



**HURRICANE
LOGISTICS**

MC - 611585 | DOT - 2239791 | SCAC - HLAV

WWW.HURRICANELOGISTICS.NET

O: 678-880-0781

E: INFO@HURRICANELOGISTICS.NET

A: P.O. Box 1200

HOLLY SPRINGS, GA 30142

SUPERIOR

**FREIGHT MANAGEMENT SOLUTIONS
WITH A PERSONAL TOUCH**

**Open-Deck Experts
More than 60 Assets
Personalized Account Management
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LTL and Partial Services
Real-Time Tracking
Power Only Services
Intermodal Options
Cross-docking/Transloading
Warehousing Solutions & Fulfillment
Overdimensional/Over weight capabilities
Specialty Commodity & High-Value Cargo**





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

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

SERVICE DATE
July 26, 2007

LICENSE
MC-611585-B
HURRICANE LOGISTICS, LLC
CANTON, GA

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 386). 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.

A handwritten signature in black ink, reading "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

BPO

Bond Rider to FMCSA Form BMC-84

Bond Serial No: 20130927620
Principal Name: HURRICANE LOGISTICS LLC
Principal's MC or FF No: MC611585

This rider makes the following changes, effective October 1, 2013, so that the FMCSA Form BMC-84 bond described above will conform to the September 26, 2013 revision of that form:

1. The bond shall reflect the following OMB number and expiration date: "OMB No.: 2126-0017 Expiration: 01/31/2014".
2. The title of the bond now reads:
"Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906
Form BMC-84"
3. This bond is for the following Filer FMCSA Account Number(s): 22010-00
4. In the first paragraph, the amount of the bond is \$75,000, and the text ", for which payment," shall read "for a broker or forwarder, for which payment,".
5. In the second paragraph, the text "intends to become a Broker" shall now read "intends to become a Broker or Freight Forwarder".
6. In the third paragraph, the text "as a licensed Property Broker" shall now read "as either a licensed Broker or a licensed Freight Forwarder".
7. Paragraphs 6 and 7 shall be combined into one paragraph (new paragraph 6).
8. In the new paragraph 6, the text "on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond." shall be inserted at the end of the second sentence after "said notice by the FMCSA".

This rider is executed and effective on October 1, 2013.

SURETY:
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420

Matthew L. Zehner

Matthew L. Zehner, Attorney-in-Fact



Jennifer E. Rome

Jennifer E. Rome, Witness

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: ROANOKETR3
TRANSMISSION NUMBER: WEB94029
TRANSMITTED ON: 10/03/2013 19:41:39
COMPANY NAME: AMERICAN ALTERNATIVE INSURANCE CORPORATION
SUMMITTED BY: AMERICAN ALTERNATIVE INSURANCE CORPORATION (22010-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-611585	BMC-84/SURETY	20130927620	10/01/2013	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: HURRICANE LOGISTICS, LLC
Address: 102 HICKORY SPRINGS IND DR
CANTON GA US 30115
PO BOX 395
HOLLY SPRINGS GA US 30142

91X Coverage(Type/Max/Underlying):

Total: 1



June 21, 2022

BLAKE HOFFMAN
HURRICANE LOGISTICS LLC
PO BOX 1200
HOLLY SPRINGS, GA 30142

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

HURRICANE LOGISTICS LLC
PO BOX 1200
HOLLY SPRINGS, GA 30142
MC-611585
US DOT-2239791

This Alpha Code will apply only to the company name shown above through June 30, 2023. 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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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 an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

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.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 741 W. Lanier Ave., Suite 100 Fayetteville, GA 30214-GA 770 471-7100	CONTACT NAME: Tara Arnold PHONE (A/C, No, Ext): 770-799-1637 FAX (A/C, No): 770-477-6908 E-MAIL ADDRESS: Tara.Arnold@McGriff.com														
INSURED Hurricane Logistics LLC PO Box 395 Holly Springs, GA 30142	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyds</td> <td></td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds		INSURER B : Travelers Property Casualty Co of Amer	25674	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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 type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cont. Liability			22GU306160154	09/01/2022	09/01/2023	\$1,000,000
B	Contingent Cargo			QT6601G390639TIL22	09/01/2022	09/01/2023	\$150,000 w/\$2,500 DED

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

CERTIFICATE HOLDER

CANCELLATION

Hurricane Logistics LLC P.O. Box 1200 Holly Springs, GA 30142	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.

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.

Hurricane 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) ► **P**

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 1200

6 City, state, and ZIP code

Holly Springs, GA 30142

Requester's name and address (optional)

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

2 6 - 0 4 7 7 2 7 6

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 ► 01/01/2022

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.



Diamond Broker Program



truckstop
.com

ITS
*Financial
Services*

HURRICANE LOGISTICS, LLC

Is a participating member of the
Truckstop.com Diamond Broker Program

Meeting all performance, credit and bonding requirements



ASK ABOUT OUR ONSITE FREIGHT MANAGEMENT PROGRAM!

Hurricane Logistics Freight Management Benefits

- 🚚 On-site expertise, at no overhead cost!
 - Hurricane Logistics will provide an on-site employee to act as the Logistics POC for your operations
- 🚚 A single point of contact for all your needs
 - Including, but not limited to: FTL, LTL, flatbed, partials, over-dimensional, expedite, inter-modal, and international needs, we have you covered. No need to reach out to multiple companies, as we will do that for you.
- 🚚 Peace of mind, knowing you are getting the best rates possible
 - Through our efforts of continuous sourcing and rate bench-marking, you can be assured that both you and your customers are getting the most up-to date market insight and pricing.
- 🚚 You take the credit, we will take the pressure.
 - Focus on your core business needs by letting Hurricane Logistics manage 100% of your transportation needs
- 🚚 Freight Savings with visibility
 - Hurricane Logistics will provide visibility into carrier pay and operate on a cost-plus management model. You will know exactly how much each truck is paid.
- 🚚 Twice the insurance coverage
 - By tendering all freight through Hurricane Logistics Freight Management, you will receive the benefits of two layers of insurance coverage- one policy from Hurricane Logistics, and then subsequently through the asset-based carrier's standard coverage, as well.
- 🚚 Detailed Analytics
 - Customized reporting, tailored to meet your business needs. If you need to quantify it, we can provide a way to track and report the data.
- 🚚 Real-time tracking
 - Take the guessing out of load tracking! Applicable shipments will be tracked in real-time using the latest GPS and GEO Fencing technology available from our market partners.
- 🚚 The Hurricane Guarantee
 - We know all loads must be moved to execute to your sales forecast. Through the combination of our own assets through our sister company, as well as our 3PL brokerage, you can rest assured that no freight will be left on the loading dock.



MC - 611585 | DOT - 2239791 | SCAC - HLAV



Credit Application

Legal Name of Business: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Phone: _____ **Fax:** _____ **FEIN:** _____

CHECK one: Corporation LLC Partnership Sole
FMCSA MC (If Applicable):

Owners, Partners, Members and/or Corporate Officers

Name/Title	Street Address	City, State, Zip	Social Security #

Bank: _____ **City & State:** _____ **Account #:** _____

Contact Officer: _____ **Phone:** _____ **Fax:** _____

Trade References

Company Name	Contact Name	Phone Number	Fax Number

Terms and Condition of Credit Account

1. Until Credit has been approved, all sales are cash or credit card only.
2. Payments are due 15 days from invoice date, unless otherwise agreed in writing (Net 15).
3. A finance charge of 1.5% will be assessed monthly on any invoice that is not paid when due.
4. Applicant agrees to pay attorney's fees and collection charges on delinquent accounts. Applicant agrees to waive all rights relating to venue, and agrees an appropriate court in the state of Georgia as venue for any action.
5. Applicant authorizes Hurricane Logistics, LLC. to obtain credit and financial information concerning the applicant.
6. Hurricane Logistics, LLC. reserves the right to suspend or cancel the credit or revise the terms of this agreement at any time.

I have read, understand and agree to the stated terms and conditions.

Signature and Title

Printed Name

Date

P.O. Box 1200
Holly Springs, GA 30142



678-880-0781
cjarnold@hurricanelogistics.com

Customer Account Information and Bank Reference Authorization

To:	Date:
(Name of Bank)	
Attention:	
Address:	
City/State/Zip	
Phone:	Fax:

To Whom It May Concern:

I/We have applied to Hurricane Logistics, LLC. for a line of credit with Net 15 day terms. I/We authorize you to release any credit information concerning my/our accounts listed below. I/We also request you promptly complete and return this credit information to Hurricane Logistics, LLC as soon as possible. Hurricane Logistics, LLC agrees that any information provided will be held in strict confidence and used only in consideration of my/our application for credit.

Authorized Signature/Title	Printed Name	Date
Company Name		
Account Numbers:		
Checking	Savings	Loan

To the Bank Officer: Please Provide the following reference information

Date Checking Account opened:	Average Balance:
How many NSF's:	
Date Savings Account Opened:	Average Balance:
Date Loan Opened:	Type of Loan:
Opening Balance:	Present Balance:

Pays: () Prompt () Late, averages days late: _____

Confirmed by:	Date:
(Bank Officer/Title)	

P.O. Box 1200
Holly Springs, GA 30142



678-880-0781
cjarnold@hurricanelogistics.com

Credit Reference

The company mentioned below has listed your company as a credit reference. Please take a moment to complete this form and email back to cjarnold@hurricanelogistics.com as soon as possible. Your assistance in providing the following information is greatly appreciated.

Company:

Account Status:

Date Account Established:

High Credit:

Current Balance:

Amount Past Due:

Terms:

Payment History

Prompt (1-30):

Slow (31-60):

Collection (over 60):

Comments:

Company Name:

Prepared by:

Title:

Date:

P.O. 1200
Holly Springs, GA 30142



678-880-0781
cjarnold@hurricanelogistics.com

Personal Guaranty

In consideration of the credit extended by Hurricane Logistics, LLC (HL)

to: _____

(Customer) and for other valuable consideration, I/We personally and unconditionally guaranty to the HL the prompt payment when due, not merely the collection, on all indebtedness of the Customer to HL which is now due or may at anytime hereafter become due regardless of the form or manner in which incurred. This is a continuing guaranty and shall remain in force until revoked by me by notice in writing, Certified Mail Return Receipt Requested, to HL, but such revocation shall be effective only as to claims of HL, which arise out of transactions entered into after HL's receipt of such notice. The incorporation, merger, reorganization or sale of the Customer shall not operate as a termination of the guaranty, and such guaranty shall continue as to credit extended such other entity. This obligation shall cover all indebtedness which may from time to time be owed to HL by Customer on account. "On account" shall mean the total balance of the amount presently and hereafter owed by Customer, plus all interest and charges added thereto. Guarantor's obligation shall not be affected by any surrender or release by HL of any other security held by it for any claim hereby guaranteed. In the event of default by Customer to make payment on its account with sums then due and to become due to HL from Customer, including losses, costs, attorney's fees, or expenses which HL may suffer by reason of Customer's default. The undersigned further agrees to pay all costs of collection, if any amounts due are collected by legal action or through an attorney-at-law. I/We hereby authorize release to HL of all information, including credit information, contained in my (our) account file. I/We authorize that the photocopy of the authorization be accepted with the same authority as the original.

If a credit limit is requested, please state amount or account shall be considered "open" and all indebtedness shall be guaranteed:

Credit limit: _____

signature (owner, partner, member or officer)

print name

home address

city, state, zip

Social Security #: