



Thank you for your interest in the **R&R Express** and the R&R Family of Companies. We are proud to provide all the modes, solutions and global reach our customers need. From less than truckload to truckload, flatbed to heavy haul, refrigerated to final mile, ocean to air, we have you covered with over 10 shipping modes.

Included in this packet of information is the following:

1. Operating Authority
2. W9 Tax Form
3. Certificate of Insurance
4. Current Bond
5. Other related documentation

Corporate Office Information:

Name R&R Express Inc.
Address 100 Commerce Dr., Pittsburgh, PA 15275
Phone # 800-223-8973
Fax # 412-920-1899
MC # 297351
DOT # 920564
SCAC RRXN, RRBD, RRES, and RRXG
FEIN 25-1771123

Corporate Contact Information:

Billing/Invoicing billing@shiprrex.com
Credit creditrequests@shiprrex.com
Collections collections@shiprrex.com
Claims claims@shiprrex.com
Website shiprrex.com





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2025

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 McGriff, a Marsh & McLennan Agency LLC Company 6501 Peake Road, Suite 700 Macon GA 31210	CONTACT NAME: PHONE (A/C, No, Ext): 904-261-9828 FAX (A/C, No): 866-275-7999 E-MAIL ADDRESS: Cynthia.Turner@McGriff.com
INSURED R&R Express, Inc. 100 Commerce Dr Pittsburgh, PA 15275	INSURER(S) AFFORDING COVERAGE INSURER A: OBI National Insurance Company INSURER B: CHAUCER INS CO INSURER C: Obsidian Insurance Company INSURER D: Colony Specialty Insurance INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 854354447**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LDCH00005101	3/23/2025	3/23/2026	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> PIP \$5K PA			LDLAL00000100302	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$ \$
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 <input checked="" type="checkbox"/> N	N/A	4060365280015	11/1/2024	11/1/2025	<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	Motor Truck Cargo Inc: Trailer Intrchge Inc: Reefer Breakdown			USM42893885	7/1/2025	7/1/2026	Cargo Lmt: Any 1 Veh \$500,000 Trailer Intrchge Limit \$65,000 Reefer Breakdown Lmt \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SCAC RRXN; MC#297351

CERTIFICATE HOLDER**CANCELLATION**

R&R EXPRESS INC
100 COMMERCE DR
PITTSBURGH PA 15275

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2025

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INSURED R&R Express, Inc. 100 Commerce Dr Pittsburgh, PA 15275	INSURER(S) AFFORDING COVERAGE INSURER A: CHAUCER INS CO INSURER B: OBI National Insurance Company INSURER C: Obsidian Insurance Company INSURER D: Colony Specialty Insurance INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1583159145**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LDCH00005101	3/23/2025	3/23/2026	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> PA PIP \$5K			LDAL00000100302	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$ \$
B	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 checked="" type="checkbox"/> N	N/A	4060365280015	11/1/2024	11/1/2025	<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	Motor Truck Cargo Inc: Trailer Intchge Inc: Reefer Breakdown			USM42893885	7/1/2025	7/1/2026	MTC Limit Any 1 Veh Trailer Intchge Limit Reefer Limit 250,000 \$65,000 \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SCAC RRXN; MC#297351

CERTIFICATE HOLDER**CANCELLATION**

R&R EXPRESS INC
100 COMMERCE DR
PITTSBURGH PA 15275

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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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) R&R Express Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 100 Commerce Dr 6 City, state, and ZIP code Pittsburgh PA 15275 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
2	5	-	1	7	7	1	1	2	3

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 *Victoria Flinn*

Date **7/1/2025**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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

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

SERVICE DATE
March 02, 2012

LICENSE
MC-297351-B

U.S. DOT No. 920564
R & R EXPRESS, INC
PITTSBURGH, PA

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.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	RRXN
Assigned Date	Monday, 16 December 2002
Assigned To	R & R EXPRESS INC 100 COMMERCE DR PITTSBURGH, PA USA 15275 USDOT # 920564 MC # 297351
Company Contact	LORETTA PAYONK
Expiration Date	Sunday, 05 July 2026



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U "

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

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

SERVICE DATE
February 13, 2001

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

CERTIFICATE

MC 297351 C

R & R EXPRESS, INC.

PITTSBURGH, PA, US

This Certificate is evidence of the carrier's authority to engage in transportation as a **common 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). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Director
Office Data Analysis & Information Systems

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.



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

Instructions for completing this form
are located on pages 2 through 3.

SURETY BOND

FEDERAL ID# 25-1771123
(Principal)
BOND # 1001070164
EFFECTIVE DATE 07/20/2016

KNOW ALL MEN BY THESE PRESENTS, That we,

R & R Express, Inc.

(NAME OF APPLICANT)

3 Crafton Square Pittsburgh Pennsylvania 15205

(MAILING ADDRESS OF APPLICANT)

, as PRINCIPAL, and

American Contractors Indemnity Company

(NAME OF SURETY)

601 S. Figueroa Street Suite 1600 Los Angeles California 90017

(MAILING ADDRESS OF SURETY)

, as SURETY

qualified to do business in Pennsylvania, are held and firmly bound unto the Commonwealth of Pennsylvania, as OBLIGEE, in the full and just sum of five thousand Dollars, * lawful money of the United States of America, to be paid to the said Commonwealth of Pennsylvania, or its assigns, to which payment well and truly to be made, the PRINCIPAL and SURETY bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

NOW, THEREFORE, the condition of this obligation is such that, if the above bounden PRINCIPAL shall promptly make payment to the Commonwealth of Pennsylvania of all statutory and regulatory fees, costs and expenses owed by the PRINCIPAL or by PRINCIPAL through its owners, officers, employees or agents, within the period as required by Title 67 PA Code—Chapter 179, and Chapter 19, Subchapter C of the "Vehicle Code", their supplements and amendments, then this obligation shall be void and of no effect, otherwise to remain in full force and virtue.

In the event of default, action on this Bond may be begun forthwith, and the PRINCIPAL and SURETY, jointly and severally, do hereby authorize and empower any attorney of any Court of Record of Pennsylvania, or elsewhere, to appear for and to enter judgment against them, jointly and severally, for the above bounden sum, with or without defalcation, with costs of suit, release of errors, without stay of execution and with fifteen (15%) percent attorneys' fees added for collection; and waiving inquisition on any real estate and exemption of any property whatsoever, authorizing condemnation of same and immediate issuance of a writ of execution and releasing and waiving relief from any and all appraisement, stay of execution or exemption laws of any state, now in force or hereafter to be passed.

PROVIDED, FURTHER, that in the absence of default, this bond shall remain in full force and effect and may not be cancelled by the SURETY without the written permission of the Department of Transportation's Central Permit Office.

EXECUTED ON 07/21/2016 with the intention to be legally bound hereby.
(DATE)

ATTEST:

R & R Express, Inc.

(PRINCIPAL)

BY:

☐ (ASST.) SECRETARY ☐ (ASST.) TREASURER

☐ (VICE) PRESIDENT ☒ SOLE PROPRIETOR AND OWNER

☒ OTHER: Vice President
(Attach Resolution)

☐ MANAGING PARTNER ☐ OTHER: _____
(Attach Resolution)

WITNESS:

Underwriting Assistant

(SIGNATURE)

(TITLE)

American Contractors Indemnity Company

(SURETY)

BY:

(SIGNATURE - SEE NOTE 1)

(TITLE)

John D. Weisbrot, Attorney-in-Fact

Note 1: Power of Attorney designating SURETY Signator must be attached.

Note 2: This surety bond will be returned for correction if any underlined items are not properly completed.

*At least \$5,000 or in such amount in excess thereof as shall be required by the Department's Central Permit Office.

POWER OF ATTORNEY
AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

John D. Weisbrot or Patricia A. Tinsman of Pipersville, Pennsylvania

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed *****Unlimited***** Dollars (\$ *****Unlimited*****).

This Power of Attorney shall expire without further action on December 20, 2017. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of December, 2014.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

Corporate Seals



By:

Daniel P. Aguilar, Vice President

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles SS:

On this 1st day of December, 2014, before me, Maria G. Rodriguez-Wong, a notary public, personally appeared Dan P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature (Seal)



I, Michael Chalekson, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 21st day of July 2014.

Corporate Seals

Bond No. 1001070164
Agency No. 11009



Michael Chalekson, Assistant Secretary

AMERICAN CONTRACTORS INDEMNITY COMPANY
STATUTORY STATEMENT OF ADMITTED ASSETS,
LIABILITIES, CAPITAL AND SURPLUS (1)
December 31, 2015

Admitted Assets

Investments:	
Fixed Maturities, at amortized cost	290,881,018
Real estate, held for sale	1,979,986
Cash and short term investments	20,909,661
Total cash and invested assets:	313,870,665

Investment income due and accrued	3,042,158
Premium receivable	2,878,538
Recoverable from reinsurers	2,249,186
Net deferred tax asset	2,359,841
Electronic data processing equipment	86,911
Receivable from parent, subsidiaries and affiliates	16,153
Other miscellaneous assets	338,379
	10,971,168

Total admitted assets

324,841,833

Liabilities and Capital and Surplus

Liabilities:	
Unpaid loss and loss adjustment expense	34,689,694
Commissions payable	1,122,756
Accrued expenses	4,289,169
Taxes, licenses and fees	557,756
Current federal income taxes	2,862,172
Unearned premiums	10,752,603
Advance premiums	2,158,222
Ceded reinsurance balance payable	1,138,529
Amounts withheld or retained for others	141,642,103
Provision for reinsurance	40,836
Payable to parent, subsidiaries and affiliates	5,740,950
Payable for securities	2,084,261
Unearned fee revenue	524,180
Deferred ceding commission	4,189,931
Total liabilities	211,793,162

Capital and Surplus:	
Capital Stock	2,100,000
Additional paid-in and contributed capital	32,402,978
Unassigned surplus	78,545,694
	113,048,671

Total liabilities and capital and surplus

324,841,833

(1) In accordance with the statutory financial statements as filed on March 1, 2016.

I, Peter W. Carman, Chief Financial Officer of American Contractors Indemnity Company, hereby certify that to the best of my knowledge and belief, the foregoing is a full and true Statutory Statement of Admitted Assets, Liabilities and Capital and Surplus of the Company as of December 31, 2015, prepared in conformity with accounting practices prescribed or permitted by the State of California Department of Insurance. The foregoing statement should not be taken as a complete statement of financial condition of the Company. Such a statement is available upon written request at the Company's home office located at 601 South Figueroa Street, 16th floor, Los Angeles, California 90017.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Corporation at Los Angeles, California.



 Peter W. Carman
 Chief Financial Officer

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2024-2025**

Registrant: R AND R EXPRESS INC
ATTN: Jon Stachon
18342 WEST CREEK DRIVE
TINLEY PARK, IL 60477

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 060424600027G Effective: July 1, 2024 Expires: June 30, 2025

HM Company ID: 89267

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Registration Document



The U.S. Environmental Protection Agency recognizes

R & R Express Inc

As a Registered

SmartWay® Transport Partner

Partnership Date: 05/21/2015

SmartWay ID: 01021414

Expires: 04/02/2025

A handwritten signature in black ink, appearing to read "Sam Waltzer".

Sam Waltzer

Director, SmartWay Transport Partnership

PAYMENT REMITTANCE INFORMATION

Please ensure that your payment along with the remittance advice are sent to one of the options listed below.

US Postal Service:

Name The Huntington National Bank
Address PO Box 72124, Cleveland, OH 44192
Account Name R&R Express
Account Number 01662724516
Routing Number 041000153

ACH/EFT (Automated Clearing House/EFT & Wire Transfer):

Name The Huntington National Bank
Address Cleveland, OH
ABA/Routing Number 041000153
ABA Wire Number 044000024
Swift Code HUNTUS33

Overnight Address:

Name The Huntington National Bank
Address #295 First Merit Circle, Akron, OH 44307
ATTN Lockbox Dept. OPC833

Email Address for remittance documents:

remit@shiprrex.com

