



# Owens Transportation LLC

Est. 1986

"Large enough to serve, small enough to care."

**Pickup and delivery available throughout the United States,  
Canada and Mexico.**

## South Carolina

45 Old Douglas Road  
P.O. Box 1138  
Winnsboro, SC 29180

Phone: 803.633.2000  
Fax: 803.633.8080



# Owens Transportation LLC

## Carrier Packet

### Contact Information

Phone: 803.633.2000

Fax: 803.633.8080

Address: P.O. Box 1138  
Winnsboro, SC 29180

### E-mail Addresses:

**Kathy Owens, Owner**

[Kathy.Owens@owenstransportation.com](mailto:Kathy.Owens@owenstransportation.com)

**Brittney DeArment, Logistics Manager**

[Brittney.DeArment@owenstransportation.com](mailto:Brittney.DeArment@owenstransportation.com)

**Anna DeArment, Accounting**

[Accounting@owenstransportation.com](mailto:Accounting@owenstransportation.com)

**Management Group**

[Management@owenstransportation.com](mailto:Management@owenstransportation.com)

Federal ID number: 32-0104132

MC number: 478637

DOT number: 1200985

HAZMAT: NO

Kentucky number: 188937

New Mexico number: 36015

New York number: 892937

TWIC Cards: Yes

Our trailers have tarps, chains, binders, straps and dunnage.

Our drivers have cell phones, GPS and tracking devices.

### Truck & trailer count:

Power Units: 30

Flatbeds: 20

Stepdecks: 5

Double drops: 3

53' Detach RGN: 4

48' Conestoga: 3

53' Flatbeds: 5

53' Van 5

48' Van 3



# United States Department of Transportation

Federal Motor  
Carrier Safety  
Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590  
June 13, 2007

Kathy Owens  
Secretary/Treasurer  
Owens Transportation LLC  
P.O. Box 1138  
Winnsboro, SC 29180

In reply refer to:  
Your USDOT No.: 1200985  
Review No.: 561116/CR

Dear Kathy Owens:

The motor carrier safety rating for your company is:

Satisfactory

This Satisfactory rating is the result of a review and evaluation of your safety fitness completed on June 7, 2007. A Satisfactory rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have any question or require further information, please contact:

U.S. Department of Transportation  
Federal Motor Carrier Safety Administration  
1835 Assembly St. Suite 1253  
Columbia, SC 29201  
Phone: 803.756.5414

A handwritten signature in black ink, appearing to read "William A. Quada".

William A. Quada  
Director, Office of Enforcement  
and Compliance



United States  
Department of Transportation

400 7<sup>th</sup> St. SW  
Washington, DC 20590

Service Date  
February 13, 2004

Certificate  
MC-478637-C  
Owens Transportation LLC  
Winnsboro, SC

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 ground for revocation of this authority.

A handwritten signature in black ink, appearing to read "Angeli Sebastian".

Angeli Sebastian, Chief  
Information Systems Division

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



## UNIFORM INTERMODAL INTERCHANGE & FACILITIES ACCESS AGREEMENT

A program of the Intermodal Association of North America

March 3, 2011

Transmitted via E-mail

### OFFICIAL NOTIFICATION "TIME SENSITIVE"

TO: UIIA Motor Carrier Participants

FROM: Debbie Sasko  
AVP, Contract Administration Services

SUBJECT: Amendment to Mediterranean Shipping Company S.A. Addendum to the UIIA

This document shall service as "Official Notification" of an **amendment to the Mediterranean Shipping Company S.A. Addendum** to the Uniform Intermodal Interchange and Facilities Access Agreement (UIIA). The amendment, **effective April 3, 2011**, contains new language under Section 1-A. Free Days and Use Charges For Equipment and Section 5.C, Other Charges. For your convenience, the revised language is shown on the following page.

As party to the UIIA and doing business with this company, you will be responsible for payment of the daily charges as outlined in this amendment. **Please be sure to read this amendment carefully and file it with the current copy of the Mediterranean Shipping Addendum to the UIIA maintained in your office.** You can download a copy of the Mediterranean Shipping's addendum in its entirety by accessing your UIIA account online at [www.uiia.org](http://www.uiia.org). You will login in and click on "Update EP List" and then click on Mediterranean Shipping Company. Scroll to the bottom of the page and click on "Current Addendum."

Should you have any questions regarding the Official Notification Procedure please feel free to contact our office at **(877) 438.8442**. Questions regarding information contained in the Addendum should be directed to Donnell Thorn Garren of Mediterranean Shipping at **(843) 971.4100 ext. 32154**.

Amendment to the Mediterranean Shipping Addendum to the UIIA  
Effective April 3, 2011

Revisions are noted in bold:

**Section 1., Item A — Free Days and Use Charges for Equipment**

The EQUIPMENT shall consist of Containers, Chassis and Gen Sets. The billing of container equipment will include the use of Mediterranean Shipping Co. S.A. Chassis or Gen Sets, individually or together in any combination at the extended use or excess use charges. Charges will continue until the equipment is returned to the place of interchange or other mutually agreed upon location.

Chassis (naked) retained by the Motor Carrier after delivery of the Container to Mediterranean Shipping Co. S.A. will be involved at one half dry Container Extended Rates, Gen sets retained by the Motor Carrier after delivery of the container to Mediterranean Shipping Co. S.A. will be involved at the dry container rates, unless employed with another Container of MSC.

TABLE OF CHARGES

<u>Equipment</u> <u>Container, Chassis, Gen sets</u>	<u>Extended Use</u>	<u>Excess Use</u>
20' Dry Containers	\$40.00	\$80.00
40' Dry Containers	\$80.00	\$140.00
20' Open Top	\$60.00	\$90.00
40' Open Top	\$120.00	\$180.00
20' Reefer	\$100.00	\$150.00
40' Reefer	\$200.00	\$270.00

**FREE TIME:** Shall be allowed for the equipment for four work days, including day of pick-up, day of return plus any weekend or holiday within this period, if any. At the expiration of FREE TIME, extended use charges shall accrue for each of the next five consecutive days, with the exception of Refrigerated containers, which will be limited to three Extended use days. After expiration of the Extended Use days, Excess Use charges shall accrue for every day thereafter.

**Exception to the above free time: For containers picked up empty and returned empty (i.e. empty to empty), Motor Carrier shall be entitled to No Free Time and will be responsible for the payment of use charges as per Section 1.A. of this Addendum.**

California Law: on weekends, should MSC be unable to accept return of equipment at its terminals or CYs, then those days will be counted as additional free days.

**Section 5. Other Charges, item C.**

"Provider reserves the right to assess an administrative charge of \$50.00 to Motor Carrier per traffic citation/fines on bill back invoices generated."

UNIFORM INTERMODAL INTERCHANGE  
AND  
FACILITIES ACCESS AGREEMENT  
(A Program of the Intermodal Association of North America)

Participating Party Agreement

The Party named below agrees that by executing the Uniform Intermodal Interchange and Facilities Access Agreement (UIIA) it will be bound by the provisions of the UIIA, and subsequent amendments and/or revision of that Agreement, and any addendum thereto, that does not conflict with the terms of this Agreement, which govern the interchange and use of Equipment in intermodal interchange service. The Provider named below agrees that in its interchange activities with Motor Carrier participants who are signatories to the Agreement, this Agreement will be the only Agreement it will use, unless superseded in whole by a separate bilateral written agreement.

This Agreement shall be effective unless cancelled in writing, by mutual consent Parties, or by any Party upon thirty (30) days prior Notice to the other Party. A copy of the required Notice must be provided to the President of IANA at the time it is issues.  
[Revised 4/11/07].

COMPANY NAME: Owens Transportation LLC  
AUTHORIZED BY: Kathy Ann Owens

SIGNATURE:  TITLE: Owner DATE: 09/23/2010

BUSINESS ADDRESS: P.O. Box 1138 Winnsboro SC 29180  
Number/Street City State Zip Code

(803) 633.2000 (803) 633.8080 kathy.owens@owenstransportation.com  
Phone Fax E-mail

Indicate nature of business: \_\_\_\_\_ Motor Carrier \_\_\_\_\_ Provider  
If Motor Carrier please check all that apply to your business operations:

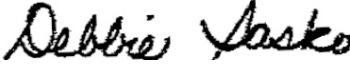
X  For Hire \_\_\_\_\_ Private  X  Interstate  
\_\_\_\_\_ Commercial Zone/Terminal Area Operator

Standard Carrier Alpha Code (SCAC): OENS

MC Number: 478637 DOT Number: 1200985

Tax Identification Number or Canadian Business Number: 320104132

The provisions of this agreement shall become effective on the date accepted by the Association of the above names carrier and publishes in the list of subscribers or supplements thereto.

By:   
Assistant Vice President  
Intermodal Information Services

# Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Owens Transportation LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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) **S**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)  
**PO Box 1138**

6 City, state, and ZIP code  
**Winnsboro SC 29180**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

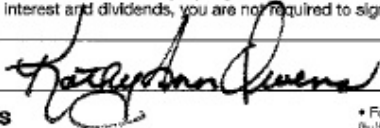
3	2	-	0	1	0	4	1	3	2
---	---	---	---	---	---	---	---	---	---

## 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 on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ **1/10/15**

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

## 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 (cancelled 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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2019

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> Sunbelt Insurance 114 Lee Parkway Drive Chattanooga, TN 37421  www.sunbeltinsurance.net	<b>CONTACT NAME:</b> Sunbelt Insurance	<b>FAX (A/C, No):</b> 423-899-7444	
	<b>PHONE (A/C, No, Ext):</b> 423-855-1234	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Owens Transportation LLC P.O.Box 1138 45 Old Douglas Road Winnsboro SC 29180	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Sentry Select Insurance Co		21180
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			


**COVERAGES****CERTIFICATE NUMBER:** 48578357**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 SUBR INSD 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:		A0018006001	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 1,000,000.
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000.
						PRODUCTS - COMP/OP AGG	\$
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Owned Com'l Autos <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		A0018006001	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<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 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	<b>Cargo</b>		A0018006001	4/1/2019	4/1/2020	Limit of Liability \$250,000 Subject to \$2,500 deductible per loss	

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

**CERTIFICATE HOLDER****CANCELLATION**

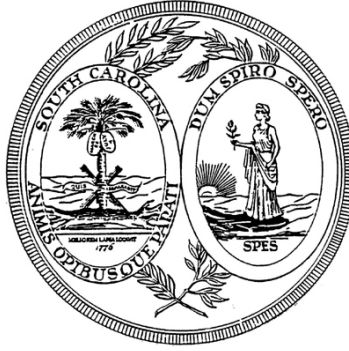
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Ed Lambert 

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ACORD 25 (2016/03)

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*State of South Carolina*



*Department of Motor Vehicles*

*Certificate of Compliance for the Operation  
of Motor Vehicle Carriers*

Class E-LC  
Certificated Number 3382

Owens Transportation LLC  
P.O. Box 1138  
Winnsboro, SC 29180

*Owens Transportation LLC* is hereby authorized to transport freight, other than household goods and hazardous waste for disposal, over irregular routes between points and places in South Carolina.

Dated at Columbia, South Carolina, this 15<sup>th</sup> day of December 2005.

W. David Findlay  
Administrator



# Owens Transportation LLC

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize \_\_\_\_\_ to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until \_\_\_\_\_ receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Remittance address for Direct Deposit Payments are to be sent to the below.

[management@owenstransportation.com](mailto:management@owenstransportation.com) and

[accounting@owenstransportation.com](mailto:accounting@owenstransportation.com)

### Account Information

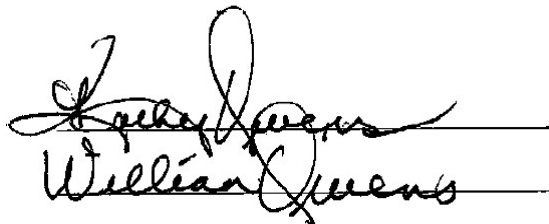
Name of Financial Institution: First Citizens Bank

Routing Number: 053906041

Account Number: 009161375031 Checking

### Signature

Authorized Signature (Primary):



Authorized Signature (Joint):