
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>10660 NW 37th Terr</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>Miami FL 33178</b>	
	<b>7</b> 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 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	6	-	0	3	6	3	0	2	6

**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.

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>02-22-19</u>
------------------	----------------------------	------------------------

### 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](http://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.*

# FMCSA Motor Carrier

USDOT Number: **2240672**  
Docket Number: **MC624177**  
Legal Name: **LOGISTIC FREIGHT SOLUTIONS INC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **10660 NW 37TH TERR  
DORAL, FL 33178**  
Business Phone: **(305) 909-7870** Business Fax: **Fax: (786) 472-4526**  
Mail Address:  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

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

Blanket Company: **TRUCKERS PERMITTING & REPORTING SERVICE**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/03/2013</b>
Policy/Surety Number: <b>120361062</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier: **AMERICAN ALTERNATIVE INSURANCE CORPORATION**  
Attn: **TO REPORT A CLAIM CALL 800-305-4954**  
Address: **555 COLLEGE RD E  
PRINCETON, NJ 08540 US**  
Telephone: Fax:

\* 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: **2240672**  
 Docket Number: **MC624177**  
 Legal Name: **LOGISTIC FREIGHT SOLUTIONS INC**  
 DBA (Doing-Business-As) Name



## Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: <b>1000774848</b>		Effective Date From: <b>10/26/2007</b>	To: <b>11/05/2011</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier: AMERICAN CONTRACTORS INDEMNITY COMPANY  
 Attn: ICC BROKER - RENEWAL DEPARTMENT  
 Address: 801 S. FIGUEROA STREET, SUITE 700  
 LOS ANGELES, CA 90017 US  
 Telephone: (310) 649 - 0990 Fax: (310) 649 - 0033

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: <b>624177</b>		Effective Date From: <b>11/05/2011</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: AMERICAN ALTERNATIVE INSURANCE CORPORATION  
 Attn: TO REPORT A CLAIM CALL 800-305-4954  
 Address: 555 COLLEGE RD E  
 PRINCETON, NJ 08540 US  
 Telephone: Fax:

\* 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	11/09/2007

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3



# FMCSA Motor Carrier

USDOT Number: **2240672**

Docket Number: **MC624177**

Legal Name: **LOGISTIC FREIGHT SOLUTIONS INC**

DBA (Doing-Business-As) Name



## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason



10660 NW 37 Terr Doral Fl 33178



[lfs-inc.com](http://lfs-inc.com)



[LFS](https://www.linkedin.com/company/lfs)



[/lfsinc](https://www.facebook.com/lfsinc)