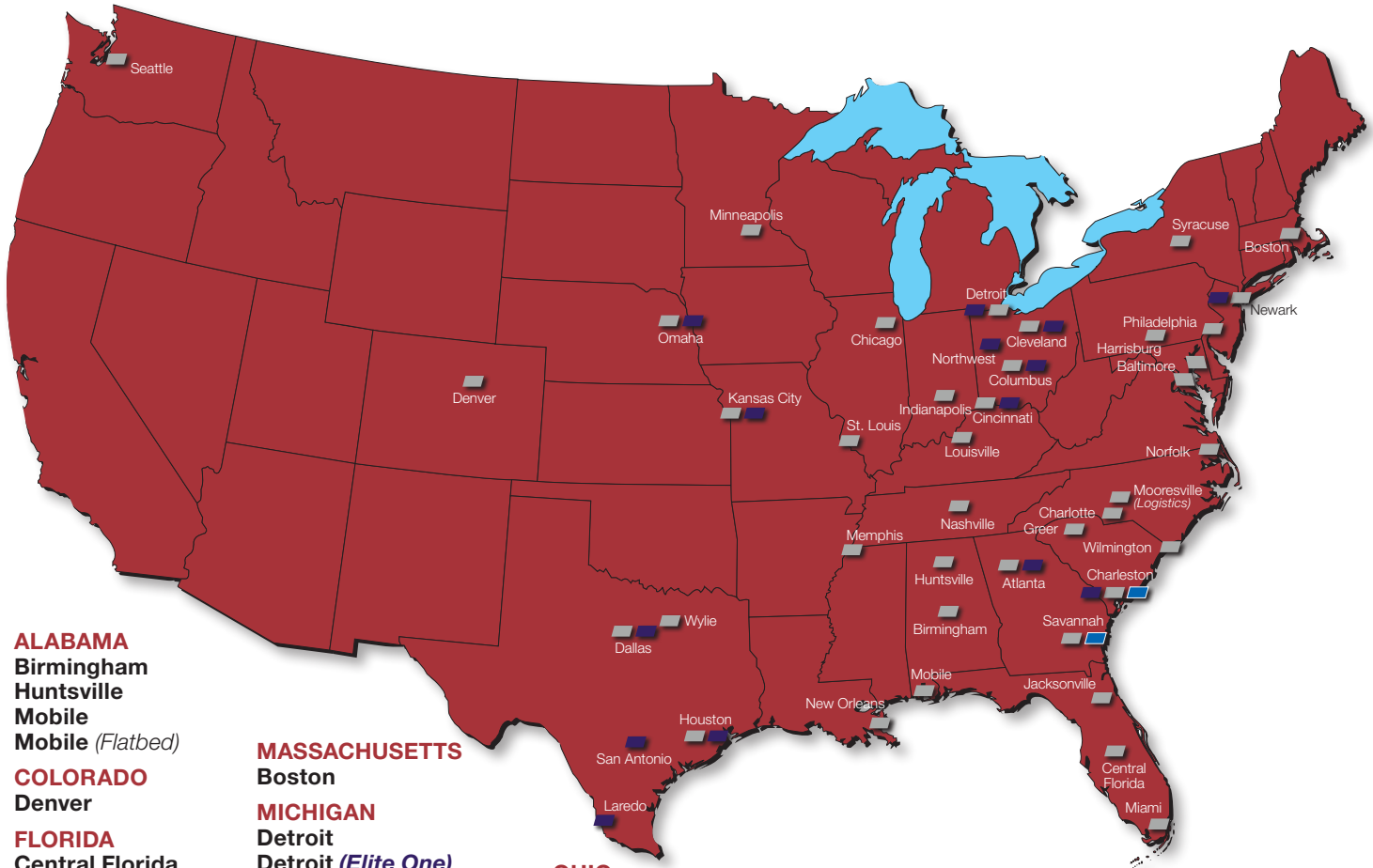


# Horizon Locations & Subsidiaries



**ALABAMA**  
 Birmingham  
 Huntsville  
 Mobile  
 Mobile (Flatbed)

**COLORADO**  
 Denver

**FLORIDA**  
 Central Florida  
 Jacksonville  
 Miami

**GEORGIA**  
 Atlanta (2)  
 Atlanta (Elite One)  
 Atlanta (Pioneer)  
 Savannah  
 Savannah (CCI)

**ILLINOIS**  
 Chicago (2)

**INDIANA**  
 Indianapolis

**KENTUCKY**  
 Louisville

**LOUISIANA**  
 New Orleans

**MARYLAND**  
 Baltimore

**MASSACHUSETTS**  
 Boston

**MICHIGAN**  
 Detroit  
 Detroit (Elite One)

**MINNESOTA**  
 Minneapolis

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

**NEBRASKA**  
 Omaha  
 Omaha (Elite One)

**NEW JERSEY**  
 Newark (Elite One)  
 Newark

**NEW YORK**  
 Syracuse

**NORTH CAROLINA**  
 Charlotte  
 Mooresville (Logistics)  
 Wilmington

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

**PENNSYLVANIA**  
 Harrisburg  
 Philadelphia

**SOUTH CAROLINA**  
 Charleston  
 Charleston (Pioneer)  
 Charleston (CCI)  
 Charleston (Elite One)  
 Greer

**TENNESSEE**  
 Memphis  
 Nashville

**TEXAS**  
 Dallas  
 Dallas (Elite One)  
 Houston  
 Houston (Elite One)  
 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

**Phone**

216-341-7410  
 800-480-6829

**Fax**

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

To better serve you, we are always adding new locations. For terminal updates, please check our website at [horizonfreightssystem.com](http://horizonfreightssystem.com).

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



FREIGHT SYSTEM, INC.

# Horizon Locations & Subsidiaries



HORIZON FREIGHT SYSTEM, INC	Service Locations:	Email
MC #169607	<b>Chicago South, IL</b>	Dispatch@CHHorizon.com
DOT #237360	<b>Chicago North, IL</b>	Team@rinaratransportation.com
SCAC - HZNF	<b>Detroit, MI</b>	Detroit@horizonfreightssystem.com
EIN 34-1380439	<b>Harrisburg, PA</b>	Harrisburg@horizonfreightssystem.com
HM 77148	<b>Houston, TX</b>	Dispatch@houstonhznf.com
	<b>Mooreville, NC (Logistics)</b>	DinaB@horizonfreightssystem.com
	<b>Miami, FL</b>	Pricing@horizonfreightssystem.com
	<b>New Orleans, LA</b>	Monica.HorizonFreight@gmail.com
	<b>Seattle, WA</b>	Dispatch@cgrtransport.com
	<b>Syracuse, NY</b>	UpstateNY@horizonfreightssystem.com



HORIZON MID-ATLANTIC	Service Locations:	Email
MC #770152	<b>Atlanta, GA (Pioneer)</b>	Atlanta@PioneerLogisticsSolutions.com
DOT #2255867	<b>Boston, MA</b>	HorizonBoston@horizonfreightssystem.com
SCAC - HMAC	<b>Charleston, SC</b>	Charleston735@horizonfreightssystem.com
EIN 45-4018659	<b>Charleston, SC (Pioneer)</b>	Charleston@PioneerLogisticsSolutions.com
HM 151623	<b>Charlotte, NC</b>	MirandaM@horizonfreightssystem.com, TraceyM@horizonfreightssystem.com
	<b>Greer, SC</b>	HorizonGreer@horizonfreightssystem.com
	<b>Newark, NJ</b>	HorizonNJ@horizonfreightssystem.com
	<b>Philadelphia, PA</b>	Philadelphia@horizonfreightssystem.com



HORIZON MIDWEST	Service Locations:	Email
MC #791331	<b>Baltimore, MD</b>	Baltimore@horizonfreightssystem.com
DOT #2317693	<b>Birmingham, AL (53' Van Freight Only)</b>	Birmingham@horizonfreightssystem.com
SCAC - HZMQ	<b>Birmingham, AL</b>	Birmingham@horizonfreightssystem.com
EIN 45-5505710	<b>Cincinnati, OH</b>	CinciOps@horizonfreightssystem.com
HM 158086	<b>Cleveland, OH</b>	ClevelandOps@horizonfreightssystem.com
	<b>Columbus, OH</b>	ColumbusOps@horizonfreightssystem.com
	<b>Dallas, TX</b>	Dispatch@horizondallas.com
	<b>Denver, CO</b>	Denver@horizonfreightssystem.com
	<b>Huntsville, AL</b>	Huntsville@horizonfreightssystem.com
	<b>Indianapolis, IN</b>	IndyCs@rykilogistics.com
	<b>Louisville, KY</b>	LouCs@rykilogistics.com
	<b>Mobile, AL (Intermodal)</b>	MobileIntermodal@horizonfreightssystem.com
	<b>Minneapolis, MN</b>	Minneapolis@horizonfreightssystem.com
	<b>Norfolk, VA</b>	Chesapeake@horizonfreightssystem.com
	<b>Omaha, NE</b>	Omaha@horizonfreightssystem.com
	<b>Wylie, TX</b>	WylieOps@horizonfreightssystem.com



MC #791331	<b>Atlanta, GA (Elite One)</b>	ATLOPS@eliteoneintermodal.com
DOT #2317693	<b>Charleston, SC (Elite One)</b>	PMathis@MathisLLC.com
SCAC - HZEM	<b>Cincinnati, OH (Elite One)</b>	CVG@eliteoneintermodal.com
EIN 85-0913003	<b>Cleveland, OH (Elite One)</b>	CLV@eliteoneintermodal.com
PHSMA 062314-550-045W	<b>Columbus, OH (Elite One)</b>	CMH@eliteoneintermodal.com
	<b>Dallas, TX (Elite One)</b>	Dispatch@DFTTX.com
	<b>Detroit, MI (Elite One)</b>	DTW@eliteoneintermodal.com
	<b>Houston, TX (Elite One)</b>	Dispatch@eliteonehtx.com
	<b>Kansas City, MO (Elite One)</b>	EliteKC@eliteoneintermodal.com
	<b>Laredo, TX (Elite One)</b>	Dispatch@DFTTX.com
	<b>Newark, NJ (Elite One)</b>	NYC@TruckSSI.com
	<b>Northwest Ohio (Elite One)</b>	NBaltimore@eliteoneintermodal.com
	<b>San Antonio, TX (Elite One)</b>	Dispatch@DFTTX.com



HORIZON SOUTH	Service Locations:	Email
MC #791344	<b>Atlanta, GA</b>	AtlantaDispatch@horizonfreightssystem.com
DOT #2318070	<b>Atlanta (Douglasville), GA</b>	CHarris1254@hotmail.com
SCAC - HZSN	<b>Central Florida</b>	Dispatch264@horizonfreightssystem.com
EIN 45-5487224	<b>Jacksonville, FL</b>	Jacksonville@horizonfreightssystem.com
HM 158089	<b>Savannah, GA</b>	ACrawford@GAIntermodal.com
	<b>Wilmington, NC</b>	McNeill.Bo@gmail.com



HORIZON WEST	Service Locations:	Email
MC #791357	<b>Kansas City, MO</b>	KansasCityDispatch@horizonfreightssystem.com
DOT #2318092	<b>Memphis, TN</b>	HorizonMem@horizonfreightssystem.com
SCAC - HZWI	<b>Mobile, AL (Flatbed/Over-Dimensional)</b>	Dispatch@HorizonWest.us
EIN 45-5477791	<b>Nashville, TN</b>	Nashville@rykilogistics.com
HM 158090	<b>St. Louis, MO</b>	StLouis@horizonfreightssystem.com
	<b>Charleston, SC (CCI)</b>	CCICHS@thecciteam.com
	<b>Savannah, GA (CCI)</b>	CCIGroup@thecciteam.com





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

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Horizon Mid Atlantic, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from FATCA reporting code (if any) <u>N/A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>8777 Rockside Road</b></p> <p><b>6</b> City, state, and ZIP code <b>Cleveland, OH 44125</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
4	5								

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 02/19/2019
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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](http://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-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.*



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

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)
	<b>9912AG452</b>

Broker Filer Code: **WY8**

Surety Reference Number: **120423010/09083533**

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 **04-30-2012**

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

<input type="checkbox"/> <b>SINGLE TRANSACTION BOND</b>	Identification of transaction secured by this bond (e.g., entry number, seizure number, etc.) <b>XX</b>	Transaction Date <b>XXXXXXXXXXXX</b>	Port Code
<input checked="" type="checkbox"/> <b>CONTINUOUS BOND</b>	Effective Date <b>05-04-2012</b>	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... §113.66 -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)  
**TRX Great Plains, Inc.**  
**6600 Bessemer Avenue**  
**Cleveland, OH 44127**  
**( OH Corporation)**

By checking the box you agree that you have a seal in accordance with 19 CFR 113.25 ▶  
CBP Identification Number:  
**45-401865900**  
Signature **James B. Gifford - Vice President**  


**Check Box**

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: ▶

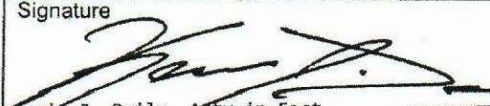
Mailing Address Requested by the Surety  
**6 Mill Ridge Lane**  
**Chester, NJ 07930**


**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**

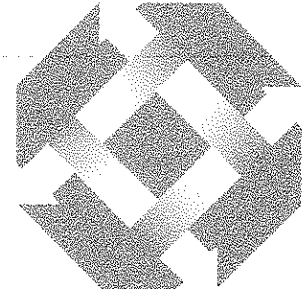
Signature  
  
**Kevin J. Daily, Atty-in-Fact**



**Check Box**

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

**HORIZON MID ATLANTIC INC  
8777 ROCKSIDE DR  
CLEVELAND, OH 44125**

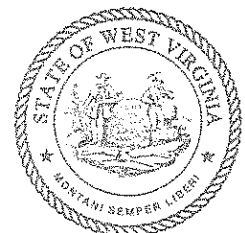


**ALLIANCE  
FOR UNIFORM  
HAZMAT  
TRANSPORTATION  
PROCEDURES**

USDOT Census #: <b>2255867</b>
ICC#: <b>770152</b>
EPA Transporter IDs: -
Intrastate Motor Carrier #: <b>19050</b>

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

Uniform Program ID: <b>UPM-2255867-WV</b>
Certified By: <b>Kimberly P. Hildreth</b>
Issuance Date: <b>02-Jun-23</b> Expiration Date: <b>30-Jun-24</b>
Issuing Agency: <b>Public Service Commission of West Virginia</b>
Agency Phone Number: <b>(304) 340-0456</b>



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



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2023-2024**

**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: 052523550042F    Effective: July 1, 2023    Expires: June 30, 2024**

**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.



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

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC)

The Standard Carrier Alpha Code of **HMAC** has been assigned to:

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 Sunday, 30 June 2024. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal 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](mailto: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](mailto: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](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto: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: 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 in connection with freight rates. For participation and membership information, please call (703) 838-1810.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/28/2023

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).

<b>PRODUCER</b> Hylant Group, Inc. - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	<b>CONTACT NAME:</b> Diana Wallace <b>PHONE (A/C No, Ext):</b> 216-447-1050 <b>E-MAIL ADDRESS:</b> cleveland_hmi@hylant.com	<b>FAX (A/C, No):</b> 216-447-4088
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Horizon Mid Atlantic, Inc. 8777 Rockside Road Cleveland, OH 44125	<b>INSURER A:</b> Old Republic Insurance Company <b>NAIC #</b> 24147	
	<b>INSURER B:</b> Nationwide Mutual Insurance Co      23787	
	<b>INSURER C:</b> Travelers Prop Cas Co of Amer      25674	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 1627564207      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			MWZY31783423	9/1/2023	9/1/2024	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"/> <b>AUTOMOBILE LIABILITY</b> <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			MWTT31415123	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	ACP WC013210950242	9/1/2023	9/1/2024	<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 A	Motor Truck Cargo Phys Dam Incl Trailer Interchange			QT-630-1R772156-TIL-23 MWTT31415123	9/1/2023 9/1/2023	9/1/2024 9/1/2024	\$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.

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance - - - - -	<b>CANCELLATION</b>  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>Nicholas R. Hylant</i>