



## **CUSTOMER PACKET**

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2333 DAUPHIN ISLAND PKWY • MOBILE, AL

36605 phone: 251-281-1040

fax: 251-432-5845

[logisticsteam@wrighttrans.com](mailto:logisticsteam@wrighttrans.com)

[www.wrighttrans.com](http://www.wrighttrans.com)

MC:387104

DOT:2226582

SCAC:WGHC

# WRIGHT LOGISTICS

## COMPANY OVERVIEW

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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**

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### LISA PRUETT

Office Manager

[Lisa@wrighttrans.com](mailto:Lisa@wrighttrans.com)

phone: 251-300-2921

fax: 251-300-2930

### Logistic Manager

[logisticsteam@wrighttrans.com](mailto:logisticsteam@wrighttrans.com)

phone: 251-281-1040

fax: 251-432-5845

### Chris Buchanan

President

[Chris@wrighttrans.com](mailto:Chris@wrighttrans.com)

phone: 251-300-2927

cell: 251-605-3490

# CUSTOMER PROFILE

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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](mailto: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**  
Contract Authority: **NONE**  
Broker Authority: **ACTIVE**  
Property: **YES**  
Private: **NO**

Application Pending: **NO**  
Application Pending: **NO**  
Application Pending: **NO**  
Passenger: **NO**  
Enterprise: **NO**

Household Goods: **NO**

## 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: <b>TRUCK PROCESS AGENTS OF AMERICA, INC</b>			

## Comments:

## Active/Pending Insurance:

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

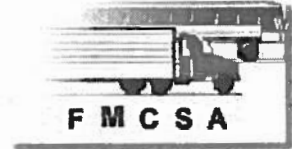
# FMCSA Motor Carrier

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

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

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

# 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.

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.

☐ 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) ►

**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.

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:

- 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 ► 1/21/21

## 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2023

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> Palomar Insurance Corp. Palomar Insurance Corporation P.O. Box 240849 Montgomery AL 36124-0849	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 334-270-0105 <b>FAX (A/C, No):</b> 334-271-0499 <b>E-MAIL ADDRESS:</b> csr24@palomarins.com
<b>INSURED</b> Wright Logistics, Inc. 2333 Dauphin Island Parkway Mobile AL 36605	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London <b>INSURER B:</b> American Contractors Indemnity Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 425127544**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	<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 <input checked="" type="checkbox"/> OTHER: Contingent GL			WB0087103	4/1/2023	4/1/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<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 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Auto Liab			WB0087103	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$5,000
	<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 \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Contingent Cargo Broker Bond			WB0087103 100534481	4/1/2023 1/8/2023	4/1/2024 1/8/2024	\$100,000 Limit \$75,000 Limit \$5,000/Deductible

**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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