



Thank you for your interest in the **A.M. Transportation Services**. We are proud to provide all the modes, solutions and global reach our customers need. From less than truckload to truckload, flatbed to heavy haul, refrigerated to final mile, ocean to air, we have you covered with over 10 shipping modes.

Included in this packet of information is the following:

1. Operating Authority
2. W9 Tax Form
3. Certificate of Insurance
4. Current Bond
5. Other related documentation

Corporate Office Information:

Name A.M. Transportation Services
Address 8 Hollis St., Groton, MA 01450
Phone # 978-772-3900
Fax # 412-920-1899
MC # 1218483
DOT # 3594176
SCAC AOPI
FEIN 86-2367998

Corporate Contact Information:

Billing/Invoicing billing@amtransportation.com
Credit creditrequests@amtransportation.com
Collections collections@amtransportation.com
Claims claims@amtransportation.com
Website amtransportation.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2025

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 McGriff, a Marsh & McLennan Agency LLC Company 6501 Peake Road, Suite 700 Macon GA 31210	CONTACT NAME: TRANSPORTATION TEAM PHONE (A/C, No, Ext): E-MAIL ADDRESS: MCG.TRANSCOI@MARSHMMA.COM	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: CHAUCER INS CO		1780116
INSURER B: Colony Specialty Insurance		36927
INSURER C: OBI National Insurance Company		14190
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 2098836604**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:			LDCH00005101	3/23/2025	3/23/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Cont. Auto			LDCH00005101	3/23/2025	3/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Contingent Auto Liab. \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 checked="" type="checkbox"/> N	N/A	4060365280015	11/1/2025	11/1/2026	<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
B	Contingent Cargo - Includes Reefer Breakdown			USM42893885	7/1/2025	7/1/2026	Max Lmt Per Occ \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MC # 1218483, DOT #3594176, SCAC AOP1

CERTIFICATE HOLDER**CANCELLATION**

AM TRANSPORTATION SERVICES LLC
8 HOLLIS STREET
GROTON MA 01450

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)

10/29/2025

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PRODUCER McGriff, a Marsh & McLennan Agency LLC Company 6501 Peake Road, Suite 700 Macon, GA 31210	CONTACT NAME: TRANSPORTATION TEAM PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: MCG.TRANSCOI@MARSHMMA.COM
INSURED AM Transportation Services LLC 8 Hollis Street Groton, MA 01450	INSURER(S) AFFORDING COVERAGE INSURER A: OBI National Insurance Company INSURER B: CHAUCER INS CO INSURER C: Colony Specialty Insurance INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1438596925**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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			LDCH00005101	3/23/2025	3/23/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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 <input checked="" type="checkbox"/> Cont. Auto			LDCH00005101	3/23/2025	3/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Contingent Auto Liab \$ 1,000,000
	<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 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4060365280015	11/1/2025	11/1/2026	<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
C	Contingent Cargo - Inc: Reefer Breakdown			USM42893885	7/1/2025	7/1/2026	Limit/Occ \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MC # 1218483, DOT #3594176, SCAC AOP1

CERTIFICATE HOLDER**CANCELLATION**

AM TRANSPORTATION SERVICES LLC
8 HOLLIS STREET
GROTON MA 01450

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**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) AM Transportation Services, LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 8 Hollis St 6 City, state, and ZIP code Groton, MA 01450 7 List account number(s) here (optional)	Requester's name and address (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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table><tr><td colspan="10">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr><tr><td colspan="10">or</td></tr><tr><td colspan="10">Employer identification number</td></tr><tr><td>8</td><td>6</td><td>-</td><td>2</td><td>3</td><td>6</td><td>7</td><td>9</td><td>9</td><td>8</td></tr></table>	Social security number													-			-				or										Employer identification number										8	6	-	2	3	6	7	9	9	8
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Employer identification number																																																			
8	6	-	2	3	6	7	9	9	8																																										

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 <i>Victoria Flinn</i> Date 7/1/2025

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	AOPI
Assigned Date	Monday, 12 April 2021
Assigned To	AM TRANSPORTATION SERVICES LLC 8 HOLLIS STREET GROTON, MA USA 01450 USDOT # 3594176 MC # 1218483
Company Contact	KAREN CARTER
Expiration Date	Wednesday, 01 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.



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

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

SERVICE DATE
April 09, 2021

LICENSE
MC-1218483-B
U.S. DOT No. 3594176
AM TRANSPORTATION SERVICES LLC
PITTSBURGH, PA

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). The applicant 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

BPO

FMCSA MC-RIS
1200 New Jersey Ave., S.E.
Washington, DC 20590

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

MC-1218483
LORETTA PAYONK
100 COMMERCE DR
PITTSBURGH, PA 15275-1019



PAYMENT REMITTANCE INFORMATION

Please ensure that your payment along with the remittance advice are sent to one of the options listed below.

US Postal Service:

Name A.M. Transportation Services
Address PO Box 72124, Cleveland, OH 44192
Account Number 01662724516
Routing Number 041000153

ACH/EFT (Automated Clearing House/EFT & Wire Transfer):

Name The Huntington National Bank
Address Cleveland, OH
ABA/Routing Number 041000153
ABA Wire Number 044000024
Swift Code HUNTUS33

Overnight Address:

Name The Huntington National Bank
Address #295 First Merit Circle, Akron, OH 44307
ATTN Lockbox Dept. OPC833

Email Address for remittance documents:

remit@amtransportation.com