



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2017

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 Floss Agency 6465 Transit Rd PO Box 370 East Amherst NY 14051-2232		CONTACT NAME: Ann Wittlinger PHONE (A/C, No, Ext): (716)688-5115 E-MAIL ADDRESS: Ann@FlossIns.com FAX (A/C, No): (716)688-2172	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Michigan Millers Mutual Ins. Co.	
		INSURER B: Hartford Insurance	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED JBF Express, Inc. 4392 Broadway Depew NY 14043			

COVERAGES

CERTIFICATE NUMBER: CL17102009301

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:			C 0524277	11/01/2017	11/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							EBL Aggregate	\$ 2,000,000
A	AUTOMOBILE LIABILITY <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			V 0507927	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<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			C 0701753	11/01/2017	11/01/2018	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
A	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	N/A	W 0515990	11/01/2017	11/01/2018	PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Motor Truck Cargo			01 MS ZL2877	11/01/2017	11/01/2018	Per Conveyance	\$250,000
							Per Disaster	\$500,000

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

Proof of Insurance Only

CERTIFICATE HOLDER**CANCELLATION**

JBF Express Inc 4392 Broadway LLC 4392 Broadway LLC Depew NY 14043	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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PM-26
(Rev. 1/95)

SERVICE DATE
January 31, 2001

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

CERTIFICATE

MC 389321 C

JBF EXPRESS, INC.
DEPEW, NY, US

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387), and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Acting Director
Office Data Analysis & Information Systems

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

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



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2015-2018**

Registrant: JBF EXPRESS INC
Attn: JAMES BREWER
4392 BROADWAY
DEPEW, NY 14043

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: 060315 553 016XZ Issued: 06/03/2015 Expires: 06/30/2018

HM Company ID: 052797

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.



Province of Ontario

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

Commercial Vehicle Operator's Registration Certificate Certificat d'immatriculation d'utilisateur de véhicule utilitaire		
Commercial Vehicle Operator's Registration No. N° d'immatriculation d'utilisateur de véhicule utilitaire	136-052-347	
Name / Nom	JBF EXPRESS INC.	
Office / Bureau	Issue Date / Date de délivrance Y.A M DJ	Minister of Transportation Ministre des Transports
05-L-R	00 07 26	

SR-LH-123 95-06

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacement votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au Ministère des Transports, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

00342489

Ministry of Transportation



Ministère des Transports

Certificate of Competency Certificat de compétence

Issued pursuant to the Truck
Transportation Act

délivré en vertu de la Loi
sur le camionnage

Certificate of Competency No.

Certificat de compétence n°

136-052-218

This is to certify that

Le présent certificat atteste que

BREWER, JAMES

is qualified as a holder of a Certificate of Competency under the Truck Transportation Act and regulations and is hereby issued this Certificate.

a rempli les conditions d'obtention d'un certificat de compétence en vertu de la Loi sur le camionnage et de ses règlements, lequel certificat lui est remis par les présentes.

Year Année	Month Mois	Day Jour
00	07	26

Registrar of Motor Vehicles
Régistrateur des
véhicules automobiles



U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

JULY 31, 2000

JBF EXPRESS
205 CLUDETTE CT
BUFFALO NY 14043

716/681-2619

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 894235

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

<http://diy.dot.gov>

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

<http://www.fmcsa.dot.gov>

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

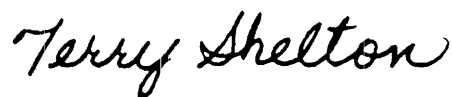
U. S. Department of Transportation
Federal Motor Carrier Safety Administration
LEO W. O'BRIEN FEDERAL BLDG
CLINTON 7 PEARL ST, 9TH FLOOR
ALBANY, NEW YORK 12207
518 / 431-4145

Please be aware that failure to comply with the FMCSR could result in additional roadside inspections of your company's equipment and a compliance review by one of our Safety Investigators.

If this letter is received at a location other than your principal office (e.g., a terminal or an area office) the letter should be forwarded to your principal office. If there has been a change in your motor carrier operation name or principal office address, please correct the information at the top of this letter and return it to the office shown above (after noting your USDOT number).

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Terry Shelton". The signature is written in a cursive, slightly slanted style.

Terry Shelton
Acting Director, Office of Data Analysis
and Information Systems

Enclosure

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,