
CUSTOMER WELCOME PACKAGE



LARGE ENOUGH TO SERVE SMALL ENOUGH TO CARE

Bennett is dedicated to the principle and philosophy of being a leader in both domestic and international transportation through providing the highest quality service, safety, value and integrity resulting in customer satisfaction. We provide a professional environment to enrich the quality of life and fulfill our civic and social responsibility in the communities we serve.

BENNETT MOTOR EXPRESS INFORMATION

Legal Name	Bennett Motor Express, LLC	
Parent Company	Bennett International Group, LLC	
Corporate Phone	800-866-5500	
Website	www.bennettig.com	
Authority, Carrier	MC 129712	DOT 92693
Authority, Broker	MC 385004 B	DOT 2226471
Number of Employees	500+	
Established	1974	
Federal ID	20-8946916	
SCAC	BGME	
Payment Terms	Net 30 days	
Remittance Address	PO Box 569 McDonough, GA 30253	
Overnight Address	1001 Industrial Parkway McDonough, GA 30253	
ACH Wire Routing	Bank - Branch Banking & Trust Co. Account Name - Bennett Motor Express Account Number - 0005244354558 Routing Number - 061113415 Swift Code - BRBTUS33	

SAFETY

Acting within our safety culture, Bennett companies are committed to making safety Priority One, where safe practices, security, environment and awareness shape our behavior every day..

INTEGRITY

We are honest with ourselves and others and always do what is ethically correct.

We make and keep our commitments mindful of the circumstances and people involved.

We communicate any unavoidable circumstances which would affect our commitments ASAP to all involved.

RESPECT

We listen with the intent to understand; if we disagree or don't understand, we ask clarifying questions.

We value one another's time, perspectives and differences and demonstrate respect by being approachable, responsive and supportive of each other.

We assume good intentions, look for the positive potential in everyone and treat and communicate with everyone courteously in all situations.

We treat others as we would like to be treated.

QUALITY SERVICE

We identify and deliver the services and systems that delight our internal and external customers.

We listen and respond to the desires of our customers and we are committed to the Continuous Quality Improvement (CQI) of our processes and systems.

SPIRITUAL COMMITMENT

Bennett is founded on and operates with the belief that our blessings come from God, and we give thanks for receiving and sharing them.

FAMILY CULTURE

We are committed to an inclusive, compassionate, enjoyable and healthy working environment.

We are dedicated to fulfilling our civic and social responsibility in the communities we serve.

We honor and nurture our extended family relationships.

LEARNING AND DEVELOPMENT

We are learning, mentoring and coaching every day.

We are committed to personal and professional development.

We are committed to providing the opportunity for advancement.

We are committed to driving out and overcoming fear, that destroys innovation and creativity.

DIVERSITY

We honor and value the differences in people, thoughts, principles and business endeavors.

LOYALTY

We are committed to continuously growing the loyalty of our family, customers and culture.

RESPONSIBILITY

We empower our people to take ownership for their actions and not be fearful of the outcomes.

FINANCIAL STRENGTH

Ensure financial strength for the benefit of our employees, customers, community and business partners.

PATRIOTISM

We love and support our country, pledge our allegiance, and honor the service and sacrifice of our military service members who defend our country and protect our freedom.

SERVICE DATE
MAR 9 1992

INTERSTATE COMMERCE COMMISSION PERMIT*

No. MC 129712 (Sub 85)
BENNETT MOTOR EXPRESS , INC
MCDONOUGH, GA

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053) 1 ; and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.
Secretary

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

¹ While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except household goods; commodities in bulk; classes A and B explosives; Poison A; liquefied compressed gas or compressed gas; highway route controlled quantity radioactive materials as defined in Section 173.455; or hazardous substances transported in cargo tanks, portable tanks, or hopper type vehicles with capacities in excess of 3,500 water gallons), between points in the United States, under continuing contract (s) with commercial shippers or receivers of such commodities

*This authority modifies and cancels No. MC 129712 (Sub 85), issued January 30, 1986, as requested by the applicant.

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.

DEPARTMENT OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION LICENSE

MC 385004 B
BENNETT INTERNATIONAL LOGISTICS, LLC
MCDONOUGH, GA, US

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 maybe served (49 CFR 366). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Acting Director
Office Data Analysis & Information Systems



BENNETT-01

JMARRILLIA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/24/2018

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 Louisville / AssuredPartners NL 2305 River Road Louisville, KY 40206	CONTACT NAME:	
	PHONE (A/C, No, Ext): (502) 894-2100	FAX (A/C, No): (502) 894-8602
INSURED Bennett Motor Express, LLC 1001 Industrial Parkway Mcdonough, GA 30253-0569	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Landmark American Insurance Company	NAIC # 33138
	INSURER B : FMCSA Qualified Self Insured	
	INSURER C : Commerce and Industry Insurance Company	19410
	INSURER D : Lexington Insurance Company	19437
INSURER E :		
INSURER F :		

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 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 Overall Gnrl Agg \$10 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: Per Project Location			LHA111784	10/06/2018	10/06/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPL BEN AGG 1K \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MC129712	10/06/2018	10/06/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Tri Interchange \$ 50,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	053409097	10/06/2018	10/06/2019	<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	<input checked="" type="checkbox"/> Motor Truck Cargo			66095736	03/30/2018	03/30/2020	Limit \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Motor Truck Cargo-for Bennett Motor Express, LLC, pursuant to its Rules Tariff, cargo liability shall be limited to a released value not to exceed \$2.50 (\$1.00 for used goods) per pound, per shipping package or loose articles, subject to a maximum of \$100,000.00 per entire trailer load.

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes

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

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Bennett Motor Express, LLC	
	2 Business name/disregarded entity name, if different from above N/A	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ C Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 1001 Industrial Pky	Requester's name and address (optional)
	6 City, state, and ZIP code McDonough, GA 30253	
	7 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 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																														
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <th colspan="9" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">16</td> </tr> </table>	Social security number																		or									Employer identification number									2	0	-	8	9	4	6	9	16
Social security number																																														
or																																														
Employer identification number																																														
2	0	-	8	9	4	6	9	16																																						

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
Sign Here	Signature of U.S. person Date ▶ 10/25/2017

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption 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. See *What is FATCA reporting?* on page 2 for further information.

WBENC

WOMEN'S BUSINESS ENTERPRISE
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

Bennett International Logistics, LLC DBA Bennett International
Logistics, LLC

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).

This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by
Greater Women's Business Council, a WBENC Regional Partner Organization.

Certification Granted: April 30, 2014

Expiration Date: April 30, 2019

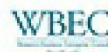
WBENC National Certification Number: 2005124443



Authorized by Roz Lewis, President & CEO
Greater Women's Business Council



NAICS: 482111, 483111, 483211, 484110, 484121, 484122, 484220, 488510, 493110, 541611
UNSPSC: 78100000, 78130000, 78140000



Registration Document



The U.S. Environmental Protection Agency recognizes

Bennett Motor Express LLC

As a Registered

SmartWay® Transport Partner

Partnership Date: 02/26/2009

SmartWay ID: 12034227

Expires: 04/08/2019

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum

Center Director, SmartWay Transport Partnership

BENNETT AGENT CODE:	ORM	PHONE #	541 690 4417	CREDIT LIMIT REQUESTED:	
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APPLICATION FOR CREDIT

Customer Name:

Street:			
City/St/Zip:			
Physical Street Address:			
City/St/Zip:			
Telephone:	Fax:	Email:	
Accounting Contact:			Phone:
Billing Requirements:			
Would you like your invoices emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No: <i>If yes, please provide email address for invoicing:</i>			
Are you C-TPAT Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide SVI#</i>			
Type of Business: Proprietorship:		Partnership:	Corporation:
LLC:			
Corp. Federal ID#:		Duns #:	
Under Present Ownership Since:		# of Locations:	

(Attach Listing)

TRADE REFERENCE, COMPANY, ADDRESS, ACCT #, & PHONE

1.
2.
3.

BANK REFERENCES

Bank Name	Contact	Acct. #	Phone #
1.			
2.			

CREDIT AGREEMENT

I certify that the information contained on this Credit Application is true and complete to the best of my knowledge, and that the discovery of falsification of any of the information presented on this application may lead to the revocation of any credit extended by BENNETT MOTOR EXPRESS ("BME"). I hereby authorize BME to contact any company, individual or agency that may provide any relevant information necessary to establish credit for the business listed on this application. It is understood and agreed that all charges not paid within thirty days of receipt of invoice shall accrue interest at the rate of 1.5% per month. It is further agreed that the undersigned shall pay any collection expenses, including reasonable attorney's fees that may become necessary to effect collection of this account. All actions or proceedings instituted by BME for the collection of freight charges owed by the shipper, consignor, consignee or any other third party involved in the shipment shall be exclusively brought in the State Court of Henry County, Georgia. The undersigned shall not raise, and hereby waives, any defenses based on the venue, inconvenience of the forum, lack of personal jurisdiction, sufficiency of service of process or the like in any such cause of action or suit brought in the State Court of Henry County, Georgia.

BY MY SIGNATURE BEING ON THIS APPLICATION, I AUTHORIZE MY BANK AND CREDITORS TO RELEASE MY CREDIT INFORMATION.

Applicant Signature	Applicant Title	Date Signed
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