



**CARRIER INFORMATION SHEET**

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TERMINAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMINAL CONTACT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

MAIN OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMINAL FAX #: \_\_\_\_\_ MAIN OFFICE PHONE #: \_\_\_\_\_

MAIN OFFICE FAX #: \_\_\_\_\_ MC#: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

**PAYMENT INFORMATION:**

REMIT TO ADDRESS: \_\_\_\_\_

IS IT A FACTORING COMPANY? Y / N    NAME OF FACTORING COMPANY: \_\_\_\_\_

**LIABILITY INSURANCE AGENT NAME:**

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CARGO INSURANCE AGENT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

TYPE OF TRUCKS(HOW MANY): \_\_\_\_\_ FLAT BED \_\_\_\_\_ STEP DECK \_\_\_\_\_ DOUBLE DROP \_\_\_\_\_ RGN

**PLEASE FAX THIS FORM BACK TO US ALONG WITH THE FOLLOWING DOCUMENTS:**

- W-9 FORM
- SIGNED CARRIER AGREEMENT
- AUTHORITY
- CERTIFICATE OF INSURANCE SHOWING US AS A CERTIFICATE HOLDER



## CARRIER AGREEMENT CONTRACT

This CARRIER AGREEMENT (hereinafter referred to as "the Contract") is made and entered on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, between \_\_\_\_\_, (hereinafter referred to as the "Carrier") and Lightning Freight Brokerage, a LLC with its principal place of business at 10622 Hirsch Rd. Houston, TX 77016.

### WITNESSETH

- Lightning Freight Brokerage is a motor carrier property broker duly licensed by the Federal Highway Administration (FHWA) to arrange the transportation of property by authorized motor carriers, which desires from time to time to use the services of Carrier to transport freight for or on behalf of its customers, the transportation of which Lightning Freight Brokerage controls.
- Carrier is a motor contract carrier of property, authorized by the Federal Highway Administration (FHWA) in Docket No. MC \_\_\_\_\_, all other applicable State or Federal governmental agencies which may be required to conduct operations and provide services in intrastate, interstate or foreign commerce in the transportation of General Commodities (except Household Goods), under continuing contracts with Lightning Freight Brokerage.
- Lightning Freight Brokerage commits to tender, and Carrier hereby commits to transport shipments during the term of the contract. Carrier agrees to provide service designed to meet the unique, distinct and continuing transportation service needs of Lightning Freight Brokerage and its Customers.
- Carrier agrees to communicate thoroughly with Lightning Freight Brokerage from the time the confirmation is received by Carrier until the shipment is delivered to the consignee. If a problem arises the Carrier will notify Lightning Freight Brokerage immediately.
- Carrier agrees to notify Lightning Freight Brokerage when the shipment is delivered and will give a verbal proof of delivery (signature of whom signed for the shipment).
- Carrier will issue and sign a standard uniformed straight bill of lading or other receipt acceptable to Lightning Freight Brokerage and Lightning Freight Brokerage customers upon acceptance of goods for transportation. The receipt or bill of lading issued or executed by Carrier shall be prima-facie evidence of receipt of goods in good order and condition by Carrier unless otherwise noted on the face of said document.
- Carrier shall submit to Lightning Freight Brokerage the original signed bill of lading evidencing good delivery of the goods. If Carrier fails to maintain and provide the bills of lading as agreed, Carrier assumes all risk of loss resulting from the failure to prove delivery.
- If Carrier cannot provide a signed bill of lading or receipt evidence delivery, the carrier will not be paid. Lightning Freight Brokerage has to provide their customers with signed delivery receipts upon invoicing transactions.
- Carrier agrees to fax a hard copy of the delivery ticket with a legible signature to Lightning Freight Brokerage as soon as they receive the paperwork from their driver.
- Carrier will bill Lightning Freight Brokerage and Lightning Freight Brokerage will pay carrier for freight charges payable to Carrier on shipments tendered by Lightning Freight Brokerage. Carriers freight charges will be printed on the Rate Confirmation in the amount negotiated between Lightning Freight Brokerage and the Carrier on each individual shipment, before the carrier is dispatched to pick up the shipment.

- Lightning Freight Brokerage agrees that it will endeavor to pay all freight bills of transportation performed within 30 days of receipt of said freight bills.
- Carrier agrees to transport the commodities to the specified destination with reasonable dispatch (defined as the length of time that it would ordinarily take to transport a like shipment), unless the specified delivery date and/or time is communicated to Carrier prior to the pick-up of any shipment.
- Carrier agrees to procure and maintain for the benefit of Lightning Freight Brokerage and its Customers, at Carriers own expense, and to provide written proof of, all insurance coverage required by the US Department of Transportation; a minimum of \$100,000 per vehicle cargo liability insurance covering all goods transported by Carrier under the terms of this agreement. Carrier will also maintain a minimum of \$1,000,000 per occurrence Automotive Liability Insurance. Carrier shall have their insurance agency send proof, naming Lightning Freight Brokerage as the certificate holder on this policy.
- Carrier, at its sole cost and expense, shall furnish all equipment required for its services hereunder and shall maintain all equipment in good repair and condition. Carrier, at its sole cost and expense shall employ for its services hereunder only competent and legally licensed personnel. Without written consent from Lightning Freight Brokerage, the Carrier shall not permit any shipment tendered hereunder to be transported by any other motor carrier or interline service.
- Carrier agrees to hold Lightning Freight Brokerage harmless from and indemnify Lightning Freight Brokerage for any liability resulting from loss or damage to any freight transported by Carrier pursuant to this agreement, including all cost to defend claims. Carrier also agrees to hold Lightning Freight Brokerage harmless from and indemnify Lightning Freight Brokerage for any liability resulting from personal injury or property damage, which may occur during the operations of Carrier pursuant to this agreement, including all cost to defend claims.
- It is further agreed that Lightning Freight Brokerage shall not be liable or responsible to anyone for the operations, maintenance, or control of Carrier's equipment nor shall Lightning Freight Brokerage be liable or responsible for any violation of traffic regulations, load weight limitations, or rules, regulations or laws which pertain to or affect the transportation of the property contemplated herein.
- Carrier agrees that it will not directly or indirectly contact or communicate with, or deal with any account referred to it by Lightning Freight Brokerage for 1 year following the date of the initial referral or the date service was last performed for such account, under the terms of this Agreement, whichever is later. Carrier will not solicit business from any shipper, consignor, consignee of customer of which Lightning Freight Brokerage tendered shipment. If Carrier breaches this agreement and "back solicits" Lightning Freight Brokerage customers and obtains traffic from such a customer, Lightning Freight Brokerage will be entitled, for a period of 15 months after the involved solicitation first begins to a shipment, to a same commission from the Carrier of 20% of the transportation revenue received on the movement of the shipment.
- Except as required by law, the existence of this Agreement, its terms, conditions and provisions, including all information contained in any receipt, bill of lading or shipping document shall be confidential and shall not be disclosed by Carrier to persons other than its officers, directors, employees, agents, accountants, and auditors.
- This Agreement shall be deemed to be effective on the first date that Carrier and Lightning Freight Brokerage commenced business together and the parties agree that the provisions

contained herein properly express and memorialize the complete understanding of the parties contained in all prior agreements, both verbal or in writing. This Agreement shall be effective as a continuing agreement subject to the right of either party hereto to cancel the agreement at any time upon not less than thirty (30) days written notice of one party to the other.

IN WITNESS WHEREOF, the parties have caused this Agreement to as of the date first above written.

Lightning Freight Brokerage, LLC

Carrier

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## LIGHTNING FREIGHT BROKERAGE CONTACTS

Office Phone: 713-255-9100

Fax Line: 713-255-9105

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### To Book a Load or Dispatch:

[Dispatch@lightning-logistics.com](mailto:Dispatch@lightning-logistics.com)

Nelson Montenegro - Tractors  
[nelson@lightning-logistics.com](mailto:nelson@lightning-logistics.com)

Adriana Rivera – Hot Shot  
[adriana@lightning-logistics.com](mailto:adriana@lightning-logistics.com)

Andrea Perez – Hot Shot  
[andrea@lightning-logistics.com](mailto:andrea@lightning-logistics.com)

Jamie Castaneda - Brokerage  
[jamie@lightning-logistics.com](mailto:jamie@lightning-logistics.com)

Ben Malloy - Brokerage  
[ben@lightning-logistics.com](mailto:ben@lightning-logistics.com)

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### Sales:

Shea Jones  
Cell: 713-382-2368  
[shea@lightning-logistics.com](mailto:shea@lightning-logistics.com)

Hallie James  
Cell: 713-419-7972  
[hallie@lightning-logistics.com](mailto:hallie@lightning-logistics.com)

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### Accounts Payable:

Theresa Traywick  
[theresa@lightning-logistics.com](mailto:theresa@lightning-logistics.com)

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### Safety & Compliance:

Kenny Mallet  
Cell: 281-701-4437  
[kenny@lightning-logistics.com](mailto:kenny@lightning-logistics.com)

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### Chief Operations Officer:

Adam Wright  
Cell: 713-247-9489  
[adam@lightning-logistics.com](mailto:adam@lightning-logistics.com)

## CREDIT REFERENCES

Federal Tax ID #: 80-0408567  
MC #: 680808

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**Officers:** Brody Chapman – CEO  
David Miller – CFO  
Adam Wright – COO  
Shea Jones – VP Sales

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**Bank:** **Texas Capital Bank**  
One Riverway, Suite 150  
Houston, TX 77056  
Contact: Trey Mounce (SVP)  
832-308-7091

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<b>References:</b>	<b>McCoy Workplace Solutions</b> 6869 Old Katy Road Houston, TX 77024 Contact: Mike Hamrick 713-865-4352	<b>Tele-Pro Communications</b> PO Box 1585 Sugar Land, TX 77487 Contact: Stephen Rentz 281-275-5050
	<b>Premier Trailer Leasing</b> 8222 Market Street Houston, TX 77029 Contact: Mark Valdez 713-675-0087	<b>THTF Enterprises, LLC</b> PO Box 590701 Houston, TX 77062 Contact: Shawn Boone 832-398-4549

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return) <b>Lightning Freight Brokerage, LLC</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b> <input type="checkbox"/> Other (see instructions) ▶	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>P.O. Box 21149</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Houston, TX 77226</b>		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
Employer identification number	
4 5 - 3 8 5 8 7 3 2	

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1-15-14</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exempt on from backup withholding if you are a U.S. exempt payee. 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.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.





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

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

SERVICE DATE  
January 17, 2012

**DECISION**  
**MC-680608**  
**LIGHTNING LOGISTICS, LLC**  
**HOUSTON, TX**  
**REENTITLED**  
**LIGHTNING FREIGHT BROKERAGE, LLC**

On January 10, 2012, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as LIGHTNING FREIGHT BROKERAGE, LLC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)368-9805.

Decided: January 11, 2012  
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NCA







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/6/2014

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 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 Saffe Property & Casualty 2611 Cypress Creek Parkway Suite F-101 Houston TX 77068	CONTACT NAME: Kimberly Allen	
	PHONE (A/C No. Ext): (281) 766-1400	FAX (A/C No.): (281) 766-1423
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Burlington Insurance Company		23620
INSURER B: Hallmark County Mutual		29408
INSURER C: Lexington Insurance Company		19437
INSURER D: Travelers Lloyd's		25674
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL136331809 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			HGL0034951	6/04/2013	6/4/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY			TXA516284	6/4/2013	6/4/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			018321239	6/4/2013	6/4/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED: RETENTION S						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below.						E.L. DISEASE - EA EMPLOYEE \$
D	Motor Truck Cargo			QT6604D985574TIL13	6/4/2013	6/4/2014	\$350,000 per unit \$5,000 ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER ( ) -	CANCELLATION 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 C Polk/KIMALL



# CERTIFICATE OF LIABILITY INSURANCE

LIGHLOG-01

GILE

DATE (MM/DD/YYYY)

1/6/2014

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 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 Warriner & Associates Inc. 11111 Wilcrest Green #101 Houston, TX 77042	(713) 785-5252	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Accident Fund Insurance Co. of America	10166
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED  
Lightning Logistics, LLC  
10622 Hirsch Rd.  
Houston, TX 77016-

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIREN AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6067244	7/5/2013	7/5/2014	X WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	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>Bernard E. Warriner Jr</i>

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Drop the Load  
In the Morning  
Get Paid by Noon!

# Cash Flow Problems?

## We Can Help – Get Cash in a Flash

**We Want To Buy Your Freight Bills  
Flash Funding Specializes In Funding  
For The Transportation Industry**

- Competitive rates
- Non-recourse available
- No application fees  
OR monthly fees
- Same day funding
- No long term contracts
- Wire money directly  
into your account

**LET US CUSTOMIZE A PROGRAM FOR YOU TODAY!**

*Call Today  
To Get Started !!*

Phone #: 713-694-5920  
Fax #: 713-694-5914  
[www.flash-funding.com](http://www.flash-funding.com)