



Mail Address:-
PO BOX 4 Syosset, NY, 11791.
PHONE:- 716-337-5000/ 516-874-0909.
Fax:- 716-772-3383
Website:- <https://alg.us.com/>

(A freight broker with a commitment to Excellence, Individual Dignity and Service)

Company Information

- | | |
|--|-------------------|
| •MC #764581 | SCAC Code #ALBG |
| •USDOT NUMBER #2263978 | Blue Book #296355 |
| •Federal ID #204067901 | DOS ID #3302010 |
| •Members of TIA, JANA, T & LC and Cargo net. | |
| •Rating on ITS :- 32 Days / A – Low / Minimal Risk (Highest Rating Possible) | |

Company Facts

- Established in 2006, serving US and Canada with TL, LTL.
- Our team working 24/7 to provide all the support that you need.

Insurance Details

- | | |
|---------------------------------|------------------------|
| •Commercial general liability : | \$2,000,000 –Aggregate |
| •Contingent cargo liability : | \$250,000- Occurrence |
| •Contigent auto liability : | \$1,000,000- Aggregate |
| •Errors & omissions : | \$250,000- Aggregate |
| • Policy expiration date : | 11/27/2019 |

Account details

- | | |
|----------------------|--|
| •Remittance address: | PO BOX 28685 NEW YORK, NY, 10087. |
| •ACH / Wire details. | Bank Name: JP MORGAN CHASE, 280 N Broadway Hicksville NY |
| – | 11801 Bank Routing : 021000021 |
| | Account #: 0935301981 |

All services provided by ALG to any customer are governed by ALG's Terms and Conditions of Services, which are available on ALG's web.

Site: <https://alg.us.com/terms-conditions/>

Shippers Packet Contents

Attention: New Customer/Shipper

- I. Credit Application Form
- II. TIA Certificate
- III. Operating Authority
- IV. Certificate of liability Insurance
- V. W 9 Form

Important Contacts:

Operating Manager:	Victor Clarke – 716-337-5000 X 103
Accounts Manager:	Austin Warner – 716-337-5000 X 131
Billing	
Accounts Payables/Receivables:	Sameer K – 716-337-5000 x 153
Inquires:	Sameer K – 716-337-5000 x 153
Accounts email address:	mailto:sameer@alg.us.com

**Please fax back signed Credit Application to 716-772-3383 or
email it to <mailto:info@alg.us.com>**

THANK YOU

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ACCOUNT APPLICATION

By applying for credit, the customer acknowledges and accepts American Logistics Group, Inc's. terms.

CREDIT APPLICATION PROCEDURES

1. Credit application must be filled out in its entirety and signed by an officer of the company that is applying for credit
 2. The credit application must include:
 - a. One bank reference
 - b. At least two (2) unsecured trade references
 3. Mail, fax, or email the completed application to:
American Logistics Group, Inc.
Attn: Credit Administration
P.O. BOX 4 Syosset, NY 11791
Fax: 716-772-3383
Email: vikas@alg.us.com/info@alg.us.com
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CREDIT EXTENSION PROCEDURES

1. ALG's payment terms are NET 15 from invoice date to payment deposit date.
Based on the review of each application, payment terms and collateral requirements may differ.
 2. In addition to obtaining bank and trade references, ALG uses several different credit reviews.
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PAYMENT INSTRUCTIONS

ALL CHARGES INCURRED ON AN APPROVED CREDIT ACCOUNT MUST BE REMITTED IN US DOLLAR AMOUNTS TO:

For US Customers

AMERICAN LOGISTICS GROUP, INC.
P.O. BOX 28685
New York, NY 10087

For Canadian Customers:

AMERICAN LOGISTICS GROUP, INC.
PO BOX 4
SYOSSET, NY 11791

ACCOUNT APPLICATION

American Logistics Group, Inc.
68 S Service Rd, Suite 100,
Melville NY 11747
Fax : 716-772-3383
Email :

SALES REPRESENTATIVE:		DATE OF APPLICATION:	
BUSINESS CONTACT INFORMATION			
COMPANY NAME:			
PHONE:	FAX:	EMAIL:	
DATE BUSINESS COMMENCED:		INDUSTRY OF BUSINESS:	
TYPE(S) OF BUSINESS :	SOLE PROPRIETORSHIP:	PARTNERSHIP:	CORPORATION: LLC:
ACCOUNTS PAYABLE INFORMATION			
CONTACT NAME:			
PHONE:	FAX:	EMAIL:	
BUSINESS & CREDIT INFORMATION			
PRIMARY BUSINESS ADDRESS:			
CITY:	STATE:	ZIP CODE:	
HOW LONG AT CURRENT ADDRESS?		WEBSITE:	
PHONE:	FAX:	EMAIL:	
FEID:	DNB#:	EXPECTED MONTHLY SHIPPING:	
BANK NAME:		CONTACT	
BANK ADDRESS:			
CITY:	STATE	ZIP CODE:	
TYPE(S) OF ACCOUNT(S) :	SAVINGS:	CHECKING:	LOAN:
ACCOUNT NUMBER(S):	CHECKING:	LOAN:	
SAVINGS:			
BUSINESS/TRADE REFERENCES			
COMPANY NAME:		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE:	FAX:	EMAIL:	
COMPANY NAME:		CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	
<p>American Logistics guarantees the integrity of quoted rates with the exception of reclassifications, shipment reweighs, and accessorial charges. Customers shall pay each shipment processed through American Logistics at the full invoiced amount. The invoiced amount could include extra charges assessed by the carrier for accessorials, reweighs, reclassifications or dry-run fees. Accessorial charges cannot be corrected after the shipment has been tendered. American Logistics will assist in researching the reweigh and reclassification charges. If such charges are reduced, American Logistics will issue a credit for the difference back to the Customer. American Logistics will not be responsible for any freight claims that are denied for any reason by the specified carrier.</p> <p>Customer agrees to (1) Credit Terms of NET 15 DAYS from invoice date, and (2) in the event it becomes necessary for American Logistics to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the Customer, American Logistics shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. Customer grants to American Logistics a general contractual lien on all property tendered for transportation against any past due charges, which lien shall apply regardless of whether the past due charges relate to the goods against which the lien is claimed, all subject to applicable state law. The company executive signing this credit application ("guarantor") hereby absolutely and unconditionally guarantees the prompt, complete and punctual payment of alg's invoices to company, and this obligation is primary and can be enforced directly against guarantor without first proceeding against company.</p> <p>The signature below (1) authorizes American Logistics to charge interest on outstanding balances past payment terms at an annual percentage rate of 18% or to the extent permitted by law, (2) authorizes American Logistics to charge a late fee of five percent (5%) on outstanding balances past payment terms (3) authorizes the above listed bank and trade references to release any requested information to American Logistics for use in the evaluation of this request for credit extension, and (4) acknowledges that Customer has read American Logistics's terms and conditions (linked below) and agrees to be bound by their terms. To read complete terms and conditions, please visit https://alg.us.com/terms-conditions/</p>			
Signature of Officer:		Title:	
Printed Name:		Date:	



Certificate of Membership

This Certificate of Membership Recognizes

American Logistics Group, Inc.

A Distinguished Member in Good Standing Since 2014

Issued for the 2021 Membership Year for

Leadership in the Third-Party Logistics Industry,

Commitment to Customer Service, and

Dedication to Ethics & Excellence Through
Adherence to the TIA Code of Ethics



Anne C Reinke

Anne C. Reinke
President & CEO

Brian Evans

Brian Evans, Chairman
TIA Board of Directors

◆ Diamond Broker Program



American Logistics Group, Inc.

Is a participating member of the

TIA Certified Diamond Broker Program

Meeting all performance, credit and bonding requirements of
Truckstop.com and Transportation Intermediaries Association.



Valid through November 2019 – MC 764581



truckstop
.com



CARGOSHIELD

*TruckStop.com recognizes this partner as a participating CargoShield
"All Risk" cargo insurance provider.*

AMERICAN LOGISTICS
GROUP, INC.
MC 764581



CARGOSHIELD

Authorized Provider

www.gocargoshield.com



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

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

SERVICE DATE
May 27, 2016

DECISION
MC-764581
AMERICAN EXECUTIVE GROUP INC.
D/B/A AMERICAN LOGISTICS GROUP
MELVILLE, NY
REENTITLED
AMERICAN LOGISTICS GROUP, INC.

On May 23, 2016, 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 AMERICAN LOGISTICS GROUP, 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: May 24, 2016
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

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).

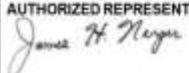
PRODUCER Roanoke Insurance Group Inc. 1475 E Woodfield Road Suite 500 Schaumburg IL 60173		CONTACT NAME: David Pasco PHONE (A/C, No, Ext): 847-969-1420 FAX (A/C, No): E-MAIL ADDRESS: Anthony.Clark@roanokegroup.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED American Logistics Group Inc. 68 S Service Rd, Suite 100 Melville NY 11747		INSURER A: Lloyds of London INSURER B: CNA - Freight Forwarder Program INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 621922181 **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	ADOL SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	7012559911	11/27/2021	11/27/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Cont. Auto		10626021AA	11/27/2021	11/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$ 2,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		7012559973	11/27/2021	11/27/2022	EACH OCCURRENCE \$ 1,000,000 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contingent Cargo		10626021AA	11/27/2021	11/27/2022	Limit 100,000
A	Excess Cont. Cargo		10626021AA	11/27/2021	11/27/2022	Limit 250,000

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

CERTIFICATE HOLDER	CANCELLATION
	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 

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. American Logistics Group, 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 checked="" type="checkbox"/> C Corporation <input 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) _____ 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 28685	Requester's name and address (optional)
6 City, state, and ZIP code New York, NY 10087	
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	0	-	4	0	6	7	9	0	1

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 ► 01/13/2021
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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.

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.