

### LIAM LOGISTICS.LLC

47247 Lexington Dr. Macomb, MI 48044

#### INTRODUCTION

We are a professional operation committed to providing superior expedited service to our customers, with the safest, most efficient drivers available, utilizing well-maintained equipment. We expect all drivers to preserve our reputation for safe driving, prompt and courteous pick-up and delivery, and compliance with all state and federal regulations.

Liam Logistics has a foundation built over years of experience in the transportation industry. We are in the service industry. We service our customers by providing efficient and creative transportation logistics solutions, supported by outstanding communication capabilities. We service our coworkers, and external partners with courtesy and respect. We service our families and the families of others with safe acts and discipline, while on the road and at home.

Liam Logistics is a 100% asset-based company, with services that include, but not limited to,

- 24/7 365 Dispatch
- Satellite Communications
- Reliable Responsible Drivers
- Dry Vans
- Straight Trucks
- Sprinters
- Transportation services in Mexico
- Cross Dock & Transfer service

Service, Safety and Integrity is our commitment to you.



## LIAM LOGISTICS.LLC

47247 Lexington Dr. Macomb, MI 48044

#### SAFETY COMMITMENT

Liam Logistics LLC is fully committed to safety and quality while providing dependable transportation service to its valued customers. This commitment is the basic philosophy of our entire organization and is reflected in the standards and corporate policies that continually promote performance excellence in all phases of our operation.

Internal and External safety is regarded as a fundamental value of the organization and without exception, is the responsibility of every employee at all levels. The Corporate Safety Statement is the basis by which Liam Logistics will do business. At Liam Logistics, the prevention of accidents and injuries is of such importance that safety will always be given first consideration.

We intend to comply with all applicable safety regulations and expects the same from its employees. We also expect its employees to be rested, sober, substance free, and emotionally able to make prudent decisions regarding safety and job tasks. Every employee must report to work ready to safely perform all job assignments. All employees are responsible to advise their supervisor if they are unfit for duty for any reason. Every employee will be expected to maintain safe work habits, safe work conditions, safe equipment, and overall behavior that reflects compliance with the intent of this statement.

Accidents resulting in personal injury, property damage and loss of equipment-use represent needless suffering and waste. The safety of our employees, our operation, and the public is paramount. Every reasonable effort must be made to reduce the possibility of accidents and injuries. Safety shall always take precedence over expediency or short cuts. Any person who forsakes safety in order to expedite "getting the job done" is neither fulfilling the intent of this statement nor abiding by corporate policy.

This company's most valuable & entrusted asset is its employees. Each employee is empowered to take immediate action to eliminate unsafe conditions in the workplace. All unsafe acts or conditions must be reported and corrected immediately. Please work safely.

William Laueer (President)



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

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

SERVICE DATE January 12, 2017

CERTIFICATE MC-962108-C U.S. DOT No. 2869613 LIAM LOGISTICS STERLING HTS, MI

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.

Jeffrey L. Secrist, Chief

Alfry to Swint

Information Technology Operations 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.

CMO

ragerori Motor Carrier Details



#### **Motor Carrier Details**

US DOT: 2869613				Docket Number: MC00962108						
Legal Name:	LIAM LOGISTIC	CS, LLC								
Doing-Busines Name:	s-As									
		Business Telephone and		Mail Address	Mail Telephone and Fax	Undeliverable Mail				
47247 LEXIN MACOMB		(877) 320-542 Fax: (877) 320-	26			NO				
Authority Type			A	uthority Status	Application Pending					
	Common			ACTIVE	NO NO					
	Contract			NONE		NO				
	Broker			NONE		NO				
Property Passenger YES NO			н	ousehold Goods	Private	Enterprise				
				NO	NO					
Insurance Type BIPD			Ins	surance Required	Insu	Insurance on File				
				\$750,000	\$1,000,000					
Cargo				NO	NO					
Bond				NO NO						

Blanket Company: MULTI-STATES AGENT FOR PROCESS, INC. Web Site Content and BOC-3 Information Clarification

| Active/Pending Insurance | Rejected Insurance | Insurance History | Authority History | Pending Application | Revocation |

July 15, 2019



FMCSA Home | DOT Home | Feedback | Privacy Policy | USA gov | Freedom of Information Act (FOIA) | Accessibility | OIG Hotline | Web Policies and Important Links | Plug-ins | Related Sites | Help

Federal Motor Camer Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts

OMB No.: 2126-0015 Expiration: 1/31/2020

USDOT Number: 2869613

Date Received: 05/16/18

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 2126-0015. 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, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir ó auspiciar, y una pesona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesitados y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada o cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Seguridad del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation Federal Motor Carrier Safety Administration

Designation of Agents for Service of Process / Designación de Agentes del Servicio de Proceso

# FORM BOC-3

FULL AND CORRECT NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER: Nombre Completo y Correcto del Transportista, Agente, o el Destinatario del Flete:

LIAM LOGISTICS LLC

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER: Dirección del Transportista, Agente, o el Destinatario del Flete:

47347 LEXINGTON DR MACCOMB 48044-0000

FOREIGN COUNTRY STATE/PROVINCE ZIP CODE + 4 COLONIA (Mexico only) STREET ADDRESS CITY Ciudad Estado/Provincia Código Postal + 4 Colonia (sólo México) Pais Extranjero Dirección

PERSON AUTHORIZED TO SIGN FORM: Persona Autorizada Para Firmar el Formulario:

PROCESS AGENT

TITLE OF AUTHORIZED PERSON Riulo de la Persona Autorizada arriu

SIGNATURE OF AUTHORIZED PERSON

Firma de la Persona Autorizada

SANDY WILLIAMS

NAME OF AUTHORIZED PERSON (please print) Nombre de la Persona Autorizada (por favor imprima)

800-238-8814

TELEPHONE NUMBER Número Telefónico

INSTRUCTIONS: Regulations governing the designation of persons upon whom process may be served are prescribed at 49 CFR 366, as amended. An agent must be designated for each state in or through which the carrier, broker, or freight forwarder operates; each person, association or corporation designated must reside in the state for which designated; a carrier, broker or freight forwarder may designate himself/herself for the state in which he/she resides; and state officials may be designated only if such official's agreement to so act is furnished with this designation. Note: a post office box is NOT ACCEPTABLE as an agent's address. FILE THE ORIGINAL signed copy with the FMCSA, 1200 New Jersey Ave., S.E. (W63-105) Washington, DC 20590. One signed copy should be filed with each state in or through which the operation is conducted; and one copy should be retained by the carrier, broker, or freight forwarder, CHANGES in designation may be made only by filling with the FMCSA, a new form BOC-3. Copies of new designations need to be sent only to those states affected by the change or new filing. Either INDIVIDUAL or BLANKET designations may be made.

INSTRUCCIONES: Las regulaciones gobernantes para la designación de personas a quienes el proceso puede ser servido son prescritas en el 4º CER 366, como se a enmendado. Un agente tiene que ser designado a través de cada estado que el autotransportista, agente o el destinatario del flete que opera; cada persona, asociación o corporación designada debe vivir en el estado que se le a designado. Un autotransportista, agente o el destinatario del flete, puede designarse así mismo por el estado en cual vive; y los oficiales del estado pueden ser designados solamente de acuerdo oficial en el que se facilita de acuerdo al acto de esta designación. Nota: un apartado postal NO ES ACEPTABLE como la dirección de un agente. ARCHIVE LA COPIA ORIGINAL firmada con el FMCSA, 1200 New Jersey Ave. (W63-105) Washington, D.C. 20590. Una copia firmada tiene que ser archivada por cada estado a través de cada operación conducida; y una copia tiene que guardarla el auto transportista, agente o el destinatario del fiete. LOS CAMBIOS de cada designación pueden hacerse solamente reportándose con el FMCSA, y una nueva forma BOC-3. Las copias de las nuevas designaciones necesitan ser mandadas solamente a los estados afectados o el nuevo reporte que se ha hecho. Cualquiera de las dos designaciones pueden hacerse ya sea INDIVIDUAL O AMPLIADA.

(continued on next page)



May 10, 2019

WILLIAM LAUCER LIAM LOGISTICS 47247 LEXINGTON DRIVE MACOMB, MI 48044

## CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of LIAM has been renewed for:

LIAM LOGISTICS 47247 LEXINGTON DRIVE MACOMB, MI 48044 MC-962108 US DOT-2869613

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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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:

AMSSCAC@cbp.dhs.gov Customs and Border Protection Attention: SCAC Beauregard, Cube: A-105-3 1801 N. Beauregard Street Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.

All SCACs are automatically uploaded to ACE within 24 hours.

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.



Matthew G. Bevin

Governor

FRANKFORT, KENTUCKY 40622 www.transportation.ky.gov Greg Thomas Secretary

9/25/2018 LIAM LOGISTICS LLC 47247 LEXINGTON DR MACOMB, MI 48044

The Kentucky Division of Motor Carriers has issued your company the following Kentucky Weight Distance Tax (KYU) license number: 616912.

As a KYU license holder, you are required to do the following:

1. Visit drive.ky.gov to file KYU taxes quarterly, file even if the KYU was issued the last day of a quarter, and file a zero if you did not have operations during a quarter. Below are the required filing timelines:

1st Quarter - January - March - Filing opens April 1st 2nd Quarter - April - June - Filing opens July 1st 3rd Quarter - July - September - Filing opens October 1st 4th Quarter - October - December - Filing opens January 1st

- 2. Failure to file or pay quarterly taxes on time will result in a penalty fee of \$500.
- 3. All VINS registered over 59,999 lbs or greater must be added to your KYU inventory. Visit drive.ky.gov to update your inventory.
- 4. Visit drive.ky.gov to update KYU address, phone, & email data.
- 5. Visit fmcsa.dot.gov to update your USDOT data.

Visit drive.ky.gov to sign up for electronic tax filing and electronic reminders regarding filing deadlines. If your business is closed for any reason you must indicate that on your final tax return. Kentucky no longer sends delinquent mailed correspondence we only send cancellations. Operating on a cancelled KYU license may result in citations and impoundment of vehicles.

**KDENDUKURI** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2020

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).

th	s certificate does not confer rights to	tne	certii	icate noider in ned of su	CONTAC	т					
PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd Suite 280					CONTACT NAME: PHONE (A/C, No, Fyt): (A/C, No, Fyt):						
					(A/C, No, Ext):						
Waltham, MA 02451						E-MAIL ADDRESS: Support@apintego.com					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: NorGUARD Insurance Company					
INSURED						INSURER B:					
	Liam Logistics LLC				INSURE						
	47247 Lexington Dr				INSURE						
	Macomb, MI 48044				INSURE						
					INSURE	RF:		DE MOION NUMBER.			
CO	VERAGES CERT	TIFIC	ATE	NUMBER:				REVISION NUMBER:	I ICV PERIOD		
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY KILUSIONS AND CONDITIONS OF SUCH F	EQUI	REME	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIBE PAID CLAIMS.				
INSR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	INOD	1110					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							\$			
	AUTOMOBILE LIABILITY					7		COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	ACTOS CINET							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$ OTH-			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					40/04/0040	42/24/2020	X PER STATUTE OTH-	100,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		LIWC017365			12/31/2019	12/31/2020	E.L. EACH ACCIDENT \$	100,000		
								E.L. DISEASE - EA EMPLOYEE \$	500,000		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$	300,000		
MC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Number: MC962108 IS ID: 976636	LES (	ACOR	D 101, Additional Remarks Sched	lule, may l	oe attached if mo	re space is requi	red)			
CE	ERTIFICATE HOLDER				CAN	CELLATION					
Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Drive Westlake Village, CA 91361					AC	E EXPIRATIO CORDANCE W	ON DATE TO VITH THE POLI	DESCRIBED POLICIES BE CANCE HEREOF, NOTICE WILL BE I CY PROVISIONS.	ELLED BEFORE DELIVERED IN		
				AUTHORIZED REPRESENTATIVE  JOHN LAND.							

(Rev. December 2014) Department of the Treesury

### **Request for Taxpayer Identification Number and Certification**

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

HUMBIN	i Aevelice Device										
	1 Name (as shown on your income tax return). Name is required on this line; do	o not leave this line blank.							*****		
Print or type Specific Instructions on page 2.	LIAM LOGISTICS										
	2 Business name/disregerded entity name, if different from above										
	LIAM LOGISTICS, LLC										
	3 Check appropriate box for federal tax classification; check only one of the following individual/sole proprietor or ☐ C Corporation ☐ S Corporation ingle-member LC		Trust/estate  4 Exemptions (codes certain entities, not in instructions on page tempt payee code (iii					idividuals; see 3):			
季養	Limited liability company. Enter the tax classification (C=C corporation, S=		Exemption from FATGA reporting								
Print or type : Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; che the tax disselfication of the single-member owner.	the line abov	code (if any)  Upplies to scrounts maintained outside the U.S.)								
40	☐ Other (see Instructions) ▶	P									
픙	6 Address (number, street, and apt. or suite no.)	Hequester s	uester's name and address (optional)								
od	47247 LEXINGTON DRIVE										
See	6 City, state, and ZIP code										
ď	MACOMB, MI 48044	-									
	7 List account number(s) here (optional)										
Par	Taxpayer Identification Number (TIN)										
Enter	your TIN in the conformate box. The TIN provided must match the nam	ne given on line 1 to avoi	200	cial se	ourity i	number					
hanki	in withholding. For individuals, this is generally your social security fluth	nber (SSN). However, to	ra								
reside	ent allen, sole proprietor, or disregarded entity, see the Part I instruction as, it is your employer identification number (EIN). If you do not have a r	ns on page a, nor other number see How to ast			.   -						
	n page 3.		or								
	, if the account is in more than one name, see the instructions for line 1	and the chart on page 4	4 for En	nploye	identi	fication	numbe	•			
note.	lines on whose number to enter.					T.T.	T, T	Π.	7.7		
			8	171	- 7	4 8	6	1 5	6		
Par	t III Certification										
Resident Co.	r cenalties of perjury, I certify that:				Emmont						
1 Th	ne number shown on this form is my correct taxpayer identification num	ber (or I am waiting for a	a number t	o be is	seued	to me);	and				
	and the back of the substitute	relain withholding or/b)	I have not	heen	notifie	d by th	e Intern	nal Re	venue		
Se	ervice (IRS) that I am subject to backup withholding as a result of a failu b longer subject to backup withholding; and	ire to report all interest o	r dividend	s, or (c	) the I	RS has	notifie	d me	that I an		
3. 18	ım a U.S. citizen or other U.S. person (defined below); and										
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting	g is correc	t.							
Certi beca intere gener gener instru	fication instructions. You must cross off from 2 above if you have bet use you have falled to report all interest and dividends on your tax retur- ast paid, acquisition or abandonment of secured property, cancellation rally, payments other than interest and dividends, you are not required actions on page 3.	en notified by the IRS them. For real estate transal of debt, contributions to	at you are actions, iter an individ but you m	currer m 2 do luat rel ust pri	ireme ovide	nt arrar your co	ror mi demen	n iira	), and		
Sign Her		Đại -	te > 10	.02	-19						
A REPORT OF	neral Instructions	<ul> <li>Form 1098 (home mor (tuition)</li> </ul>	rtgage Intere	est), 100	/8-E (st	ludent lo	an Inten	est), 1(	098-T		
	on references are to the internal Revenus Code unless otherwise noted.	<ul> <li>Form 1099-C (canceled debt)</li> <li>Form 1099-A (acquisition or abandonment of secured property)</li> </ul>									
Futur	e developments, information about developments affecting Form W-9 (such islation enacted after we release it) is at www.irs.gov/fw9-										
	pose of Form	Use Form W-9 only if provide your correct Tib	you are a U N.	.S. per	oni) nos	oluding a	residen	d alien	), to		
Committee of the commit	pose of Potts dividual or entity (Form W-9 requester) who is required to tile an information	Il you do not return Fo	orm W-0 to	the req	uester	with a Ti	N, you n	night b	e subjec		
return	with the IRS must obtain your correct taxpayer identification number (1 IN) may be your social security number (SSN), includual taxpayer identification	to backup withholding. S By signing the filled-o	out form, you	u:							
nomb	per (FTM), adoption texpayer identification number (Attin), or entitioner.  Heating number (EIN), to report on an information return the amount paid to	<ol> <li>Certify that the TiN to be lesund).</li> </ol>	ı you ere giv	ing is c	priect (	or you a	re want	ig for t	a numbe		
you,	or other amount reportable on an information return. Examples of information	2. Certify that you are not subject to backup withholding, or									

- . 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)

- 3. Claim exemption from backup withholding if you are a U.S. exempt payes, 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. See What is FATCA reporting? on page 2 for further information.

#### **CWILLENBRING**

DATE (MM/DD/YYYY) 4/22/2020

## CERTIFICATE OF LIABILITY INSURANCE

CORD

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.

	is certificate does not confer rights to	551		CONTACT NAME:							
PRODUCER Transportation Insurance Advisors LLC 2750 S. Preston Rd; Suite 116-220					PHONE (A/C, No, Ext): (407) 965-3609 FAX (A/C, No): (407) 322-6749						
Celi	na, TX 75009			E-MAIL ADDRESS			DING COVERAGE		NAIC #		
						NAIC#					
				INSURER	.,	26379					
INSU	RED			INSURER		22136					
	Liam Logistics LLC			INSURER C: Great American Ins Co							
	510 Enterprise Dr Laredo, TX 78045			INSURER							
	Laredo, 1x 78043			INSURER			14				
		27,900,002,00400,00000		INSURER	F:		REVISION NUMBER:				
CO	VERAGES CERT	IFICA	TE NUMBER:	LIAVE DE	EN ICCUED T			IF POI	ICY PERIOD		
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	QUIRE	MENT, TERM OR CONDITION  N THE INSURANCE AFFOR	NOF AN RDED BY BEEN RI	THE POLICIED BY	ES DESCRIB PAID CLAIMS.	DOCOMENT WITH RESTE		11110111110		
INSR		ADDL SUI	BR POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		4 000 000		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE S	\$	1,000,000		
	CLAIMS-MADE X OCCUR		04232020BGL		4/23/2020	4/23/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
							MED EXP (Any one person)	\$	5,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000		
В	OTHER:						COMBINED SINGLE LIMIT	\$ \$	1,000,000		
-	ANY AUTO		04232020BAL		4/23/2020	4/23/2021	(Ed doordont)	\$			
	OWNED AUTOS ONLY X SCHEDULED AUTOS		04202020BAL		1,20,2020			\$			
							PROPERTY DAMAGE	\$			
	X HIRED X NON-OWNED AUTOS ONLY							\$			
	UMBRELLA LIAB OCCUR							\$			
	EXCESS LIAB CLAIMS-MADE							\$			
	DED RETENTION\$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH-				
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$			
C	Motor Truck Cargo		04232020BMTC		4/23/2020	4/23/2021	Limit \$100,000 Ded		1,000		
Α	Physical Damage		04232020BAPD		4/23/2020	4/23/2021	Comp/Coll Ded		1,000		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	DRD 101, Additional Remarks Sched	lule, may be	attached if mo	re space is requi	red)				
CE	RTIFICATE HOLDER			CANC	ELLATION						
	INSURED'S COPY Send COI requests to: COI@		sors.net	THE	EXPIRATIO	N DATE TI	DESCRIBED POLICIES BE CA HEREOF, NOTICE WILL E CY PROVISIONS.				
	*For informational purposes	only*		AUTHORIZED REPRESENTATIVE							