



Customer Information ePacket



FLEETMASTER EXPRESS, INC.

Customer Information ePacket

Attached:

- 1. Company Information Page***
- 2. Credit Term Requirements***
- 3. Insurance Information Recap***
- 4. Automobile Liability, General Liability, Work Comp, Cargo Liability Certificate of Insurance***
- 5. USDOT Motor Carrier Safety Rating***
- 6. Copy of Operating Authority***
- 7. Completed W-9 Form***
- 8. Smartway Certification***

After receiving your completed ePacket we will notify our insurance carriers to issue a certificate of insurance in your name.

An updated copy of this ePacket is always available on our website at: www.fleetmasterexpress.com. From the drop down button go to CUSTOMERS and then INFORMATION.



Company Information Page

Physical Address: 1814 Hollins Road NE
Roanoke, VA 24012

Mailing Address: P.O. Box 12527
Roanoke, VA 24026-2527

Phone: (540) 344-8834
(800) 476-1050

Fax: (866) 550-4301

Accounts Receivable: Marisa Smith – (540) 283-5348
MarisaS@FleetmasterExpress.com

Accounts Payable: Cassie McKenzie
CassieM@FleetmasterExpress.com

USDOT: 404732

MC#: 202206

FEIN: 54-1431601

Date of Incorporation: 9/22/87 (Virginia)

SCAC: FLMR

Website: www.FleetmasterExpress.com

FLEETMASTER EXPRESS, INC **CREDIT TERM REQUIREMENTS**

PLEASE FORWARD THIS DOCUMENT TO YOUR COMPANY'S ACCOUNTS PAYABLE DEPARTMENT. BY CONTRACTING OUR TRANSPORTATION SERVICES YOU ARE AGREEING TO THE FOLLOWING:

1. All pricing for transportation service is rated according to our credit terms.
2. Payment must be received no later than 30 days after date of invoice.
3. Past due invoices may be subject to a late fee of 1-1/2 % of outstanding balance per month (.049315 per day).
4. Fleetmaster is a member of Compunet Credit Services and Dunn & Bradstreet. All delinquent accounts will be reported.
5. Delinquent accounts requiring legal action may be responsible for additional expenses related to legal and/or collection fees.

Credit Services Provided by:



****To insure proper posting to you account please reference our invoice number on your remittance.****

PLEASE SEND ALL PAYMENTS TO :

FLEETMASTER EXPRESS, INC.
P.O. BOX 12527
ROANOKE, VA. 24026

FLEETMASTER

FLEETMASTER EXPRESS, INC.

INSURANCE INFORMATION

Auto Liability

Travelers Indemnity Co of CT. – Policy #: HE8409C585511TCT19 Effective: 03/01/19-03/01/20

General Liability

Arch Insurance Co. Policy #: ZAPKG6017301 Effective: 03/01/19-03/01/20

Cargo Liability

Travelers Property & Casualty Co. of America Policy #: QT6602875C093TIL19 Effective: 03/01/19-03/01/20

Workman's Compensation

The Travelers Indemnity Co. Policy#: UB-8L293473-19-NG-G Effective: 03/01/19-03/01/20

Warehouseman's Legal Liability

Berkley National Insurance Co. Policy #: MNP 1012079-52 Effective: 10/31/19-10/31/20

Umbrella

Travelers Property & Casualty Co. of America Policy #HSMJCUP9C587227TIL19 Effective: 03/01/19-03/01/20

Standard certificates of insurance may be requested directly from our agent at the following:

Cottingham & Butler Insurance Agency

Attn: Ms. Hannah Boyle

(800) 793-5235 x5380

Fax: (563) 587-5960

HBoyle@CottinghamButler.com

*****Special wording certificates of insurance must be requested by Fleetmaster personnel to our insurers. Please contact our corporate office (800-476-1050) with your certificate request. Be prepared to provide your full company name and correct mailing address. Certificates may be faxed or emailed upon request but you must still provide your full mailing address before the issuance of any certificates. *****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2020

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 Cottingham & Butler Bradley J. Plummer 800 Main St. Dubuque IA 52001	CONTACT NAME: To Request a Certificate PHONE (A/C, No, Ext): 888-785-4677 E-MAIL ADDRESS: certificates@cottinghambutler.com		FAX (A/C, No): 563-587-5990													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Travelers Indemnity Company of Connecticut</td> <td>25682</td> </tr> <tr> <td>INSURER B : Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER C : The Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER D : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Company of Connecticut	25682	INSURER B : Arch Insurance Company	11150	INSURER C : The Charter Oak Fire Insurance Company	25615	INSURER D : Travelers Property Casualty Company of America	25674	INSURER E :		INSURER F :
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INSURED Fleetmaster Express, Inc. 1814 Hollins Rd NE Roanoke VA 24012	FLEEX-1															

COVERAGES

CERTIFICATE NUMBER: 2100571031

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZAPKG6017302	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Exclude PPTs			HE-840-9C585511-TCT-20	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	UB-3L79911A-20-NG-G	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <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
D	Cargo			QT6602875C093TIL20	3/1/2020	3/1/2021	Per Vehicle \$300,000

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

CERTIFICATE HOLDER**CANCELLATION**

*For Information Only

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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U.S. Department
of Transportation
**Federal Highway
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

FEBRUARY 20, 1992

IN REPLY REFER TO:
YOUR USDOT NO.: 404732
REVIEW NO.: 00123076

FLEETMASTER EXPRESS INC
P O BOX 1102
ROANOKE, VA 24005

GENTLEMEN:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A NOV 27, 1991, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS:

ALL PARTS OF THE REGULATIONS WERE CONSIDERED SATISFACTORY

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

SAM W. P. REA, JR.
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -

INTERSTATE COMMERCE COMMISSION

DECISION

MC 202206

BILL B. BUMGARNER d/b/a FLEETMASTER EXPRESS

ROANOKE, VA

Reentitled

FLEETMASTER EXPRESS, INCORPORATED

Decided: NOVEMBER 9, 1987

On October 22, 1987 applicant filed a request to have the Commission's records changed to reflect a name change:

It is ordered:

The Commission's records are amended to reflect the carrier's name as FLEETMASTER EXPRESS, INCORPORATED

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

(SEAL)

Noreta R. McGee
Secretary

INTERSTATE COMMERCE COMMISSION

PERMIT

NO. MC -202206 Sub 1#

BILL B. BUMGARNER, DBA FLEETMASTER EXPRESS
ROANOKE, VA

This permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)*; and for passenger carriers, tariffs or schedules (49 CFR 1300 through 1310).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reversed side of this document.

By the Commission.

(SEAL)

NORETA R. McGEE,
Secretary.

*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

NOTE: If there are discrepancies regarding this Permit, please notify the Commission within 30 days.

No. MC- 202206 Sub 1#
Sheet 2

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the United States (except Alaska and Hawaii), under continuing contract(s) with commercial shippers or receivers of such commodities.

*This permit cancels permit No. MC-68860 Sub 58, issued December 10, 1984, and acquired by applicant pursuant to No. MC-F=17859.

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. FLEETMASTER EXPRESS, INCORPORATED			
2 Business name/disregarded entity name, if different from above			
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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
<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) ►		<input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate 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. PO BOX 12527		Requester's name and address (optional)	
6 City, state, and ZIP code ROANOKE, VA 24026			
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									
5	4		1	4	3	1	6	0	1

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 ► 9/25/2018
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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.

Registration Document



The U.S. Environmental Protection Agency recognizes

Fleetmaster Express, Inc.

As a Registered

SmartWay® Transport Partner

Partnership Date: 01/22/2009

SmartWay ID: 12146977

Expires: 04/08/2020

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum

Center Director, SmartWay Transport Partnership