

# BLACKHAWK TRANSPORT

## CREDIT REFERENCES

Please complete this form in its entirety and have signed by an authorized representative of your company.

Business Name \_\_\_\_\_ "Shipper"

Physical Address \_\_\_\_\_  
 Street City State Zip

Mailing Address \_\_\_\_\_  
 Street/PO Box City State Zip

Business Location:  Lease/Rent  Own

Mortgage or lease held by \_\_\_\_\_ ( )  
 Name City State Zip Phone Number

President/Owner \_\_\_\_\_ ( ) ( )  
 Name Phone Number Fax Number

Vice President/Partner \_\_\_\_\_ ( ) ( )  
 Name Phone Number Fax Number

Accounts Payable Contact \_\_\_\_\_ ( ) ( )  
 Name Phone Number Fax Number

Shipping/Traffic Manager \_\_\_\_\_ ( ) ( )  
 Name Phone Number Fax Number

Year Present Business Started: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Previous Business/DBA Names (if any) \_\_\_\_\_

**LEGAL ENTITY**  
 Please Check One:

Proprietorship  
 Partnership  
 Corporation  
 LLC

**BANK INFORMATION** (By completing, you authorize the bank listed below to provide all required account information)

Bank Name	Street	City	State	Zip	Phone Number	Fax Number
Account Number				Contact Person		

**BUSINESS REFERENCES**

Name	Street	City	State	Zip	Phone Number	Fax Number

In the event an invoice is not paid when due, the customer's account shall be considered in default. Customer agrees to pay the finance charge of one and one-half (1½%) per month (18% annually) on all accounts in default, reasonable attorneys fees and all costs of collection. The individual signing below, regardless of whether or not the undersigned is a corporate officer, member of a limited liability company, a partner or agent, and signs as such, said individual personally guarantees to pay all amounts due Blackhawk Logistics, LLC from customer, reasonable attorney fees and all costs of collections.

The undersigned individual who is either a principal of the credit application or a sole proprietorship of the credit applicant, and is a guarantor, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

The Circuit Court of Rock County shall be the proper venue for any dispute between Blackhawk Logistics, LLC and customer.

**RELEASE STATEMENT/CONFIDENTIALITY**

Shipper authorizes all persons, institutions, companies and credit reporting agencies to furnish any and all pertinent information, including commercial and consumer credit reports, requested by Blackhawk Logistics. The undersigned and shipper, if different, each warrant that the information given in this Credit Application is true and no unfavorable information has been omitted. The undersigned agrees to the terms and condition as stated on each invoice.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SERVICE DATE****OCT 16 1990**FM-31  
(Rev. 10/84)**INTERSTATE COMMERCE COMMISSION****PERMIT****No. MC 231795 (Sub O-P)****ABC EXPRESS INC.  
BELOIT, WI**

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

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)\*; and for passenger carriers, tariffs or schedules (49 CFR 1312).

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

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

By the Commission.

(SEAL)

**SIDNEY L. STRICKLAND, JR.**  
Secretary

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

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





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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
December 16, 2002

**DECISION**

MC-231795  
BLACKHAWK TRANSPORT, INC.  
D/B/A ABC EXPRESS  
BELOIT, WI  
REENTITLED  
BLACKHAWK TRANSPORT, INC.

On December 03, 2002, 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 **BLACKHAWK TRANSPORT, 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 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, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20024.

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://fmcsa-li.volpe.dot.gov>. Any other questions regarding the action taken should be directed to (202)358-7028/7029.

*Decided:* December 11, 2002

By the Federal Motor Carrier Safety Administration.

Terry Shelton, Director  
Office of Data Analysis & Information System

NCA

## Request for Taxpayer Identification Number and Certification

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

**Name (as shown on your income tax return)**  
**BLACKHAWK TRANSPORT, INC**

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

Check appropriate box for federal tax classification (required):  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
**1431 MANCHESTER STREET**

**City, state, and ZIP code**  
**BELOIT, WI 53511**

**Requester's name and address (optional)**

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 the "Name" line to avoid backup withholding. For individuals, this is 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.

**Social security number**

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**Employer identification number**

3	9	-	1	6	8	7	4	0	7
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**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).

**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 4.

**Sign Here**    Signature of U.S. person: *[Handwritten Signature]*    Date: *July 1, 2012*

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/10/2012

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 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 HNI Risk Services PO Box 510187  New Berlin WI 53151	CONTACT NAME:	
	PHONE (A/C No, Ext): 262-782-3940	FAX (A/C, No): 262-782-4198
	E-MAIL ADDRESS: certs@hni.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Great West Casualty Co.	11371
INSURED Blackhawk Transport, Inc.  P.O. Box 537  Beloit WI 53512-0537	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

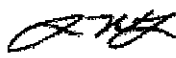
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GWP09835K	10/1/12	10/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (Except Private Pass Autos) <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		GWP09835K	10/1/12	10/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC25568A	4/1/12	4/1/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Motor Truck Cargo Broad Form		GWP09835K Incl Reefer Breakdown	10/1/12	10/1/13	Limit \$250,000 Retention 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Sample Certificate	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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