

OVERVIEW

24/7 TOP 1% CREDIT 15,000+
RATING APPROVED MOTOR CARRIERS

ABOUT US

Founded in 2005, D&L Transport is a leading transportation brokerage company offering exceptional freight brokerage service for truckload, less-than-truckload (LTL), specialized and rail intermodal shipments throughout the United States and Canada.

We utilize a team of transportation specialists to handle our customers' unique shipping needs, including experienced account representatives in all modes of transportation and a management team with over 75 years of experience in the transportation brokerage industry. We are a proud member of the Transportation Intermediaries Association (TIA) and a certified Smartway Partner. We work hard for our reputation of reliability, competitive pricing, integrity, and exceeding expectations.

TRUCKLOAD & LTL SERVICE

D&L has contracted with a large number of top motor carriers to provide capacity in the United States, Canada and Mexico. We provide full truckload service for dry van, refrigerated and flatbed freight. D&L also maintains relationships with LTL carriers who offer outstanding LTL pricing and quality service.

RAIL INTERMODAL SERVICE

D&L offers quality service and pricing for any and all intermodal needs throughout North America. Our direct contracts with the railroads now enable us to serve all freight transportation needs by ffering door-to-door intermodal rail service.

OVERLAND PARK, KANSAS (CORPORATE HQ)

8101 College Blvd, Suite 110 Overland Park, Kansas 66210 866.559.0203

BILLING/MAILING: PO Box 7690 Overland Park, Kansas 66207 ap@DLTransport.com

DLTransport.com

CORPORATE PROFILE

INCORPORATED

February 2005

FED. ID#

76-0777016

BROKER LICENSE

MC-512088

SCAC CODE

DLNC

CORPORATE HEADQUARTERS

D&L Transport 8101 College Blvd, Suite 110 Overland Park, Kansas 66210 PHONE 866.559.0203 LOCAL 913.402.4514 FAX 941.237.4911

ACCOUNTS RECEIVABLE

D&L Transport, LLC PO Box 7690 Overland Park, Kansas 66207 PHONE 866.559.0203 FAX 866.559.9916

BILLING/ACCOUNTS PAYABLE

D&L Transport PO Box 7690 Overland Park, Kansas 66207 PHONE 866.559.0203 LOCAL 913.402.4514 FAX 941.237.4911

TRUST/SURETY BOND

American Alternative Insurance Corp. Princeton, New Jersey 08543 800.305.4954

Bond # 20130627192

BANKING/FINANCE

Waterford Bank, N.A. Toledo, Ohio 43617 866.707.2871

REFERENCES

FLOWERS INCORPORATED Virden, IL 62690 217.725.7247 JONES TRANSPORT Dyersville, IA 52040 563.875.9083 **STBI – STOLZFUS**Honey Brook, PA 19344
717.442.2620





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2020

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 Lockton Companies CONTACT NAME:									
444 W. 47th Street, Suite 900				PHONE	FAX				
Kansas City MO 64112-1906	Kansas City MO 64112-1906 E-MAIL E-MAIL								
(816) 960-9000	(816) 960-9000						NAIC #		
				INSURER A : Coving		13027			
INSURED D&L TRANSPORT LLC				INSURER B : TT Clu				84975	
1462838 B&L TRANSFORT LLC 8101 COLLEGE BLVD, STE 1	10			INSURER C : Riverp				36684	
OVERLAND PARK KS 66210				INSURER D :					
				INSURER E :					
				INSURER F :					
COVERAGES CER	RTIFI	CATE	NUMBER: 1628652			REVISION NUMBER:	XX	XXXXX	
THIS IS TO CERTIFY THAT THE POLICIES									
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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY	N	N	VBA748505 00	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 2,00	00,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
						MED EXP (Any one person)	\$ 5,00	00	
						PERSONAL & ADV INJURY	\$ 2,00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,00	00,000	
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ XX	XXXXX	
OTHER:							\$		
B AUTOMOBILE LIABILITY	N	N	A0589/2020/001	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
ANY AUTO						BODILY INJURY (Per person)	\$ XX	XXXXX	
OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$ XX	XXXXX	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XX	XXXXX	
X BROKER OF	· S						\$ XX	XXXXX	
UMBRELLA LIAB OCCUR			NOT APPLICABLE			EACH OCCURRENCE	\$ XX	XXXXX	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ XX	XXXXX	
DED RETENTION\$							\$ XX	XXXXX	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	KSARP310405	8/16/2019	8/16/2020	X PER OTH-ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,00	00,000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
B CARGO LIABILITY	N	N	A0589/2020/001	4/1/2020	4/1/2021	LIMIT: \$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may be attached if mo	e space is requir	ed)			
CERTIFICATE HOLDER				CANCELLATION					
16286520									
FOR INFORMATION PURPOS	SES (ONL	Z .			ESCRIBED POLICIES BE CA			

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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

400 7th Street SW Washington, DC 20590

SERVICE DATE February 16, 2005

MC-512088-B D & L TRANSPORT, LLC OVERLAND PARK, KS

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 387) and the designation of agents upon whom process may be served (49 CFR 386). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Angell Sebastian, Chief Information Systems Division

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Diamond Broker Program



ITS Financial Services

D & L Transport, LLC

Is a participating member of the

Truckstop.com Diamond Broker Program

Meeting all performance, credit and bonding requirements



Valid through June of 2020 - MC 512088

(Rev. October 2018)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Interna	Revenue Service Go to www.irs.gov/FormW9 for ins	structions and the late:	st inforn	nati	on.							
	1 Name (as shown on your income tax return). Name is required on this line; on D&L Transport, LLC	do not leave this line blank.										
	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 Exercitation instructions are considered to the person whose name is entered on line 1. Check only one of the constant instruction in the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check only one of the person whose name is enter							remptions (codes apply only to ain entities, not individuals; see auctions on page 3):					
Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC						Exer	Exempt payee code (if any) N/A					Α
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)												
Solution of the default at 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							CA rep					
bec	Other (see instructions) Other (see instructions) Address (number street and ant or suite no.) See instructions Requester's name and address (number street and ant or suite no.) See instructions						applies to accounts maintained outside the U.S.)					
See S												
S	6 City, state, and ZIP code											
	Overland Park, Kansas 66210											
	7 List account number(s) here (optional)											
Par	t I Taxpayer Identification Number (TIN)											
ALC: UNKNOWN	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to av	oid	Soc	cial se	curity	numb	er				
backu	p withholding. For individuals, this is generally your social security nu	mber (SSN). However, for			T	7	П		Г		1	Π
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For entities, it is your employer identification number (EIN). If you do not have a number, see Ho									-			
TIN, later.										,		
	If the account is in more than one name, see the instructions for line er To Give the Requester for guidelines on whose number to enter.	1. Also see What Name	so see What Name and				tificatio	fication number			_	-
IVAITIL	er to dive the riequester for guidelines on whose number to enter.			7	6	- o	7	7	7	0 1	6	
Par	Certification											
	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 ar	n a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exem		0									
you had acquisother	ication instructions. You must cross out item 2 above if you have been rave failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contributhan interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retire	does no ement ar	t ap	ply. Fo gemen	or moi t (IRA	rtgage), and	inte gene	erest erally	paid, , payn	nents	5
Sign Here	Signature of U.S. person ▶	I	Date ►	1	124	120	20					
Ge	neral Instructions	 Form 1099-DIV (dir funds) 	vidends,	inc	luding	thos	e from	n sto	cks	or mu	tual	
Section noted	on references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (proceeds) 	various t	type	s of ir	ncome	e, priz	es, a	awar	ds, or	gros	ss
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		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 (mere) 										
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 • Form 1098 (home mortgage interest), 1098-E (stu 1098-T (tuition)) • Form 1099-C (canceled debt)					iuue	zi it IC	ا ۱۱ ا	.c168	ı,			
(SSN), individual taxpayer identification number (ITIN), adoption					opertv)						
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 alien), to provide your correct TIN.												
	s include, but are not limited to, the following.	If you do not return Form W-9 to the requester with a TIN, you might										

• Form 1099-INT (interest earned or paid)

later.

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,

OMB No.: 2126-0017 Expiration: 01/31/2020

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 4 FORM BMC-84	9 U.S.C. 13906	Bond Serial No. <u>20130627192</u>
Filer FMCSA Account Number: 22010-00		License No(s): MC512088
KNOW ALL MEN BY THESE PRESENTS, that we, D & L TRAI		Broker or Freight Forwarder) ,
of 10540 MARTY ST #160, OVERLAND PARK, KS 66212 (Address)		
as PRINCIPAL (hereinafter called Principal), and AMERICAN		NSURANCE CORPORATION Name of Surety),
a corporation, or Risk Retention Group established under the Li existing under the laws of the State of DELAWARE (State)		tion Act of 1986, Pub. L. 99-563, created and ety), are held and firmly bound unto the United
,	broker or freight f	forwarder, for which payment, well and truly to
be made, we bind ourselves and our heirs, executors, administr	ators, successors	, and assigns, jointly and severally, firmly by
these presents.		
WHEREAS, the Principal is or intends to become a Broker or Fr 13904, and the rules and regulations of the Federal Motor Carrifor the protection of motor carriers and shippers, and has electe such a bond as will ensure financial responsibility and the suppl accordance with contracts, agreements, or arrangements theref	er Safety Adminis d to file with the F ying of transporta	tration relating to insurance or other security Federal Motor Carrier Safety Administration
WHEREAS, this bond is written to assure compliance by the Pri Forwarder of Transportation by motor vehicle with 49 U.S.C. 13 Carrier Safety Administration, relating to insurance or other sectinure to the benefit of any and all motor carriers or shippers to wherein described.	906(b), and the ruurity for the protect	lles and regulations of the Federal Motor ction of motor carriers and shippers, and shall
NOW, THEREFORE, the condition of this obligation is such that or shippers by motor vehicle any sum or sums for which the Prir failure faithfully to perform, fulfill, and carry out all contracts, agr bond is in effect for the supplying of transportation subject to the Principal by the Federal Motor Carrier Safety Administration, the and effect.	ncipal may be held eements, and arra e ICC Termination	d legally liable by reason of the Principal's angements made by the Principal while this Act of 1995 under license issued to the
The Bellian of the Owner, also have the discharged by any manager		. f

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 Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 28 day of JUNE , 2013 , 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 Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA 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 herein before 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 FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

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

(witness's signature)

PRINCIPAL	SURETY
DAL TRANSPORT II O	AMERICAN ALTERNATIVE INSURANCE CORPORATION
D & L TRANSPORT, LLC	(A DELAWARE CORPORATION)
COMPANY NAME	555 COLLEGE ROAD EAST
10540 MARTY ST #160	PRINCETON, NJ 08540-6616
STREET ADDRESS	0 1 1411
OVERLAND PARK, KS 66212	Contact Address Requested by Surety:
CITY, STATE, ZIP CODE	ROANOKE INSURANCE GROUP INC.
	Managing General Underwriters for AMERICAN ALTERNATIVE INSURANCE CORPORATION
	1475 E. WOODFIELD ROAD, SUITE 500
	SCHAUMBURG, IL 60173
Brian DeFrain, EVP & General Counsel	Phone: 847-969-1420
(type or print Principal officer's name and title)	$\overline{}$
	_ Matthew & Zehner
(D) : (f'') : ()	
(Principal officer's signature)	Matthew L. Zehner, Attorney-in-Fact
Brent Langenbach	· come
(type or print witness's name)	— (Samular C Notice I SEAL)
(type of plant with 635 3 flame)	1923

Jennifer E. Rome, Witness





BRIAN DEFRAIN D & L TRANSPORT LLC 10540 MARTY STREET SUITE 160 OVERLAND PARK, KS 66212

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **DLNC** has been renewed for:

D & L TRANSPORT LLC 10540 MARTY STREET SUITE 160 OVERLAND PARK, KS 66212 MC-512088 US DOT-2233590

This Alpha Code will apply only to the company name shown above through June 30, 2020. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection Attention: SCAC Beauregard, Cube C-231-1 1801 N. Beauregard Street Alexandria, VA 20598-1350 AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810





Wire Transfer or ACH Payment Information

Routing Number: **041215854** Account Number: **1016120**

D&L Transport Contact

Becky Higgins

PO Box 7690, Overland Park, KS 66207

Banking Contact

Waterford Bank

Attention: Todd Hoyt

3900 N McCord Road, Toledo, OH 43617

419-720-3900

Additional Instructions:

- Any payment must include D&L Transport PRO number(s) and individual invoice payment amount. Any payments received without remittance detail WILL NOT BE APPLIED until remittance detail is provided.
- An email with remittance information emailed to ach@dltransport.com

Thank you, Accounts Receivable D&L Transport, LLC



Credit Card Authorization

Customer:	·
Invoice(s):	
Amount:	
Card #:	
Expiration:	Security Code:
Name on Card:	
Street Address:	
City, ST ZIP:	
Receipt Email/Fax:	
•	
Signature:	
Printed Name:	

A 3% credit card processing fee will be assessed for each transaction