



**REAL PEOPLE.
RESPONDING IN REAL TIME.**

Nationwide Logistics is a Cincinnati-based freight brokerage and woman-owned business known for its service-forward approach. We help freight broker agents, carriers and shippers meet the challenges of an industry that's in constant motion by balancing technology with personal attention. Partners rely on us to deliver the systems and solutions they need to keep their loads moving. And they know that in an industry dominated by automation, we'll be there the moment they need us, ready to respond in real time.



Availability when you need it most.

We are available 24/7/365 because we know you need a partner who's always on and ready to meet your needs on your timeline, at your pace.



Streamlined billing and flexible pay.

We offer multiple invoice delivery methods as well as the ability to access and track your paperwork online.



Expansive carrier base.

A database of 50,000+ carriers, ready to meet your shipping needs. Strong carrier relationships due to timely pay and fair treatment.



Unparalleled experience.

We bring over 10 years of experience in the logistics business and we know how to navigate challenges of all types of sizes.



2245 Gilbert Ave. • Suite 103 Cincinnati, OH 45206 866.414.9555

customer@nationwidelogistics.net www.nationwidelogistics.net

CONTACT US

-  866.414.9555
-  888.240.5777 fax
-  customer@nationwidelogistics.net
-  www.nationwidelogistics.net

ID NUMBERS

- Duns** | 07-828-1724
- Fed ID** | 26-2090121
- SCAC** | NWLS
- MC** | 194259

Remittance Options

We are pleased to offer a variety of payment options. If you have any questions, please contact our Accounts Receivable department at **866.414.9555** or **ar@nationwidelogistics.net**.

PAYMENT BY ELECTRONIC FUNDS

ACH (Automated Clearing House) and Wire Payments Remittance advice must be sent to **payments@nationwidelogistics.net**

PNC Bank | 500 First Avenue, Pittsburgh, PA 15219

Routing #: 043000096 **Beneficiary:** Nationwide Logistics, LLC

Account #: 1082065995 **Swift Code:** PNCCUS33

PAYMENT BY CHECK

Payments by check can be mailed to:

Nationwide Logistics | P.O. Box 14508, Cincinnati, OH 45250

PAYMENT BY CREDIT CARD

Please visit our website at **www.nationwidelogistics.net** to make an online payment or call **866.414.9555**.

We accept Visa, Mastercard, and American Express
(A 3% fee is applied for Visa and MC and a 3.5% fee for American Express)



NWL Logistics Agent You Spoke To: _____

Company Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ DUNS#: _____

Year company est'd: _____ Line of Credit Requested: _____

Freight Commodity: _____

Other shipment details: _____

Paperwork Requirements: _____ BOL _____ POD _____ REF# _____ Delivery Order

Preferred Invoice Delivery: _____ Email _____ Mail _____

Email/Fax/Address to Send to: _____

Special Billing Requirements: _____

AP Contact Name: _____ Phone: _____

Email: _____

Transportation References

Reference 1: _____ Phone: _____ Email: _____

Reference 2: _____ Phone: _____ Email: _____

Reference 3: _____ Phone: _____ Email: _____

Bank Name: _____ Phone: _____

Contact: _____ Acct#: _____

The company agrees to credit terms of PAYMENT UPON RECEIPT of invoice but no longer than 30 days. All invoiced amounts not paid within the 30-day period shall bear interest at the rate of one and one half percent (1.5%) per month. The company agrees to pay any and all reasonable attorneys' fees, court costs and other expenses incurred by Nationwide Logistics LLC in order to collect amounts hereunder. The company agrees to allow US Logistics to run a credit background check and verify all information on this application with any listed parties. The company confirms that all information on this application is accurate. The rights of the parties under this Customer Credit Application shall be governed and interpreted in accordance with the laws of the State of Ohio (without regard to its choice of law provisions). Any claim brought by either party under this Customer Credit Application shall be brought in the courts of the State of Ohio located in Hamilton County or the courts of the United States located in the Southern District of Ohio in Cincinnati, Ohio, and by executing this Customer Credit Application each party hereby irrevocably submits to the jurisdiction of said courts.

By: _____ Date: _____

Printed Name: _____ Title: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

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 Arthur J. Gallagher Risk Management Services, Inc. 201 E 4th Street Ste 625 Cincinnati OH 45202	CONTACT NAME: Ashley Martin	
	PHONE (A/C. No. Ext): 513-977-3175	FAX (A/C. No.): 513-977-4675
E-MAIL ADDRESS: ashley_martin@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Underwriters at Lloyd's, London		15642
INSURER B: Frankenmuth Mutual Insurance Company		13986
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 773574570 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SM0683222	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Third Party			SM0683222	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SM0683222	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6651719	1/1/2022	1/1/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER OH EMPL LIAB E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contingent Cargo inc. Reefer Bkdn Professional Liability			SM0683222	1/1/2022	1/1/2023	Limit \$250,000 Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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

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Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Nationwide Logistics, LLC

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ **S**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.
PO Box 14508

6 City, state, and ZIP code
Cincinnati, OH 45250

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
2	6	-	2	0	9	0	1	2	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/1/2022
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



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

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

SERVICE DATE

April 29, 2008

DECISION
MC-194259
US LOGISTICS LLC
LAWRENCEBURG, IN
REENTITLED
NATIONWIDE LOGISTICS LLC

On April 23, 2008, 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 NATIONWIDE LOGISTICS 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)366-9805.

Decided: April 24, 2008

By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief
Information Systems Division

NC/A



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

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

SERVICE DATE
February 26, 2008

DECISION
MC-194259
NATIONWIDE INTERMODAL SERVICES, INC.
LAWRENCEBURG, IN
REENTITLED
US LOGISTICS LLC

On February 20, 2008, 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 US LOGISTICS 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)366-9805.

Decided: February 21, 2008
By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief
Information Systems Division

NCA

PM-25
(Rev. 1/95)

SERVICE DATE
October 02, 1997

FEDERAL HIGHWAY ADMINISTRATION

LICENSE

MC 194259 B

NATIONWIDE INTERMODAL SERVICES, INC.
CINCINNATI, OH, 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 may be 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.

Thomas T. Vining
Chief, Licensing and Insurance Division



Registration Document



The U.S. Environmental Protection Agency recognizes

Nationwide Logistics, LLC

As a Registered

SmartWay® Transport Partner

Partnership Date: 08/18/2020

SmartWay ID: 25674212

Expires: 09/14/2022

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

Cheryl Bynum
Center Director, SmartWay Transport Partnership