



CUSTOMER PACKET

2333 DAUPHIN ISLAND PKWY • MOBILE, AL 36605

phone: 251-300-2927

fax: 251-432-5845

logisticsteam@wrighttrans.com

www.wrighttrans.com

MC:387104

DOT:2226582

SCAC:WGHC

WRIGHT LOGISTICS

COMPANY OVERVIEW

As a Third-Party Logistics (3PL) company, Wright Logistics is focused on helping businesses improve their logistics programs with the best technology and customer service in the industry! Staying focused on our CORE VALUES of Relationships, Responsiveness, Accountability, Flexibility, and Loyalty.

Wright Logistics isn't just another 3PL. We are driven by the right-size fit for each business, using all levels of global and domestic supply chain resources and services. Our culture allows customers to feel like family, while offering advanced TMS solutions, reporting, and shipment reliability. Our approach is simple: through analysis of historical shipping data, we identify opportunities for optimization, service improvement, and technology enhancements. All this is done with five promises we make to every customer, every day: savings, visibility, data-driven decisions, continuous improvement, and relationships. Wright is the right size 3PL.

#NEXTLEVEL 24/7/365

Please Complete & Return:

- **Customer Profile**

Please keep for your records:

- **Operating Authority**
- **Wright Logistics Certificate of Insurance**
- **Wright Logistics Certificate of Bond**
- **Wright Logistics W-9**

LISA PRUETT

Office Manager

Lisa@wrighttrans.com

phone: 251-300-2921

fax: 251-300-2930

Logistic Manager

logisticsteam@wrighttrans.com

phone: 251-281-1040

fax: 251-432-5845

DANIEL WRIGHT

President

dwright@wrighttrans.com

phone: 251-300-2920

CUSTOMER PROFILE

PLEASE PROVIDE YOUR COMPANY INFORMATION:

COMPANY: _____ **CONTACT NAME:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

PLEASE LIST AT LEAST THREE CREDITORS WE CAN CALL FOR A CREDIT REFERENCE.

NAME OF CREDITOR:	PHONE:	EMAIL:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AUTHORIZATION SIGNATURE	TITLE	DATE:
_____	_____	_____

Sincerely,

A handwritten signature in black ink that reads "Lisa Pruett".

LISA PRUETT
Office Manager

Lisa@wrighttrans.com
Wright Logistics, Inc.
251-300-2921

FMCSA Motor Carrier

USDOT Number: **2226582**
Docket Number: **MC387104**
Legal Name: **WRIGHT LOGISTICS, INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **2333 DAUPHIN ISLAND PARKWAY
MOBILE, AL 36605**
Business Phone: **(251) 432-6390** Business Fax: **Fax: (251) 661-9667**
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

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

Insurance Requirements:

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

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

Active/Pending Insurance:

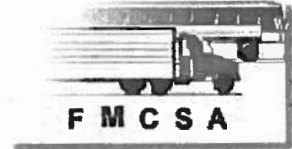
Form: 84	Type: SURETY	Posted Date: 11/25/2015
Policy/Surety Number: 100291614	Coverage From: \$0	To: \$75,000*
Effective Date: 11/24/2015	Cancellation Date:	

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**

* 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: **2226582**
 Docket Number: **MC387104**
 Legal Name: **WRIGHT LOGISTICS, INC.**
 DBA (Doing-Business-As) Name



Rejected Insurances:

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

Insurance History:

Form: 91X	Type: BIPD/Primary	Coverage From:	\$0	To:	\$1,000,000
Policy/Surety Number: 73TR 201073		Effective Date From: 12/02/2015	To: 02/19/2016	Disposition: Cancelled	

Insurance Carrier: NATIONAL LIABILITY & FIRE INS CO.
 Attn: FILING ADMINISTRATOR
 Address: 3024 HARNEY STREET
 OMAHA, NE 68131 US
 Telephone: (866) 720 - 7861 Fax: (402) 916 - 3018

Form: 84	Type: SURETY	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: 08519857		Effective Date From: 08/08/2000	To: 11/24/2015	Disposition: Replaced	

Insurance Carrier: FIDELITY & DEPOSIT CO. OF MARYLAND
 Attn: CANDY BROWNING
 Address: 1299 ZURICH WAY
 SCHAUMBURG, IL 60196 US
 Telephone: (410) 559 - 8712 Fax: (410) 559 - 8803

* 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	REINSTATED	11/27/2015
	PROPERTY BROKER	GRANTED	09/06/2000 REVOKED 12/09/2013

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3
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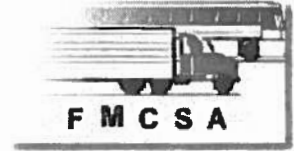
FMCSA Motor Carrier

USDOT Number: **2226582**

Docket Number: **MC387104**

Legal Name: **WRIGHT LOGISTICS, INC.**

DBA (Doing-Business-As) Name



Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
BROKER	11/06/2013	12/09/2013	INVOLUNTARY REVOCATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2022

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 Palomar Insurance Corp. Palomar Insurance Corporation 4525 Executive Park Drive, Ste 202 Montgomery AL 36116	CONTACT NAME: Francis Ware	
	PHONE (A/C. No. Ext): 800-489-0105	FAX (A/C. No):
E-MAIL ADDRESS: francisw@palomarins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : American Contractors Indemnity Company		10216
INSURED Wright Logistics, Inc. 2333 Dauphin Island Parkway Mobile AL 36605	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1645774410

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
	COMMERCIAL GENERAL LIABILITY <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 \$ \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	FMCSA ICC Broker Bond			100534481	1/8/2022	1/8/2023	Bond Amount \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This certificate is for information purposes only.

CERTIFICATE HOLDER**CANCELLATION**

Proof of 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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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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Wright Logistics, Inc.	
2 Business name/disregarded entity name, if different from above 2333 Dauphin Island Pkwy, Mobile, AL 36605	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 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.

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									
6	3	-	1	2	5	3	1	5	4

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ 1/21/21
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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.