



TRANSPORT OF KC INC.

407 Kansas Ave.

Kansas City, KS

66105

MC# 454023

Phone: 913-653-8680

Fax: 913-653-8681

E-Mail: dispatch@midwestts.com

"Service You'll Appreciate"

CARRIER PROFILE

MIDWEST TRANSPORT OF KC, INC.

407 KANSAS AVE.

KANSAS CITY, KS 66105

MC # 454023

FEDERAL # 26-3908260

DOT# 2230490

Billing Address: 407 Kansas Ave

Kansas City, KS 66105

Insurance Company: Cline Wood Agency Inc.

4300 W. 133rd St Leawood, KS 66209

Phone: 913-451-3900

certs@clinewood.com

REFERENCES

KJN TRUCKING

ROLL ON

SCARBROUGH LOGISTICS

1594 CR 1425

PO BOX 12061

10851 AMBASSADOR DR

CANEY, KS 67333

PARKVILLE, MO 64152

KANSAS CITY, MO 64153

CONTACT: KYLA

CONTACT: TODD

CONTACT: DAVID

PHONE: 620-515-5010

PHONE: 816-505-1920

PHONE: 816-584-2490

RUBLE

B-2 EXPRESS

2513 S. BONEBRAKE ST

909 WILDCAT RUN

HUTCHINSON, KS 67501

GARDNER,KS

CONTACT: CHARLIE

CONTACT: MIKE

PHONE : 620-200-3414

PHONE: 913-764-0088

SERVICES PROVIDED

LTL TRUCKLOAD WAREHOUSING HEAVY-DUTY WRECKERS SMALL ROLLBACKS CAR
HAULER- OTR & LOCAL CONTAINER TRANSPORT EQUIPMENT TRANSPORT FLATBEDS
STEPDECKS LANDOLL-OTR & LOCAL

MIDWEST TRANSPORT OF KC, INC.

407 KANSAS AVE.
KANSAS CITY, KS 66105

Thank you for choosing to do business with *Midwest Transport of KC, Inc.* We realize you have a choice of who to contract business with and want to ensure you have a good experience that will lead to the mutual success of our respective companies. In order to make the set up process flow efficiently, please complete the enclosed form that will provide us the pertinent information pertaining to your organization.

- **Completed Carrier Information Sheet With Initial On Bottom Of Each Page.**
- **Completed "Form W-9".**
- **Signed Carrier Contract/Broker Agreement.**
- **Current Cargo and Liability Insurance Certificate with Midwest Transport of KC, Inc. as Holder.**
- **Copy of ICC Authority**

*****Please Note Our Operational and Administrative Procedures*****

Billing:

Broker agrees to pay Carrier within 30 days of receipt of Carrier's freight bill with attached original Bill of Lading and any corresponding documents needed to provide proof of delivery as requested by Broker. The Original Bill of Lading must be legibly signed and printed by the consignee(s) including any applicable release numbers and the Brokers Confirmation included. Direct Invoices to: MIDWEST TRANSPORT of KC, INC. To above listed address.

Dispatching:

Drivers must call Midwest Transport of KC dispatch at **913-653-8680** for dispatch, directions, and specific procedures for loading and delivery. Any delays or circumstances involving and handling of a shipment should be reported immediately by the driver and/or Carrier dispatch.

Loading & Offloading:

Any loading and/or offloading must be approved by Midwest Transport of KC PRIOR to the service taking place. Detention paid after 3 hrs at rate of 50.00 per hour. Drivers are required to call Midwest Dispatch when loaded and offloaded without exception.

Signers Initials _____

Midwest Transport of KC, Inc.

Attention Owner/Manager/Dispatch

Please assist us in setting up and updating your company profile. If you have any questions concerning this request please call our offices and we will assist you. By updating your file it will not be necessary to review this information at the time of dispatch and delaying the timely execution of services ordered.

CARRIER: _____

Phone _____ Fax _____

Contacts _____ E-Mail: _____

Motor Carrier # (Authority) _____ Contract (Y/N) _____ Common (Y/N) _____

Federal ID # _____ Inc. (Y/N) _____

Number of Power Units _____ Intrastate or Interstate _____

Trailer Types _____ Total Qty _____

Social Security # if Applicable _____

****NOTE** Social Security Numbers Must Be Associated With an Exact Name/Individual**

Legal Name: _____

Company Owner _____

Company Physical Address: _____

City _____ State _____ Zip _____

Billing Address: _____

Terminal #'s _____ (Including Parent or Sister Companies)

Choose One Parent Company (Y/N) _____ Sister Company (Y/N) _____

Agent (Y/N) _____ Broker (Y/N) _____ Load Finder(Y/N) _____

If Agent Name of Agency, Full Address, Phone and Fax Numbers? _____

Phone: (913) 653-8680

Fax: (913) 653-8681

TRANSPORTATION BROKER AGREEMENT

THIS AGREEMENT entered into this _____ day of _____, 20__ between **Midwest Transport of KC, Inc.** hereinafter referred to as "Broker" with its place of business at 407 Kansas Ave. Kansas City, KS 66105 which is a transportation broker of property properly authorized and registered with the Federal Motor Carrier and Safety Administration (FMCSA) of the Department of Transportation (DOT) in Docket No. MC# 454023.

RECITALS

- Broker is duly authorized to engage in the arrangement of transportation as a Broker, and desires to engage Carrier from time to time to transport certain commodities. For purpose of the Agreement, each engagement is referred to herein as a "Shipment."
- Carrier is duly authorized to engage in shipments as a contract carrier of commodities, and desires to haul Shipments as requested by Broker.
- The Parties desire to enter in Agreement, which Agreement shall govern any contract between the parties with respect to a Shipment.

AGREEMENT

Transportation of Commodities: Broker agrees to engage Carrier from time to time for the purpose of hauling commodities as a contract carrier. Carrier agrees to haul such commodities as requested by Broker. The terms of this agreement shall control any shipment tendered to and accepted by Carrier. Broker agrees to offer the shipment and Carrier agrees to transport on its own equipment a series of Shipments on a continuing basis consisting of at least (3) Shipments during the life of this agreement.

Term: This Agreement shall become effective on the date hereof, and shall remain in effect for a period of (1) year from such date, and from year to year thereafter, subject to the right of either party hereto to cancel or terminate the Agreement at any time upon fifteen (15) days notice to the other.

Obligations of Carrier: Carrier agrees, with respect to each such Shipment:

- That Carrier now has, and shall at all time have, all necessary permits and licenses to transport the Shipment as required.
- That Carrier will Provide Liability insurance in a combined single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence and an amount of not less than One Hundred Thousand Dollars (\$100,000.00) for damage to freight in any single loss, or all insurance required by all applicable laws, rules, or regulations, whichever is greater. Carrier will, upon request, furnish Broker with certificates of all insurance. All such insurance shall name Broker as an additional-insured and shall in no event be construed as limiting Carrier liability in the

Signers Initials _____

- performance of its obligation hereunder, and shall not constitute a representation by Broker or its customers that such insurance and its limits of coverage are adequate to protect the interest of the Carrier.
- That Carrier will furnish all equipment required for the performance of its services and will maintain all such equipment in good repair and condition.
- That carrier will employ and be solely responsible for all personnel employed with respect to any Shipment and will be solely responsible for each such employee's licensing and competence.
- That Carrier Will Not cause or permit any Shipment to be transported by any other motor carrier or any other substituted mode of transportation.
- Except as specifically set forth to the contrary, herein, all claims of coverage, shortage, loss and damage and any salvage arising from under this agreement shall be submitted to Broker and handled and processed
- That Carrier will be responsible to comply with all applicable state and federal regulations, including those of the Interstate Commerce Commission ("ICC") and Department of Transportation ("DOT").
- That Carrier shall be responsible for all Shipments while in transit and shall hold Broker harmless from and indemnify Broker against any claims of liability resulting from loss or damage to any freight transported by Carrier or to any claim for injury or damage resulting from the transportation of a Shipment, including all attorneys' fees and costs of defense. Carrier shall be liable for full loss resulting, including charge of shipment, that results from loss, damage, injury, or delay in shipments, transported under the terms of this Agreement. Full actual loss and damage shall be handled and processed in accordance with regulations published in the Code of Federal Regulations at 49 CFR Part 370. The terms, conditions or provisions of the governing bill of lading or any other shipping form, tariff or rule utilized shall be subject and subordinate to the terms of this agreement and, in the event of a conflict, this agreement shall govern. This contract cannot be changed, modified, limited or supplemented by reference to any carrier rates, rules, classification, practice, schedule, or tariff.

Rates, Charges, and Payment: Broker agrees to pay Carrier for transportation under this Agreement in accordance with the Schedule of Rates and Charges attached hereto as Exhibit "A", or later amendments thereto. Broker agrees to pay Carrier within 30 days of receipt of Carrier's freight bill with attached original Bill of Lading and any corresponding documents needed to provide proof of delivery as requested by Broker and shipment is not subject to any damages, claims, shortages, in which case broker may withhold all payment until resolution to the satisfaction of the Broker. The Original Bill of Lading must be legibly signed and printed by the consignee(s) including any applicable release numbers and the Brokers Confirmation included. Even though Carrier may hold authority from the ICC to operate as a common carrier and Carrier's rates and tariffs filed with the ICC shall not under any circumstances be applicable to any Shipment transported on behalf of the Broker.

Signers Initials _____

Representations:

- Broker hereby represents that it is duly authorized to operate as a Broker under ICC License No. MC 454023 and that Broker shall be duly licensed at any time it requests Carrier to transport a Shipment under the terms of this Agreement.
- Carrier represents that is duly authorized to engage as a contract carrier under ICC Permit No. MC 454023 and that it shall be duly licensed at the time of each Shipment.
- Carrier shall not solicit traffic or Shipments from any shipper, consignor, consignee, or customer of Broker where (1) the availability of such traffic first became known to Carrier as a result of the Broker's efforts (2) where the traffic of the shipper, consignor, consignee, or customer of the Broker was first entered and tendered to the Carrier by the Broker. If Carrier breaches this agreement and "back solicits" the brokers customers, and obtains traffic and Shipments from such a customer, the Broker then is entitled, for a period of 15 months after the involved traffic first begins to move, to a commission from the carrier of 10% of the total transportation revenue received on the movement of the traffic and shipments which shall include all accessorial(s), fuel charges, and any related fees to the Shipment.

Miscellaneous:

- Choice of Law: This agreement shall be deemed executed in the State of Kansas and shall be interpreted, in the event of a dispute arising here under the laws of Kansas.
- Broker reserves the right to levy monetary fines for excessive late pickups and deliveries determined by and at the sole discretion of Broker.
- In the event any clause or provision in this Agreement is declared to be unenforceable, the remainder of this Agreement shall remain in full force and effect as between the parties.
- This Agreement shall be executed by the Broker laws in the State of Kansas and shall be construed under the internal laws of the State of Kansas.
- The Agreement may be executed in counterparts, and a signed facsimile of this Agreement shall be considered an original for all purposes.
- For all purposes of this Agreement, Carrier is an independent contractor, and has no authority to act for Broker as an agent for any purpose.

Signers Initials _____

Carrier authorizes Midwest Transport of KC Inc., to invoice Shipper, receiver, consignee, or consignor for freight charges as agent for and on behalf of Carrier. Payment of the freight charges to Midwest Transport of KC Inc shall relieve shipper, receiver, consignor or consignee of any liability to the Carrier for non-payment of charges.

This Agreement shall be governed by Title 49 of the United States Code and Title 49 of the Code of Federal Regulations.

IN WITNESS WHERE OF

The parties have set their hands and seal this _____ day of _____, 20_____.

Carrier: _____

Broker: **Midwest Transport of KC Inc.**

Address: _____

By: _____

By: _____

Title: _____

Title: _____

PLEASE NOTE:

WE DO NOT ADVANCE MONIES UNLESS BY ARRANGEMENT WITH BROKERS CONSENT. APPROVAL MUST BE PRIOR TO THE EXECUTION OF THE SHIPMENT. DOUBLE BROKERING AND BACK SOLICITING IS EXPRESSELY PROHIBITED AND CARRIER WILL BE SUBJECT TO FORFEITURE OF ALL MONIES DUE THE CARRIER IN THE EVENT OF ABOVE MENTIONED ACTIONS. WE DO MONITOR AND WILL PROSECUTE.

Signers Initials _____

Bond Rider to FMCSA Form BMC-84

Bond Serial No: 20130905415
Principal Name: MIDWEST TRANSPORT OF KC, INC.
Principal's MC or FF No: MC454023

The following changes have been made to the bond:

THE ADDRESS ON THE BOND SHALL BE UPDATED TO:

407 KANSAS AVE
KANSAS CITY, KS 66105

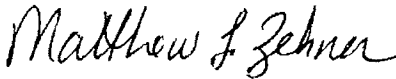
THE BOND AMOUNT SHALL REMAIN \$75,000.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or Policy, other than as above stated.

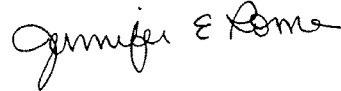
This rider is executed on 3/25/2015 and effective on 3/25/2015.

SURETY:
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420



Matthew L. Zehner, Attorney-in-Fact



Jennifer E. Rome, Witness

BOND NO: 20130905415

ACCT LOC ID: 100110900 Page 1 of 2

License No.: MC - 454023

Property Broker's Surety Bonds under 49 U.S.C. 13906

KNOW ALL MEN BY THESE PRESENTS, THAT we
MIDWEST TRANSPORT OF KC INC

_____ of
Property Broker Name

6817 STADIUM DRIVE, BOX 310 KANSAS CITY MO 64129

Principal Address

as PRINCIPAL (hereinafter called Principal), and AMERICAN ALTERNATIVE INSURANCE CORPORATION, a
Surety Name

corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created and existing under the laws of the State of New Hampshire (hereinafter called Surety) are held and firmly

Surety Incorporation

bound unto the United States of America in the sum of \$ \$75,000, for which payment, well and truly to be made, we bind
Bond Amount

ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration ("FMCSA") relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the FMCSA such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the FMCSA, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the FMCSA, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the FMCSA forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 06 day of September, 2013, 12:01 a.m., standard time at the
Date Month Year

address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the FMCSA at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA.

The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

BOND NO: 20130905415

ACCT LOC ID: 100110900 Page 1 of 2

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 06 day of September, 2013.
Date
Month Year

MIDWEST TRANSPORT OF KC INC

Principal Name (Company, Individual, etc.)

Gary O'Kelley
Signature

GARY O'KELLEY
Printed or Typed Name of Signor

VICE PRESIDENT
Title of Signor

Missy Solis
Witness Signature
Missy Solis
Printed or Typed Name of Witness

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Matthew L. Zehner

MATTHEW L. ZEHNER
Attorney-in-Fact



Maya Mackey

MAYA M. MACKEY
Witness



2324



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

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

SERVICE DATE
September 4, 2013

DECISION
MC-454023
AAA TRANSFER LLC
KANSAS CITY, MO
REENTITLED
MIDWEST TRANSPORT OF KC, INC.

On August 28, 2013, 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 MIDWEST TRANSPORT OF KC, INC.

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 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)366-9805.

Decided: August 29, 2013
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



June 03, 2014

CRAIG WEBB
MIDWEST TRANSPORT OF KC INC
407 KANSAS AVE
KANSAS CITY, KS 66105

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MDPA** has been renewed for:

MIDWEST TRANSPORT OF KC INC
407 KANSAS AVE
KANSAS CITY, KS 66105
MC-454023
US DOT-2230490

This Alpha Code will apply only to the company name shown above through June 30, 2015. **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 or address change, please notify the National Motor Freight Association, Inc. at the address below.

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 Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beauregard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

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 in connection with freight rates. For participation and membership information, please call (703) 838-1810

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Midwest Transport of KC, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. 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.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
407 Kansas Ave.

6 City, state, and ZIP code
Kansas City, KS 66105

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

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 *How to get a TIN* 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.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

2	6	-	3	9	0	8	2	6	0
---	---	---	---	---	---	---	---	---	---

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 ▶ *Robert E. Ananyle* Date ▶ *2/24/15*

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.

Kansas Truckers Risk Management Group, Inc.

13955 MEADOW CIRCLE LEAWOOD, KS 66224
PHONE:(913) 544-1784 FAX:(913) 544-1784

CERTIFICATE OF COVERAGE

POLICY NO.: **15KT0106**

CARRIER CODE: **35300**

PARTICIPANT: **Midwest Tow, Inc.**

MAILING ADDRESS: **Midwest Transport Specialists, Inc.
400 Kansas Avenue
Kansas City, KS 66105**

ID NO.: **150428033**

FEIN: **481224841**

TYPE ENTITY: **Corporation**

ADDITIONAL COMPANIES: **Midwest Transport of KC, Inc.**

POLICY EFFECTIVE DATE: January 01, 2015 through December 31, 2015

11:59 PM Standard Time at the address of the participant as stated herein.

COVERAGE: Workers' Compensation and Employers' Liability -

For State(s) Listed: Kansas

For coverage of the Fund to apply, the claim for such injury must be filed under the workers' compensation law in the state(s) listed.

LIMITS OF COVERAGE:

Coverage A - Workers' Compensation - Statutory

Coverage B - Employers' Liability insurance coverage shall be provided **as set forth by** the terms of the excess insurance policy issued for this policy period.

Bodily injury by Accident: **1,000,000** each accident

Bodily injury by Disease: **1,000,000** policy limit

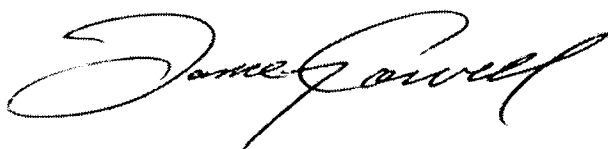
Bodily injury by Disease: **1,000,000** each employee

The Premium will be determined by the rules, classifications, and rates published by the National Council on Compensation Insurance subject to verification by audit at the end of each Fund year.

This document is intended for use as evidence that the insurance as described herein has been effected and shall be subject to the terms and conditions of the Kansas Workers Compensation Act.

Loss prevention services are provided to all participants. Please do not hesitate to contact Kansas Truckers Risk Management Group, Inc. for loss prevention assistance.

Refer to Fund Bylaws and Administration Guidelines for procedures in administering the Fund.



Date

12/22/14

Lance Cowell - Administrator