Thank you for choosing Lionsgate Freight and Logistics!

MC # 998488 DOT # 2949412

888*565*4667 NC Office 704-566-3633

TX Office 214-438-4774

Lionsgatefreight.com



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

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

SERVICE DATE November 10, 2021

LICENSE MC-998488-B

U.S. DOT No. 2949412 LIONSGATE FREIGHT AND LOGISTICS LLC WAXHAW, NC

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 366). 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.

Jeffrey L. Secrist, Chief

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Information Technology Operations Division

BPO

Fwd: Surety Filing

Lionsgate Logistics, LLC'lionsgatefreight@gmail.com>

Mon 11/22/2021 1:01 PM

To: Jamie Rogers <jcrog@lionsgatefreight.com>

Active/Pending Insurance

US DOT: Legal Name:		2949412 LIONSGATE FREIGHT AND LOGISTICS LLC		Docket Nur	mber:	MC00998488		
Form	Туре	Insurance Carrier	Policy/Surety	Posted Date	Coverage From	Coverage To	Effective Date	Cancellation Date
84	' SURETY	NATIONWIDE MUTUAL INSURANCE COMP		10/26/2021	\$0	\$75,000*	10/25/2021	

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 brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Carrier Details Rejected Insurance Insurance History Authority History Pending Application Revocation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2021

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.

11	MPORTANT: If the certificate holde F SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to the	terms and conditions	of the po	licy, certain	policies may					
PRODUCER Partlow Insurance Agency, Inc. 2333 North Frederick Pike Winchester, VA 22603					CONTACT NAME: PHONE (A/C, No, Ext): (540) 667-4980 FAX (A/C, No, Ext): (540) 667-4980					667-3321	
					PHONE (A/C, No, Ext): (540) 667-4980 FAX (A/C, No): (540) 667-3321 E-MAIL EDDRESS: info@partlowinsurance.com						
										NAIC#	
				INSURER A : Hudson Excess Insurance Co					Tital a		
INSURED					INSURER B : Nationwide Mutual Insurance Comp						
	Lionsgate Freight and Logis	tics LLC		INSURER C:							
2014 Iverson Ln				INSURER D:							
	Waxhaw, NC 28173		INSURI	ERE:							
			INSURER F:								
CC	VERAGES CER	TIFICATE	E NUMBER:				REVISION NU	MBER:			
11	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN.	ENT, TERM OR CONDITI , THE INSURANCE AFFO LIMITS SHOWN MAY HAV	ON OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WI	TH RESPE	ECT TO	WHICH THIS	
LTR	TIPE OF INSURANCE	INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	4 000 000	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR		GTUL00094900		11/23/2021	11/23/2022	DAMAGE TO REN' PREMISES (Ea occ	currence)	\$	100,000	
							MED EXP (Any one	person)	\$	5,000 1,000,000	
							PERSONAL & ADV		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$	Included	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY		GTUL00094900		11/23/2021	11/23/2022	COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (F	er person)	\$		
	AUTOS ONLY AUTOS						BODILY INJURY (F		\$		
	HIRED AUTOS ONLY Contingent auto				-		PROPERTY DAMA (Per accident)		\$		
	A		-				\$5000 Deduct	IDI	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION						PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N						PER STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			•			E.L. EACH ACCIDE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA				
В	Bonds		7901082165		10/26/2021	10/26/2022	Broker bond	LICY LIMIT	5	75,000	
A	Professional Liabili		GTUL00094900		11/23/2021	11/23/2022	\$5000 Deduct	ible		100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ingent Cargo limit \$100000 with \$2500 d	LES (ACORI leductible	D 101, Additional Remarks Sche included in policy	dule, may t	e attached if mor	re space is requi	red)				
CERTIFICATE HOLDER					CANCELLATION						
Insured's Copy - SRW If you need to be listed as a holder, email				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	swalther@partlowinsurance.com				AUTHORIZED REPRESENTATIVE						

(Rev. October 2018)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

gov/FormW9 for instructions and the latest information.

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

Internal	Revenue Service		GO to WWW.II s.gov	T CHARLES TO									
	1 Name (as shown	on your income	tax return). Name is rec	uired on this line; do n	ot leave this line blank.								
	Lionsgate Freight and Logistics, LLC												
	2 Business name/o												
Print or type. Specific Instructions on page 3.	3 Check appropria following seven I	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):											
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC								Exempt payee code (if any)				
	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 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.												
		(Applies to accounts maintained outside the U.S.)											
oec	Other (see in: 5 Address (number		Requester's name and address (optional)										
S		cham Hill /											
See													
	6 City, state, and												
	Charlotte,												
	7 List account nur	7 List account number(s) here (optional)											
			 	(TIA!)									
Pa	rt! Taxpa	ayer Identifi	ication Number	(IIN)	with an an line 1 to a	void Social se	curity numb	er					
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 resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other						for a	-	-					
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a													
TIN later.							yer identification number						
Note: If the account is in more than one name, see the instructions for line 1. Also see What Na Number To Give the Requester for guidelines on whose number to enter.						4 7	- 4 1	5 6	2 2	9			
	et II Cortif	fication											
	Certif		nat:										

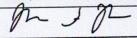
Under penalties of perjury, I certify

- 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. citizen or other U.S. person (defined below); and
- 4. 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 > 11/22/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

References

 Brakebush Transportation N4993 6th Drive Westfield, WI 53964 800-933-2121

UpNatit Trucking LLC
 2539 Glen Hollow Drive
 Lancaster, TX 75134
 972-765-4511

Peak Trucking LLC
 7461 Abigail Glen Drive
 Charlotte, NC 28212
 980-339-6608