

HORIZON LOCATIONS



FREIGHT SYSTEM, INC.

HORIZON FREIGHT SYSTEM, INC	Corporate Administration/Sales:	Phone	Fax
	Corporate Headquarters: 8777 Rockside Rd, Cleveland, OH 44125 www.horizonfreightssystem.com Hours: 7:00 am - 6:00 pm EST	216-341-7410 800-480-6829	216-429-3523
	Customer Remittance: PO Box 70242, Cleveland, OH 44190-0242	-	-
	Banking Information: Key Bank Mailcode: OH-01-27-1203 127 Public Square, 12th floor, Cleveland, OH 44114 Jay McKelvey	-	-
	Collections/Billing: collections@horizonfreightssystem.com	800 480-6829 Ext.: 164, 169	



FREIGHT SYSTEM, INC.

HORIZON FREIGHT SYSTEM, INC	Service Locations:	Email
MC #169607 DOT #237360 SCAC - HZNF EIN 34-1380439 HM 77148	Buffalo, NY	UpstateNY@hznfinc.com
	Chaska, MN – Logistics	stevez@3pointfreight.com
	Chicago South, IL	chicagodispatch@hznfinc.com
	Chicago North, IL	team@rinaratransportation.com
	Detroit, MI	detroit@hznfinc.com
	Harrisburg, PA	Harrisburg@hznfinc.com
	Houston, TX	dispatch@houstonhznf.com
	Huntington, NY– Logistics	dinab@hznfinc.com
	Miami, FL	nelle@hznfinc.com
	New Orleans, LA	monica.horizonfreight@gmail.com
	Oakland, CA	dispatch@horizonoakland.com
	Seattle, WA	dispatch@cgrtransport.com
	Stockton, CA	butchb@hznfinc.com
	Syracuse, NY	UpstateNY@hznfinc.com



MID-ATLANTIC, INC.

HORIZON MID-ATLANTIC	Service Locations:	Email
MC #770152 DOT #2255867 SCAC - HMAC EIN 45-4018659 HM 151623	Boston, MA	horizonops@jvxinc.net
	Charleston, SC	charleston735@hznfinc.com
	Charlotte, NC	StaceyP@HorizonFreightSystem.com
	Kearny, NJ	horizonnj@hznfinc.com
	Philadelphia, PA	philadelphia@horizonfreightssystem.com



MIDWEST, INC.

HORIZON MIDWEST	Service Locations:	Email
MC #791331 DOT #2317693 SCAC - HZMQ EIN 45-5505710 HM 158086	Birmingham, AL (53' Van Freight Only)	Birmingham@hznfinc.com
	Cincinnati, OH	cinciops@hznfinc.com
	Cleveland, OH	clevelandops@hznfinc.com
	Columbus, OH	columbusops@hznfinc.com
	Dallas, TX	dispatch@horizondallas.com
	Indianapolis, IN	indyops@rykilogistics.com
	Louisville, KY	loucs@rykilogistics.com
	Mobile, AL (Intermodal)	MobileIntermodal@hznfinc.com
	Norfolk, VA	billier@hznfinc.com jennifer@hznfinc.com
	Omaha, NE	Omaha@hznfinc.com

To better serve you, we are always adding new locations. For terminal updates, please check our website at horizonfreightssystem.com.

For any pricing, sales or operational questions, contact our sales/operations department at pricing@horizonfreightssystem.com. You can always call Horizon at **800-480-6829**.

HORIZON LOCATIONS



SOUTH, INC.

HORIZON SOUTH

MC #791344
DOT #2318070
SCAC- HZSN
EIN 45-5487224
HM 158089

Service Locations:

Atlanta, GA
Atlanta (Douglasville), GA
Birmingham, AL
Huntsville, AL
Jacksonville, FL
Orlando, FL
Savannah, GA

Email

atlantadispatch@hznfinc.com
charris1254@hotmail.com
birmingham@hznfinc.com
Huntsville@hznfinc.com
Jacksonville@hznfinc.com
juanm@hznfinc.com
ccrawford@gaintermodal.com



WEST, INC.

HORIZON WEST

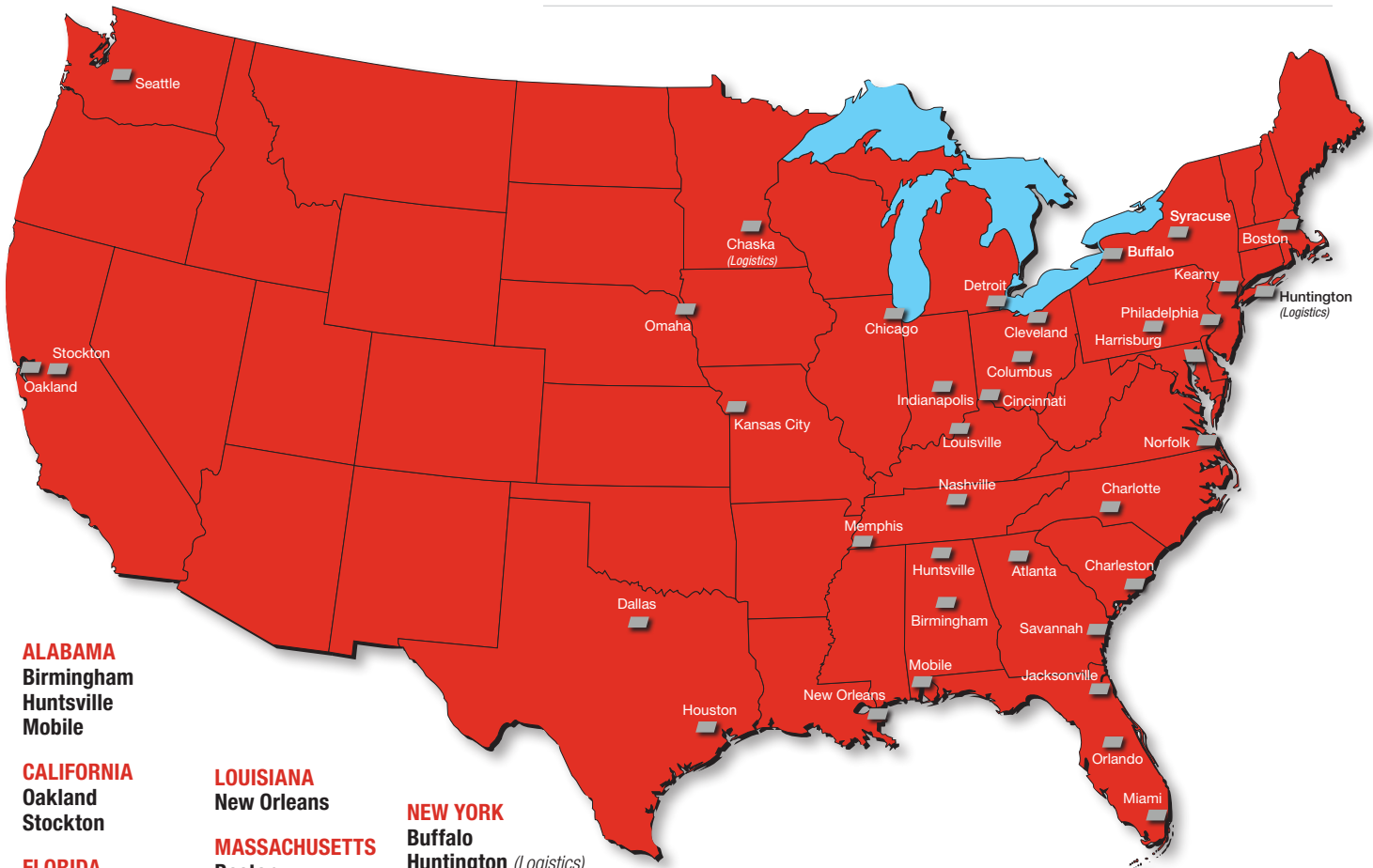
MC #791357
DOT #2318092
SCAC- HZWI
EIN 45-5477791
HM 158090

Service Locations:

Kansas City, MO
Memphis, TN
Mobile, AL (Flatbed/Over-Dimensional)
Nashville, TN

Email

kansascitydispatch@hznfinc.com
horizonmem@hznfinc.com
derekp@bellsouth.net
Nashville@hznfinc.com



ALABAMA
Birmingham
Huntsville
Mobile

CALIFORNIA
Oakland
Stockton

FLORIDA
Jacksonville
Miami
Orlando

GEORGIA
Atlanta (2)
Savannah

ILLINOIS
Chicago (2)

INDIANA
Indianapolis

KENTUCKY
Louisville

LOUISIANA
New Orleans

MASSACHUSETTS
Boston

MICHIGAN
Detroit

MINNESOTA
Chaska (Logistics)

MISSOURI
Kansas City

NEBRASKA
Omaha

NEW JERSEY
Kearny
Newark

NEW YORK
Buffalo
Huntington (Logistics)
Syracuse

NORTH CAROLINA
Charlotte

OHIO
Cincinnati
Cleveland (2)
Columbus

PENNSYLVANIA
Harrisburg
Philadelphia

SOUTH CAROLINA
Charleston

TENNESSEE
Memphis
Nashville

TEXAS
Dallas
Houston

VIRGINIA
Norfolk

WASHINGTON
Seattle

For terminal updates please check our website – horizonfreightssystem.com.

For any pricing, sales or operational questions, contact us at pricing@horizonfreightssystem.com.

You can also contact Horizon by phone at **800-480-6829**.



FREIGHT SYSTEM, INC.



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

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

SERVICE DATE
September 30, 2014

DECISION
MC-770152
TRX GREAT PLAINS, INC.
BROOKLYN CENTER, MN
REENTITLED
HORIZON MID ATLANTIC, INC.

On September 24, 2014, 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 HORIZON MID ATLANTIC, 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: September 25, 2014
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



April 30, 2018

EVELYN GOLDEN
HORIZON MID ATLANTIC INC
8777 ROCKSIDE RD
CLEVELAND, OH 44125

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

HORIZON MID ATLANTIC INC
8777 ROCKSIDE RD
CLEVELAND, OH 44125
MC-770152
US DOT-2255867

This Alpha Code will apply only to the company name shown above through June 30, 2019. **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 Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
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 inconNECTION with freight rates. For participation and membership information, please call (703) 838-1810



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2018

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 Hylant Group, Inc. - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	CONTACT NAME: Diana Wallace PHONE (A/C No. Ext): 216-447-1050 E-MAIL ADDRESS: cleveland_hmi@hylant.com	FAX (A/C, No): 216-447-4088
	INSURER(S) AFFORDING COVERAGE	
INSURED Horizon Mid Atlantic, Inc. 8777 Rockside Road Cleveland, OH 44125	INSURER A : AGCS Marine Insurance Company NAIC # 22837	
	INSURER B : Property & Casualty Ins Co of Hartford 34690	
	INSURER C : Burlington Insurance Company 23620	
	INSURER D : Old Republic Insurance Co 24147	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 653193479

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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			707BW47152	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTT314151	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	N/A	45WEIB1686	9/1/2018	9/1/2019	<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
A D	Motor Truck Cargo Phys Dam Incl Trailer Interchange			MXI93022388 MWTT314151	9/1/2018 9/1/2018	9/1/2019 9/1/2019	\$100,000 ACV

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Cargo deductible is \$10,000.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance . . .	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>Judy K. Wilson</i>

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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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Horizon Mid Atlantic, Inc	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <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) <u>5</u> Exemption from FATCA reporting code (if any) <u>N/A</u> <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 6600 Bessemer Ave	Requester's name and address (optional)
6 City, state, and ZIP code Cleveland, OH 44127	
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 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	
4 5 - 4 0 1 8 6 5 9	

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>12/22/2017</u>
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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)

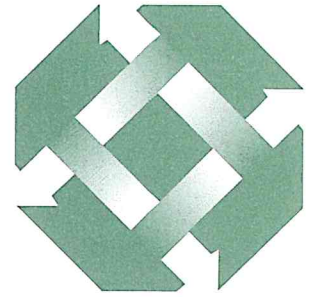
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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.

**Alliance for Uniform HazMat Transportation
Procedures
Uniform Program Credentials**

**HORIZON MID ATLANTIC INC
6600 BESSEMER AVE**

CLEVELAND OH 44127-



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

USDOT Census #: **2255867**

ICC#: **770152**

EPA Transporter IDs:

Intrastate Motor Carrier #:

10541

Phone Number to call in case of an accident or emergency: (216) 341-3322

Uniform Program ID: **UPM-2255867-WV**

Certified By: **Alan R. Abbott**

Issuance Date: **08-Feb-18** Expiration Date: **30-Jun-19**

Issuing Agency: **Public Service Commission of West Virginia**

Agency Phone Number: **(304) 340-0456**



**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2018-2019**

Registrant: HORIZON MID ATLANTIC, INC.

ATTN: EVELYN GOLDEN
6600 BESSEMER AVENUE
CLEVELAND, OH 44127

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 051118600014A Effective: July 1, 2018 Expires: June 30, 2019

HM Company ID: 151623

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.