

INTERSTATE COMMERCE COMMISSION

PERMIT

**SERVICE DATE**

No. MC 273582

**MAY 27 1994**

M & Q TRUCKING, INC.  
d/b/a MURPHY TRANSPORTATION  
CINCINNATI, OH

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); and for passenger carriers, tariffs or schedules (49 CFR 1312).

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 reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.  
Secretary

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

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/28/2014

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 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).

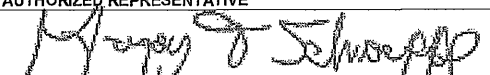
<b>PRODUCER</b> Brower Insurance a Marsh & McLennan Agency LLC Company 6279 Tri-Ridge Blvd Ste 400 Loveland OH 45140	<b>CONTACT NAME:</b> Jennifer Johnson <b>PHONE (A/C, No., Ext):</b> 513-707-5015 <b>FAX (A/C, No.):</b> 513-707-5025 <b>E-MAIL ADDRESS:</b> jjohnson@browerinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westfield Group</td> <td>24112</td> </tr> <tr> <td>INSURER B: Harco National Insurance Comp.</td> <td>26433</td> </tr> <tr> <td>INSURER C: Allianz Insurance Company</td> <td>35300</td> </tr> <tr> <td>INSURER D:</td> <td></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: Westfield Group	24112	INSURER B: Harco National Insurance Comp.	26433	INSURER C: Allianz Insurance Company	35300	INSURER D:		INSURER E:		INSURER F:
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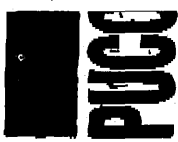
**COVERAGES**      **CERTIFICATE NUMBER:** 688204160      **REVISION NUMBER:**

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"/> 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:	Y		CWP3896347	5/2/2014	5/2/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TPU303869409	5/2/2014	5/2/2015	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 \$ \$
A	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	N/A	CWP3896347	5/2/2014	5/2/2015	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER OH STOP GAP E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	CARGO			MZI93018181	5/2/2014	5/2/2015	Limit \$300,000 ea truck Ded \$5,000

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

<b>CERTIFICATE HOLDER</b>  MURPHY TRANSPORTATION INC 6720 KILBY RD HARRISON OH 45030	<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.  AUTHORIZED REPRESENTATIVE 
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The Public Utilities Commission of Ohio  
Transportation Department

George V. Volnovich, Governor

Craig A. Glazer, Chairman

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
NUMBER 112978-P

Is hereby issued to:

M & Q TRUCKING, INC.  
dba MURPHY TRANSPORTATION  
360 W SEYMOUR AVE  
CINCINNATI OH 45216

an intrastate, property motor carrier for hire, transporting under the jurisdiction of the Public Utilities Commission of Ohio.

This Certificate of Public Convenience and Necessity authorizes the above-named carrier to operate as an intrastate motor carrier service in this state in accordance with all effective orders, of the Public Utilities Commission of Ohio prescribing the rights of said carrier which affect the State of Ohio.

Conditioned that local subdivisions may make reasonable, local police regulations within their respective boundaries not inconsistent with the provisions of Chapters 4921 and 4923, Revised Code of Ohio.

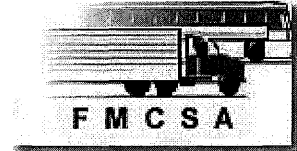
Dated: SEPTEMBER 25, 1996

By Order of  
THE PUBLIC UTILITIES COMMISSION OF OHIO

GARY E. VIGORITO,  
Secretary

# FMCSA Motor Carrier

USDOT Number: **561187**  
Docket Number: **MC273582**  
Legal Name: **MURPHY TRANSPORTATION, INC.**  
DBA (Doing-Business-As) Name **MURPHY TRANSPORTATION**



## Addresses

Business Address: **6720 KILBY ROAD  
HARRISON, OH 45030**  
Business Phone: **(513) 367-2990** Business Fax:  
Mail Address:  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>		
Broker Authority:	<b>NONE</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>\$750,000</b>	BIPD on File:	<b>\$750,000</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>NO</b>	Cargo on File:	<b>YES</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>NO</b>	Bond on File:	<b>NO</b>		

Blanket Company: **PROCESS AGENT SERVICE COMPANY, INC.**

Comments: **4/23/04 - NAME CHANGE - OMC245030 - ASSIGNED TO WILLIE - DR - 3/9/04 - NAME CHANGE - OMC245030 - ASSIGNED TO WILLIE - DR - 3/15/04 - REJECTION LETTER**

## Active/Pending Insurance:

Form:	<b>91X</b>	Type:	<b>BIPD/Primary</b>	Posted Date:	<b>04/14/2010</b>
Policy/Surety Number:	<b>TPU3038694</b>	Coverage From:	<b>\$0</b>	To:	<b>\$750,000</b>
Effective Date:	<b>05/02/2010</b>	Cancellation Date:			

Insurance Carrier: **HARCO NATIONAL INSURANCE CO.**  
Attn:  
Address: **702 OBERLIN ROAD, STE: 300  
RALEIGH, NC 27605 US**  
Telephone: **(800) 525 - 7486** Fax: **(919) 833 - 8535**

Form:	<b>34</b>	Type:	<b>CARGO</b>	Posted Date:	<b>05/05/2004</b>
Policy/Surety Number:	<b>MZI 97903187</b>	Coverage From:	<b>\$0</b>	To:	<b>\$5,000*</b>
Effective Date:	<b>05/02/2004</b>	Cancellation Date:			

Insurance Carrier: **FIREMAN'S FUND INSURANCE CO.**  
Attn: **STEPHANIE RENERI, FIREMAN'S FUND MCGEE MARINE**  
Address: **777 SAN MARIN DRIVE  
NOVATO, CA 94998 US**  
Telephone: **(415) 899 - 2000** Fax: **(415) 899 - 3600**



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

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

August 3, 2009

In reply refer to:  
Your USDOT No.: 561187  
Review No.: 732666/CR

GREG MURPHY  
PRESIDENT  
MURPHY TRANSPORTATION INC  
MURPHY TRANSPORTATION  
6720 KILBY ROAD  
HARRISON, OH 45030

Dear GREG MURPHY,

The motor carrier safety rating for your company is:

**SATISFACTORY**

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on July 30, 2009. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

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:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
200 NORTH HIGH STREET, ROOM 609  
COLUMBUS, OH 43215-2482  
Telephone No.: 614-280-5657

John Van Steenburg  
Director, Office of Enforcement and  
Compliance



**Bureau of Workers' Compensation**

30 W. Spring St.  
Columbus, OH 43215

### Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

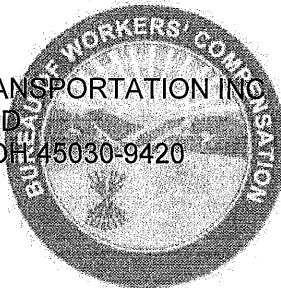
Policy No. and Employer

Period Specified Below

916860

01/01/2014 Thru 08/31/2014

MURPHY TRANSPORTATION INC  
6720 KILBY RD  
HARRISON, OH 45030-9420



ohioabc.com

*Stephen Bucher*  
Administrator/CEO

You can reproduce this certificate as needed.

### Ohio Bureau of Workers' Compensation

#### Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers' Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

**Request for Taxpayer  
Identification Number and Certification**

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

Name (as shown on your income tax return)  
*Murphy Transportation, Inc*

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
*6720 Kilby Road*

City, state, and ZIP code  
*Harrison, OH 45030*

Requester's name and address (optional)

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 the "Name" line 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**

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**Employer identification number**

3	1	-	1	1	9	0	3	0	2
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**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:

- 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 on page 3.

**Sign Here**    Signature of U.S. person ▶ *Timothy J Murphy*    Date ▶ *11/22/13*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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:

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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



MURPHY TRANSPORTATION  
6720 KILBY ROAD  
HARRISON, OH 45030  
MC# 282253 - BROKER  
MC #273582 - CARRIER

(513) 367-2990 LOCAL  
(800) 591-2288 WATTS  
(513) 367-4080 FAX

CREDIT REFERENCES

BARNETS, INC                      PHONE: 937-452-1218  
CAMDEN, OH                      FAX: 937-452-1219

BURD BROS.                      PHONE: 513-777-8466  
BATAVIA, OH                      FAX: 513-735-0328

TRANS STATES EXPRESS        PHONE: 513-679-7100  
CINCINNATI, OH                FAX: 513-821-0230

BANK REFERENCES

US BANK  
11751 PRINCETON PIKE  
CINCINNATI, OH 45246  
513-942-8310  
513-942-8317 FAX  
CONTACT: MELISSA BRADLEY  
DENISE SCHMIDT

PAYMENT TERMS

45 DAYS AFTER RECEIPT OF ORIGINAL SIGNED BILL OF LADING