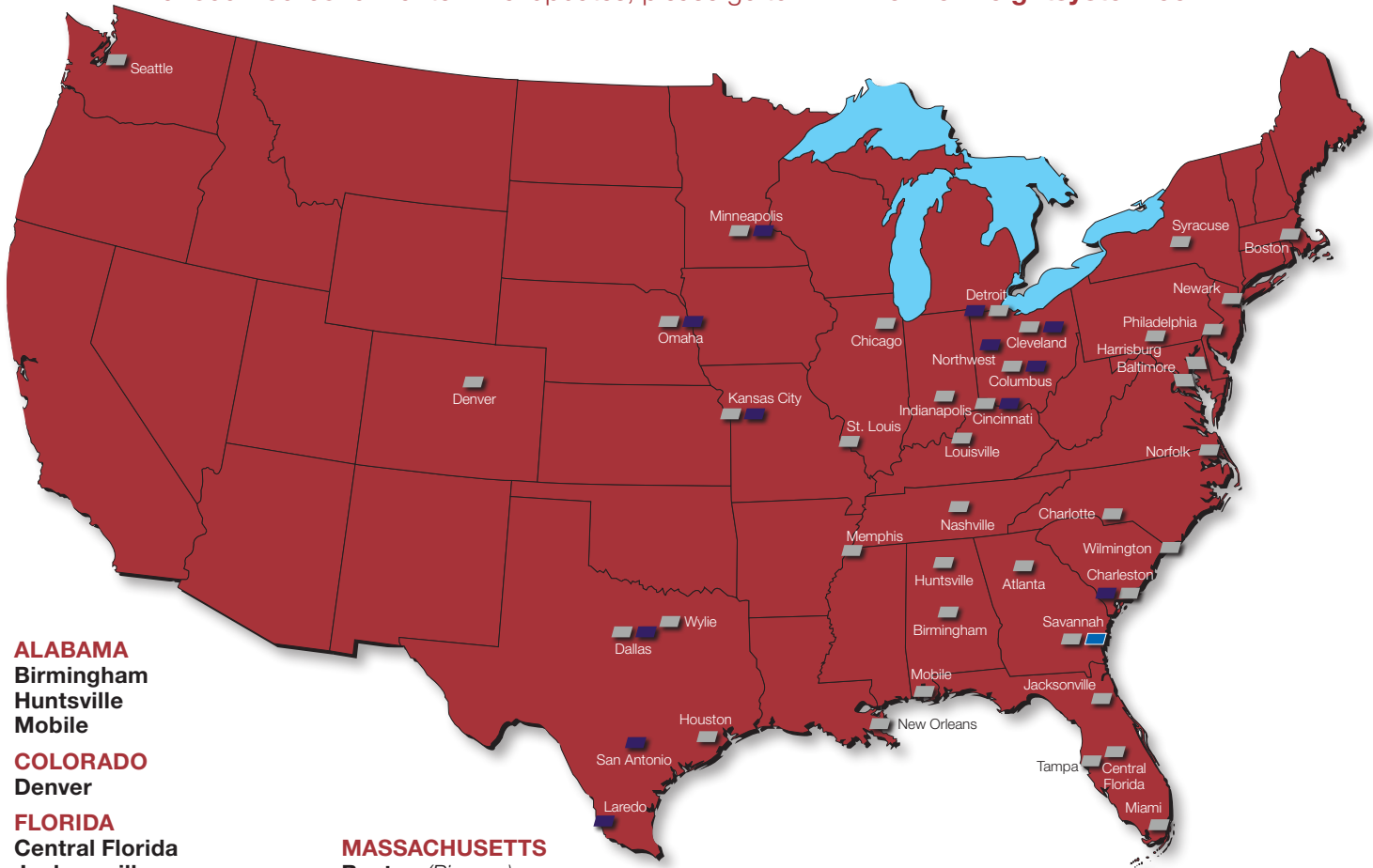


Horizon Locations & Subsidiaries

For any pricing, sales, or operational questions, contact us at pricing@horizonfreightssystem.com or **800-480-6829**. For terminal updates, please go to www.horizonfreightssystem.com.



ALABAMA

Birmingham
Huntsville
Mobile

COLORADO

Denver

FLORIDA

Central Florida
Jacksonville
Jacksonville (*Red Trucking*)
Miami
Tampa

GEORGIA

Atlanta (2)
Atlanta (*Pioneer*)
Savannah
Savannah (*CCI*)

ILLINOIS

Chicago (2)

INDIANA

Indianapolis

KENTUCKY

Louisville

LOUISIANA

New Orleans

MARYLAND

Baltimore

MASSACHUSETTS

Boston (*Pioneer*)

MICHIGAN

Detroit
Detroit (*Elite One*)

MINNESOTA

Minneapolis
Minneapolis (*Elite One*)

MISSOURI

Kansas City
Kansas City (*Elite One*)
St. Louis

NEBRASKA

Omaha
Omaha (*Elite One*)

NEW JERSEY

Newark
Newark (*Red Trucking*)

NEW YORK

Syracuse

NORTH CAROLINA

Charlotte
Wilmington

OHIO

Cincinnati
Cincinnati (*Elite One*)
Cleveland (2)
Cleveland (*Elite One*)
Columbus
Columbus (*Elite One*)
Northwest (*Elite One*)

PENNSYLVANIA

Harrisburg
Philadelphia
Philadelphia (*Red Trucking*)

SOUTH CAROLINA

Charleston
Charleston (*Pioneer*)
Charleston (*Elite One*)

TENNESSEE

Memphis
Nashville

TEXAS

Dallas
Dallas (*Elite One*)
Houston
Laredo (*Elite One*)
San Antonio (*Elite One*)
Wylie

VIRGINIA

Norfolk

WASHINGTON

Seattle

Corporate Administration/Sales:

Corporate Headquarters: 8777 Rockside Rd, Cleveland, OH 44125
www.horizonfreightssystem.com | Hours: 7:00 am - 6:00 pm Eastern

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

Phone

Fax

216-341-7410
800-480-6829 216-429-3523

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800 480-6829
Ext.:164, 169



FREIGHT SYSTEM, INC.

Horizon Locations & Subsidiaries

For any pricing, sales, or operational questions, contact us at pricing@horizonfreightssystem.com or **800-480-6829**. For terminal updates, please go to www.horizonfreightssystem.com.



HORIZON FREIGHT SYSTEM, INC
MC #169607
DOT #237360
SCAC - HZNF
EIN 34-1380439
HM 77148

Service Locations:	Services:	
Chicago South, IL	International FCL	Domestic FCL
Chicago North, IL	International FCL	Domestic FCL
Detroit, MI	International FCL	Domestic FCL
Harrisburg, PA		Domestic FCL
Houston, TX	International FCL	
Jacksonville, FL (Red Trucking)	International FCL	
Miami, FL	International FCL	Domestic FCL
New Orleans, LA	International FCL	
Newark, NJ Port & Rail (Red Trucking)	International FCL	Domestic FCL
Philadelphia, PA (Red Trucking)	International FCL	
Seattle, WA	International FCL	Domestic FCL
Syracuse, NY		Domestic FCL
Tampa, FL	International FCL	



HORIZON MID-ATLANTIC
MC #770152
DOT #2255867
SCAC - HMAC
EIN 45-4018659
HM 151623

Service Locations:	Services:	
Atlanta, GA (Pioneer)	International FCL	
Boston, MA (Pioneer)	International FCL	Domestic FCL
Charleston, SC	International FCL	
Charleston, SC (Pioneer)	International FCL	
Charlotte, NC	International FCL	
Newark, NJ (Pioneer)	International FCL	
Philadelphia, PA	International FCL	



HORIZON MIDWEST
MC #791331
DOT #2317693
SCAC - HZMQ
EIN 45-5505710
HM 158086

Service Locations:	Services:	
Baltimore, MD	International FCL	Domestic FCL
Birmingham, AL	International FCL	Domestic FCL
Cincinnati, OH	International FCL	Domestic FCL
Cleveland, OH	International FCL	Domestic FCL
Columbus, OH	International FCL	Domestic FCL
Dallas, TX	International FCL	Domestic FCL
Denver, CO	International FCL	Domestic FCL
Huntsville, AL	International FCL	
Indianapolis, IN	International FCL	
Louisville, KY	International FCL	
Mobile, AL	International FCL	
Minneapolis, MN	International FCL	Domestic FCL
Norfolk, VA	International FCL	
Omaha, NE	International FCL	Domestic FCL
Wylie, TX		Domestic FCL



MC #791331
DOT #2317693
SCAC - HZEM
EIN 85-0913003
PHSMA 062314-550-045W

Charleston, SC (Elite One)	International FCL	
Cincinnati, OH (Elite One)	International FCL	Domestic FCL
Cleveland, OH (Elite One)	International FCL	Domestic FCL
Columbus, OH (Elite One)	International FCL	Domestic FCL
Dallas, TX (Elite One)	International FCL	Domestic FCL
Detroit, MI (Elite One)	International FCL	Domestic FCL
Kansas City, MO (Elite One)	International FCL	Domestic FCL
Laredo, TX (Elite One)	International FCL	Domestic FCL
Minneapolis, MN (Elite One)	International FCL	Domestic FCL
Northwest Ohio (Elite One)		Domestic FCL
San Antonio, TX (Elite One)	International FCL	Domestic FCL
Omaha, NE (Elite One)	International FCL	Domestic FCL



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

Service Locations:	Services:	
Atlanta, GA	International FCL	Domestic FCL
Atlanta (Douglasville), GA	International FCL	Domestic FCL
Central Florida		Domestic FCL
Jacksonville, FL	International FCL	
Savannah, GA	International FCL	
Wilmington, NC	International FCL	



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

Service Locations:	Services:	
Kansas City, MO	International FCL	Domestic FCL
Memphis, TN	International FCL	Domestic FCL
Nashville, TN	International FCL	
St. Louis, MO	International FCL	Domestic FCL
Savannah, GA (CCI)	International FCL	Domestic FCL



MC #791357
DOT #2318092
SCAC - HWHI
EIN 88-2887146



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

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

SERVICE DATE
July 20, 2012

CERTIFICATE

MC-791331-C

U.S. DOT No. 2317693
HORIZON MIDWEST INC
CLEVELAND, OH

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

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 387) and the designation of agents upon whom process may be served (49 CFR 386). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

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.

CMO

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0050 Exp: 03/31/2014

CUSTOMS BOND
19 CFR Part 113

CBP USE ONLY	BOND NUMBER (Assigned by CBP) 9912JN293
--------------------	---

Broker Filer Code: NY8

Surety Reference Number: 120719009/09088541

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we, the below name principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date
07-24-2012

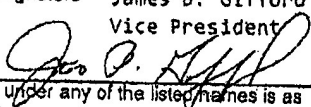
SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.

<input type="checkbox"/> SINGLE TRANSACTION BOND	Identification of transaction secured by this bond (e.g., entry number, seizure number, etc.) XX	Transaction Date XXXXXXXXXXXX	Port Code
<input checked="" type="checkbox"/> CONTINUOUS BOND	Effective Date 08-01-2012	This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amounts listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the period and manner prescribed in the CBP Regulations.	


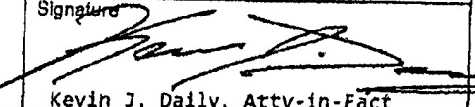
SECTION II - This bond includes the following agreements. Check one box only. (Except 3a may be checked independently or with 3.)

Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker\$113.62	XXXXXXXXXXXX	<input type="checkbox"/> 8	Detention of Copyrighted Material\$113.70 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payments Refunds\$113.65	XXXXXXXXXXXX	<input type="checkbox"/> 9	Neutrality\$113.71 -Single Transaction Only-	XXXXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of Bonded Merchandise \$113.63 (includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouse, container station operators) -Continuous Bond Only-	50,000.00	<input type="checkbox"/> 10	Court Costs for Condemned Goods\$113.72 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 3	International Carrier\$113.64	XXXXXXXXXXXX	<input type="checkbox"/> 11	Airport Security Bond.....Part 113 App A	XXXXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Traffic...\$113.68 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 12	International Trade Commission (ITC) Exclusion Bond.....Part 113 App B	XXXXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone.....\$113.73 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 14	In-Bond Export Consolidation Bond	XXXXXXXXXXXX
<input type="checkbox"/> 5	Public Gauger.....\$113.67	XXXXXXXXXXXX	<input type="checkbox"/> 15	Intellectual Property Rights (IPR)	XXXXXXXXXXXX
<input type="checkbox"/> 6	Wool & Fur Products.....\$113.68 Labeling Acts Importation -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 16	Importer Security Filing (ISF)Part 113 App D	XXXXXXXXXXXX
<input type="checkbox"/> 7	Bill of Lading.....\$113.69 -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 17	Marine Terminal Operator -Continuous Bond Only-	XXXXXXXXXXXX

PRINCIPAL

Name and Physical Address (including legal description and state of incorporation) Horizon Midwest, Inc. 6600 Bassemmer Avenue Cleveland, OH 44127 (OH Corporation)	By checking the box you agree that you have a seal in accordance with 19 CFR 113.25	AFFIX SEAL or Check Box <input checked="" type="checkbox"/> Check Box
	CBP Identification Number: 45-550571000 Signature James B. Gifford Vice President 	
Principal and surety agree that any charge against the bond under any of the listed names is as though it was made by the principal(s). Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the CBP regulations into this bond. If the surety fails to appoint an agent under Title 31, United States Code, Section 9306, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at:		Mailing Address Requested by the Surety 6 Mill Ridge Lane Chester, NJ 07930

SURETY

Name and Physical Address (including legal description and state of incorporation) The Fidelity & Deposit Company of Maryland 1400 American Lane, Tower I Schaumburg, IL 60196 (MD Corporation)	Surety Number 281	Agent ID Number 145-84-0753	 <input type="checkbox"/> Check Box
	Signature  Kevin J. Dally, Atty-in-Fact		

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 Midwest, 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"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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. 8777 Rockside Road	Requester's name and address (optional)
6 City, state, and ZIP code Cleveland, OH 44125	
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	-	5	5	0	5	7	1	0

Part II Certification

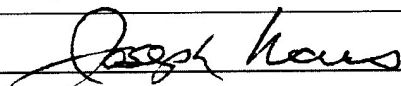
Under penalties of perjury, I certify that:

- 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 ► 01/21/2019

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.

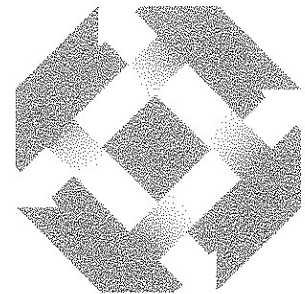
- Form 1099-INT (interest earned or paid)

- 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 MIDWEST INC
8777 ROCKSIDE RD
CLEVELAND, OH 44125**



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

USDOT Census #: **2317693**

ICC#: **791331**

EPA Transporter IDs: **-**

Intrastate Motor Carrier #:

19610

Phone Number to call in case of an accident or emergency: (866) 428-1513

Uniform Program ID: **UPM-2317693-WV**

Certified By: **Kimberly P. Hildreth**

Issuance Date: **13-Mar-24** Expiration Date: **30-Jun-25**

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

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2024

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: Lorri Mulligan	FAX (A/C, No): 216-447-4088	
	PHONE (A/C, No, Ext): 216-447-1050	E-MAIL ADDRESS: cleveland_hmi@hylant.com	
INSURED Horizon Midwest, Inc. Db Elite One Intermodal, Inc. 8777 Rockside Road Cleveland OH 44125	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Old Republic Insurance Company		24147
	INSURER B : Travelers Prop Cas Co of Amer		25674
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 1914801443

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:			MWZY31783424	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			MWTT31415124	9/1/2024	9/1/2025	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Motor Truck Cargo Phys Dam Incl Trailer Interchange			6301R772156 MWTT31415124	9/1/2024 9/1/2024	9/1/2025 9/1/2025	\$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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2024

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: Lorri Mulligan	FAX (A/C, No): 216-447-4088	
	PHONE (A/C, No, Ext): 216-447-1050	E-MAIL ADDRESS: cleveland_hmi@hylant.com	
INSURED Horizon Midwest, Inc. 8777 Rockside Road Cleveland, OH 44125	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Old Republic Insurance Company		24147
	INSURER B : Travelers Prop Cas Co of Amer		25674
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 926162354

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:			MWZY31783424	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			MWTT31415124	9/1/2024	9/1/2025	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Motor Truck Cargo Phys Dam Incl Trailer Interchange			6301R772156 MWTT31415124	9/1/2024 9/1/2024	9/1/2025 9/1/2025	\$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

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**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2025-2026**

Registrant: HORIZON MID ATLANTIC, INC.
ATTN: EVELYN GOLDEN
8777 ROCKSIDE RD
CLEVELAND, OH 44125

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: 052125550079H Effective: July 1, 2025 Expires: June 30, 2026

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.



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	HZMQ
Assigned Date	Tuesday, 24 July 2012
Assigned To	HORIZON MIDWEST INC 6600 BESSEMER AVENUE CLEVELAND, OH USA 44127 USDOT # 2317693 MC # 791331
Company Contact	EVELYN GOLDEN
Expiration Date	Saturday, 04 July 2026



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U "

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	HZEM
Assigned Date	Thursday, 30 April 2020
Assigned To	HORIZON MIDWEST INC (ELITE ONE INTERMODAL INC) 8777 ROCKSIDE ROAD CLEVELAND, OH USA 44125 USDOT # 2317693 MC # 791331
Company Contact	JOSEPH NAUS
Expiration Date	Thursday, 02 July 2026



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

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