



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

Brittney DeArment, Logistics Manager

Brittney.DeArment@owenstransportation.com

Anna DeArment, Accounting

Accounting@owenstransportation.com

Management Group

Management@owenstransportation.com

Federal ID number: 32-0104132

Kentucky number: 188937

MC number: 478637

New Mexico number: 36015

DOT number: 1200985

New York number: 892937

HAZMAT: NO

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

48' Conestoga: 3

Flatbeds: 20

53' Flatbeds: 5

Stepdecks: 5

53' Van 5

Double drops: 3

48' Van 3

53' Detach RGN: 4



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 7th 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", written over a horizontal line.

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. 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>Extended Use</u>	<u>Excess Use</u>
<u>Container, Chassis, Gen sets</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

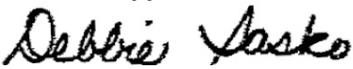
BUSINESS ADDRESS: P.O. Box 1138 Winnsboro SC 29180
Number/Street City State Zip Code

(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:
 For Hire _____ Private 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



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).

PRODUCER Sunbelt Insurance 114 Lee Parkway Drive Chattanooga, TN 37421 www.sunbeltinsurance.net	CONTACT NAME: Sunbelt Insurance	
	PHONE (A/C, No, Ext): 423-855-1234	FAX (A/C, No): 423-899-7444
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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 <input checked="" type="checkbox"/> Owned Com'l Autos		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)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Cargo		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)

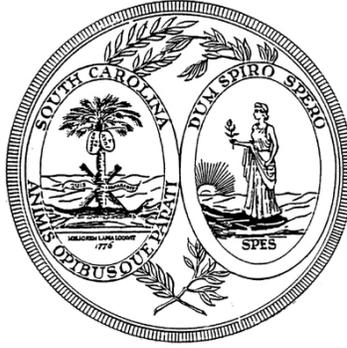
CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Ed Lambert

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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 15th 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 and

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):