



100 Lexington Drive Suite 202  
Buffalo Grove, IL 60089  
Toll Free 888 876 5563  
Records FAX 847 541 2505  
Accounting FAX 847 451 2810  
Dispatch FAX 847 808 9252

MC 297666

Greetings from On A Roll Trucking!

From all of us here including our team of brokers, carrier specialists and logistics coordinators we are extremely excited to provide expertise in logistics and transportation.

In order to help expedite the setup process we have put together this packet for your records which includes our:

1. Company Profile
2. MC License
3. Surety Bond
4. W9
5. Insurance Certificate (sample)

Lastly, we ask that you complete our Credit Application and fax it back to our headquarters at 847 541 2505 (Records Department).

If you have any questions please never hesitate to contact us at 888 876 5563.

We look forward to working with you and to getting your freight loaded and *on a roll*.

Regards,

Account Management Team  
On A Roll Trucking, Inc.



100 Lexington Drive Suite 202  
Buffalo Grove, IL 60089  
Toll Free 888 876 5563  
Fax 847 808 9252

MC 297666

**On A Roll Trucking, Inc.  
Company Profile**

**Legal Name:** On A Roll Trucking, Inc.

**Physical Address:** 100 Lexington Dr. Suite# 202, Buffalo Grove, IL 60089

**Remit Address:** 100 Lexington Dr. Suite# 202, Buffalo Grove, IL 60089

**Phone:** 888 876 5563 (Toll Free)  
847 403 7200 (Local)

**Fax:** 847 808 9252

**MC Authority:** 297666

**FED ID#:** 36-4007194

**Insurance:** Dann Brothers, Inc. Ph# 847 444 1060 (Motor Cargo & Liability)

**Terms:** 14 days from receipt of invoice

It is estimated that an average of 1/4 burden hour per response is required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Section of Administrative Services, Interstate Commerce Commission and the Office of Information and Regulatory Affairs, Office of Management and Budget.

B.M.C. 84

Approved by OMB  
3120-0081  
Expires 10/31/95

BOND NO. 758852

License No.

MC-\_\_\_\_\_

PROPERTY BROKER'S SURETY BOND UNDER 49 U.S.C. 10927  
(EXECUTED IN DUPLICATE)

KNOW ALL MEN BY THESE PRESENTS, THAT we ON A ROLL TRUCKING, INC.  
*(Name of Property Broker)*

of BUFFALO GROVE IL 60089 as PRINCIPAL (hereinafter called Principal),  
*(City) (State)*  
and Washington International Insurance Co. (I-5810) a corporation, or a Risk Retention  
*(Name of Surety)*

Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created and existing under the laws of the State of Arizona as SURETY  
*(State)*

(hereinafter called Surety) are held and firmly bound unto the United States of America in the sum of \$10,000, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of the Interstate Commerce Act, and the rules and regulations of the Interstate Commerce Commission relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Interstate Commerce Commission such a bond as will ensure financial responsibility and the supplying of transportation subject to said Act in accordance with contracts, agreements, or arrangements therefor, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 10927(b), and the rules and regulations of the Interstate Commerce Commission, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the Interstate Commerce Act under license issued to the Principal by the Interstate Commerce Commission, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Interstate Commerce Commission forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 26th day of FEBRUARY, 19 99, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Interstate Commerce Commission at its office in Washington, D.C., such cancellation to become effective thirty (30) days after actual receipt of said notice by the Commission on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the Commission certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 1043.8 of Title 49 of the Code of Federal Regulations.

PM-25  
(Rev. 1/95)

SERVICE DATE  
March 07, 1996

FEDERAL HIGHWAY ADMINISTRATION

LICENSE

MC 297666 SUB 0 B

ON A ROLL TRUCKING, INC.  
Buffalo Grove, IL

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 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

JOHN F. GRIMM  
Director, Office of Motor Carrier  
Information Analysis

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the

26th day of FEBRUARY, 19 99.

PRINCIPAL

SURETY

Name ON A ROLL TRUCKING, INC.

Name Washington International Insurance Company (I-5810) [SEAL]

x By \_\_\_\_\_  
(Signature and Title)

By Marcia M Doyle  
(Signature and Title)  
MARCIA M DOYLE, Attorney-in-fact

x Witness \_\_\_\_\_

Witness Maya Mackey

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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. person (including a U.S. resident alien).

**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 on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/08

<b>PRODUCER</b> Heck Team Mesirow Insurance Services, Inc. 1500 S. Lakeside Drive Bannockburn, IL 60015	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> On A Roll Trucking, Inc. 100 Lexington Drive, Ste. 201 Buffalo Grove, IL 60089	INSURER A: <b>Travelers Property Casualty Co. of A</b>	<b>25674</b>
	INSURER B: <b>Travelers Casualty and Surety Compan</b>	<b>12432</b>
	INSURER C: <b>Travelers Indemnity Co. of America</b>	<b>25666</b>
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	6307787C125TIL08	09/30/08	09/30/09	EACH OCCURRENCE	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000	
C		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8107787C125TIA08	09/30/08	09/30/09	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CUP7787C125TIL08	09/30/08	09/30/09	EACH OCCURRENCE	\$10,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				AGGREGATE \$10,000,000 \$ \$ \$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB7787C12508	09/30/08	09/30/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	
A		OTHER <b>Contingent Cargo (including Reefer Breakdown)</b>	QT6606356L327	09/30/08	09/30/09	Limit: \$150,000 Deductible: \$1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**CANCELLATION**

\*\*\*Sample Certificate\*\*\*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





**CREDIT APPLICATION**

**Legal Name of Business:** \_\_\_\_\_

**Name Under Which You Do Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Federal ID#:** \_\_\_\_\_ **PACA License #:** \_\_\_\_\_

**Dunn & Bradstreet Number:** \_\_\_\_\_

**Type of Entity (Corp., LLC, Limited Partnership, Sole Proprietorship):** \_\_\_\_\_

**How Long in Business:** \_\_\_\_\_ **Nature of Business:** \_\_\_\_\_

**List all Owners, Partners, Shareholders, etc., Home Addresses, Social Security #'s, Percent of Company Owned By Each:**

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Percent Owned: \_\_\_\_\_

(If more than one owner, attach additional sheets)

**References:**

Please list below (attach and additional sheets if necessary) at least five credit references. For each credit reference, please provide the name of the company, the contact person, the address, the phone fax and email, and the product or service they provide to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bank Information:**

Please list the names of your company's main banks, the bank officers to contact, the addresses, the phones, faxes and emails, and the account numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned authorizes inquiry as to credit information. In addition, the undersigned certifies that all information contained in this form is true and correct in all respects. The undersigned fully understands your credit terms and agrees to the proper payment pursuant to PACA terms in consideration of extending credit.

\_\_\_\_\_(Name of Company)

BY: \_\_\_\_\_(Signature)

ITS: \_\_\_\_\_(Title)

DATE: \_\_\_\_\_, 2004