

Express

DD&S EXPRESS

Company Profile
DD&S EXPRESS INC.
DD&S LOGISTICS INC.
www.ddsexpress.com

DD&S Express
MC#326288
USDOT# 361802
SCAC Code- DDSB
FED ID# 52-1935247

DD&S Logistics
MC#666059
USDOT#1837444
SCAC Code- DDGQ
FED ID# 26-3869477

Physical Address: 185 Harry S. Truman Pkwy, Suite 116, Annapolis, MD 21401
Remit to Address: PO Box 74418 Cleveland, OH 44194-4418
Phone: 410-488-9200, 202-696-1500, 800-285-4337
Fax: 301-386-0709

Contacts

Rick Seleski	Vice President	rseleski@ddsexpress.com
Don Miller	OM/Dispatch	dmiller@ddsexpress.com
Justin Hovaker	Operations	jhovaker@ddsexpress.com
Chris Schultz	Operations	cschultz@ddsexpress.com
James Simpson	Manager Heavy Haul	jsimpson@ddsexpress.com
Katelyn Coleman	Safety Manager	kcoleman@ddsexpress.com
Michele Gonzalez	Accounting A/R	collections@ddsexpress.com

Service Area - 48 States, Canada

Equipment

Flatbeds-5, RGN'S-75, Step Deck-80, Vans-1, Reefer-1, Hot Shot-3,
All Equipment is Air-Ride, Carries Tarps, Straps, Chains and Binders,
Wireless Communication, ELD Compliant

Insurance Company: Hylant Group- Phone: 216-447-1050, Fax: 216-447-4088



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

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

May 27, 2011

In reply refer to:
Your USDOT No.: 361802
Review No.: 845169/CR

ROBERT C. SCHUHMAN
VICE PRESIDENT
D D & S EXPRESS INC
8515 RAINSWOOD DR
LANDOVER, MD 20785

Dear ROBERT C. SCHUHMAN:

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 May 26, 2011. 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
CITY CRESCENT BUILDING
10 SOUTH HOWARD STREET, SUITE 2710
BALTIMORE, MD 21201
Telephone No.: 410-962-2889

John Van Steenburg
Director, Office of Enforcement and
Compliance

CERTIFICATE OF AUTHORITY -- CONTRACT

PM-31
(Rev. 1/95)

SERVICE DATE
October 15, 1997

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 326288 P

DD&S EXPRESS, INC.
BALTIMORE, MD US

This permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

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 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Thomas T. Vining
Chief, Licensing and Insurance Division

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.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
DD&S Express Inc.

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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 should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
185 Harry S. Truman Parkway, Suite 116

6 City, state, and ZIP code
Annapolis, MD 21401

7 List account number(s) here (optional)

Requester's name and address (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	2	-	1	9	3	5	2	4	7
---	---	---	---	---	---	---	---	---	---

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 ▶ *Rw. J* Date ▶ *1/2/2020*

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*.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/22/2020

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 Hylant Group, Inc. - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	CONTACT NAME: Diana Wallace PHONE (A/C No. Ext): 216-447-1050 E-MAIL ADDRESS: cleveland_hmi@hylant.com		FAX (A/C, No): 216-447-4088
	INSURER(S) AFFORDING COVERAGE		
INSURED DD&S Express, Inc. 185 Harry S. Truman Parkway, Suite 116 Annapolis, MD 21401	KAPLA-4	INSURER A : Old Republic Insurance Co	
		INSURER B : Burlington Insurance Company	
		INSURER C : Travelers Prop Cas Co of Amer	
		INSURER D : Nationwide Mutual Insurance Co	
		INSURER E : Harleysville Ins Co of New Jersey	
		INSURER F :	
		NAIC #	

COVERAGES

CERTIFICATE NUMBER: 647165078

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			707BW59612	9/1/2020	9/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTT31415420	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D E	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	N/A	ACP WC 3009852955 (AOS) WC0000001587BK (NJ)	9/1/2020 9/1/2020	9/1/2021 9/1/2021	<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
C A	Motor Truck Cargo Phys Dam Incl Trailer Interchange			QT-630-1R772156-TIL-20 MWTT31415420	9/1/2020 9/1/2020	9/1/2021 9/1/2021	\$250,000 ACV

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Cargo deductible is \$10,000.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance . . .	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 <i>Judy K. Wilson</i>

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DD&S Express Banking,Credit/Broker References

Banking- Key Bank National Association
127 Public Square
Cleveland, OH 44114

References

Credit-1 West Coast Services Inc
150 E. Arrow HWY
San Dimas, CA 91773
Phone: 626-930-9292

Credit-4 Southwestern Trucking
PO Box 117
Griffin, GA 30224
Phone: 770-727-1321

Credit-2 East Coast Specialized
324 Long Meadow Rd
Lancaster, PA 17601
Phone: 717-945-7319

Credit-3 Interstate Permit Service Inc
P.O. Box 32493
Columbus, OH 43232
Phone: 614-575-9490

Broker-1 Coyote Logistics
Alpharetta, GA 30005
Phone: 847-295-2424

Broker-4 C.H Robinson
Eden Prairie, MN 55347
Phone: 800-326-9977

Broker-2 Bennett International Logistics
P.O. Box 569
McDonough, GA 30253
Phone: 800-873-3233

Broker-5 BNSF Logistics
PO Box 176
Versailles, OH 45380
Phone: 800-726-8283

Broker-3 Ryan Transportation
Shawnee Mission, KS
Phone: 913-310-2217