

| Shipper Profile | | | | | | |
|----------------------------|--------|--------------|--------------|------|------------------|--|
| Complete Legal Name: | | Name/Title: | | | | |
| Shipping Address: | | | | | | |
| City: | | | State: | | ZIP: | |
| Dispatch Day Phone: | | Night Phone: | | | FAX: | |
| Shipping Hours: | | | | | | |
| | | | | | | |
| Business Type | | | | | | |
| Shipper | Broker | Freig | ht Forwarder | | Trucking Company | |
| MC#: | FF#: | | | MC#: | | |
| Commodities Shipped: | | | | | | |
| | | | | | | |
| Your Traffic Lanes | | | | | | |
| Origin: | | | | | | |
| Destinations: | | | | | | |
| Origin: | | | | | | |
| Destinations: | | | | | | |
| Origin: | | | | | | |
| Destinations: | | | | | | |
| | | | | | | |
| Billing Information | | | | | | |
| Billing Name: | | Conta | act/Title: | | | |
| Billing Address: | | Phon | e: | | | |
| City, State, ZIP: | | Fax: | | | | |
| | | | | | | |
| References | | | | | | |
| 1: | | | | | | |
| 2: | | | | | | |
| 2. | | | | | | |



Shipper / Freight Forwarder Agreement This Agreement made and entered into this day of , 20 by and between , hereinafter referred to as the Shipper, and Metro Express Transportation Services Inc, hereinafter referred to as (METS).

WHEREAS:

Shipper has title to or beneficial interest in goods, commodities, products and/or materials, which it desires to ship via METS.

WHFRFAS

METS is engaged in the business of arranging the transportation of freight shipments via Common, Contract & Intermodal Carriers.

WHEREAS:

Shipper desires to utilize the services of METS to arrange the transportation of shipments which Shipper from time to time possesses and tenders for transportation, and

WHEREAS:

METS desires to arrange the transportation for shipments, which Shipper possesses and tenders, from time to time.

NOW THEREFORE:

The Parties mutually covenant and agree, as follows:

- 1) a. Shipper, from time to time shall ask METS to determine the availability of Common, Contract and Intermodal Carriers for the transportation of shipments from origin to destination. Shipper shall appropriately identify all details regarding the movement, including providing METS origin information, destination information, time schedules and all attributes of the commodity(s) shipped.
 - b. METS, in response to the invitation from Shipper, shall make a reasonable effort to arrange transportation for the proposed shipments and shall advise Shipper of the availability of Common, Contract and Intermodal Carriers and the transit time involved in order to provide the services for the Shipper, and in doing so, METS shall represent Shipper is entitled to rely on Shipper's representation.
 - c. That each of the proposed Common, Contract and Intermodal Carriers involved shall hold the requisite operating authority, certificates, permits or licenses issued by the Interstate Commerce Commission and/or appropriate State or local regulatory bodies enabling them to perform the transportation of the proposed freight shipments.
 - d. That the rates and charges quoted by METS on behalf of the Common, Contract and Intermodal Carriers for the trans portation of the proposed freight shipments are either current tariff rates, duly published and filed with the Interstate Commerce Commission and/or appropriate State or local regulatory bodies, or are contract rates which shall be offered to the Shipper on behalf of the Shipper's customers, and contained in written bilateral agreements, in accordance with the requirements of the Interstate Commerce Commission and/or appropriate State or local regulatory bodies.
 - e. That the proposed Common, Contract and Intermodal Carriers have the equipment and personnel necessary to under take and perform such transportation of the proposed freight shipments and shall not sub-contract or otherwise engage others to undertake and perform such transportation without the written consent of Shipper and METS.
 - f. That the Common, Contract and Intermodal Carriers shall assume financial responsibility for the freight tendered to it and have in force, insurance against bodily injury, property damage and cargo loss liability, in accordance with the applicable regulations of the U.S. Department of Transportation, the Interstate Commerce Commission and/or the appropriate State or Local regulatory bodies, or as required by contractual Agreement. Cargo insurance is provided the Intermodal Carriers at the rate of \$250,000 per shipment and by the Common and Contract Carriers at the rate of \$100,000.00 per shipment.

- 2) In the event of cargo loss and/or damage is claimed by Shipper and/or receiver, the parties to the Agreement acknowledge that cargo claims shall be noticed, filed and adjusted in accordance under the claim handling and procedures set forth in the 49 C.F.R. part 1005, in which METS offers to facilitate and assist Shipper, and the Common, Contract and Intermodal Carriers. Shipper shall indemnify METS if a Litagant brings METS into a lawsuit, or a claim, where METS did not contribute to the loss. It is agreed that proper loading, packing, bracing and/or blocking is the responsibility of the origin agent and/or the party who loads the vehicle.
- 3) In the event of a claim, Shipper shall immediately report to METS or METS' insurer "all claims injuries, accidents, cargo loss or damage or spillage, or similar incidents or occurrences, involving any transportation subject to the Agreement." Shipper should also make a written report, accompanied by supporting documents within 4 hours. Also, Shipper should send notice by fax and certified mail for proof of notice.
- 4) Shipper and METS acknowledge that METS is an independent contractor. METS shall have sole and exclusive control over the manner in which its employees, agents and/or subcontractors perform service under this Agreement and shall engage and employ and/or subcontract with such employees, agents and/or subcontractors as it may deem necessary in connection there with. METS shall be responsible for the employment and direction of any such employees, agents and/or subcontractors it may deem appropriate. Such individuals shall be considered employees, agents and/or subcontractors of METS only and shall be subject to employment, discharge, discipline and control solely and exclusively by METS. METS shall be liable for all payment of all payroll taxes, workers compensation expenses and other similar expenses as an employer.
- 5) METS shall treat all technical and business information disclosed by Shipper as confidential, and shall not divulge or release any of such information without written consent from Shipper, except to the extent that the release of information is necessary to permit METS to perform its obligation under this Agreement, or is required by law or regulation.
- 6) Shipper and METS acknowledge and agree that both parties have at great expense developed a broad base of Customers and Carriers which are essential to the successful operations of their businesses, In the performance of this contract neither party shall intentionally solicit traffic or transportation services from a source that first became known to them as a result of doing business with the other, during the term of this contract and for a period of one (1) year following the termination of this contract. It is agreed that if either party breaches this Agreement and solicits the customers, traffic or transportation services of the other party, the soliciting party will pay an amount, to the other party, equal to 15% of the transportation revenue generated by such movements for a period of one (1) year following such solicitation. It is further agreed that the soliciting party will pay any legal fees expended, by the other party, to enforce such action.
- 7) METS shall invoice Shipper for transportation costs at the agreed rate. METS will be responsible for payment to the Common, Contract and Intermodal Carriers. Shipper shall pay METS within fifteen (15) days of receipt of invoice and a signed bill of lading or delivery receipt showing the person's name receiving the freight, the description and the total weight and number of pieces received and any overages, shortages, damages or other notations.
- 8) The validity of this Agreement and any terms or provisions as well as the rights and duties of the parties hereunder, shall be governed by the laws of the State of Missouri. All civil actions filed as a result of disputes arising out of this Agreement shall be filed in the court of proper jurisdiction in the State of Missouri.
- 9) If any provisions of this Agreement are invalid under Federal or State law, or any other jurisdiction, such provisions shall be waived and deemed apart of the Agreement. However, it is agreed that under no circumstances shall such waiver or excetion cause any other section or provision of this Agreement to become invalid.
- 10) The Agreement shall become effective as of the date recorded below and shall remain in force for a period of one (1) year and shall be renewed automatically until canceled by either party on thirty (30) days written notice.
- 11) This contract contains the entire agreement and no additions or changes can be made unless in writing and initialed by both parties. A photo or fax copy of this Agreement containing the signatures of the parties shall be deemed an original copy.

| IN WITNESS WHEREOF, the parties hereto have affixed their signa | atures on this day of , 20 , |
|---|--|
| in St. Louis, Missouri. | |
| | |
| Agreed to on this day and date by the undersigned parties: | |
| | |
| SHIPPER: | METRO EXPRESS TRANSPORTATION SERVICES, INC.: |
| Company Name | Company Name |
| | Metro Express Transportation Services, Inc. |
| Mailing Address | Mailing Address |
| | 875 Fee Fee Road |
| City, State, ZIP | City, State, ZIP |
| | St. Louis, MO, 63043 |
| Signature | Signature |
| | |
| Title | Title |
| | |
| Print Name | Print Name |
| | |
| Federal Tax Identification Number | |
| | |
| Phone Number | |
| | |
| FAX Number | |
| TOCHANISCI | |
| | |



Informational Summary

COMPANY NAME:

Metro Express Transportation Services, Inc.
Specialists in Expedited and Truckload Shipments

COMPANY ADDRESS & PHONE NUMBERS:

Address: 875 Fee Fee Road

Maryland Heights, MO 63043

Toll Free: 800 – 805 – 0073 Local: 314 – 993 – 1511

314 – 993 - 8888 314 – 993 - 8707

Email: <u>dispatch@metroexpressinc.com</u>

AUTHORITIES HELD:

Fax:

Common Carrier / Contract Carrier/ Freight Forwarder

IDENTIFIER NUMBERS:

Motor Carrier MC235288
Freight Forwarder FF 1559
Federal ID 43-1509443
SCAC MTEP
DUNS 87-886-6888

PROCESS AGENT:

Thomas Whaley 875 Fee Fee Road Maryland Heights, MO 63043

BANK REFERENCE:

First Bank of the Lake 4558 Osage Beach Parkway, Suite 100 Osage Beach, MO 65065

Phone: 573-348-2265

Contact: Douglas C. Clark, Vice President

OUR CUSTOMERS:

Dana Corporation Ford Motor Company Takata Restraint Systems General Motors

Active Aero PTM
Emerson Control Process
Eaton Corporation
Lear Corporation
Ryder Logistics

International Truck & Engine

Peterbilt Motors

The Select Carrier Group Eagle Global Logistics New Breed Logistics, Inc.



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

SERVICE DATE

November 15, 2012

DECISION

MC-235288
METRO FILM EXPRESS, INC.
D/B/A METRO EXPRESS
MARYLAND HEIGHTS, MO
REENTITLED

METRO EXPRESS TRANSPORTATION SERVICES, INC.

On November 8, 2012, 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 METRO EXPRESS TRANSPORTATION SERVICES, 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: November 9, 2012

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief

Affy to Stant

Information Technology Operations Division

NCA

SERVICE DATE

CERTIFICATE

1 JUN 3 Q 1992

No. MC 235288 (Sub 1)

METRO FILM EXPRESS, INC. d/b/a METRO EXPRESS MARYLAND HEIGHTS, MO

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1312). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

SIDNEY L. STRICKLAND, JR. Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except household goods; commodities in bulk; classes A and B explosives; Poison A; liquefied compressed gas or compressed gas; highway route controlled quantity radioactive materials as defined in 173.455; or hazardous substances transported in cargo tanks, portable tanks, or hopper type vehicles with capacities in excess of 3,500 water gallons), between points in the U.S. (except AK and HI).

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.

PERMIT

SERVICE DATE

NOV 1 7 1993

No. MC 235288 (Sub-No. 3-P)

METRO FILM EXPRESS, INC. d/b/a METRO EXPRESS MARYLAND HEIGHTS, MO

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

SIDNEY L. STRICKLAND, JR. Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

PERMIT

SERVICE DATE

NOV 1 7 1993

No. MC 235288 (Sub-No. 3-P)

METRO FILM EXPRESS, INC. d/b/a METRO EXPRESS MARYLAND HEIGHTS, MO

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

SIDNEY L. STRICKLAND, JR. Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.



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

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

SERVICE DATE November 15, 2012

DECISION

FF-1559

METRO FILM EXPRESS, INC. D/B/A METRO EXPRESS MARYLAND HEIGHTS, MO

REENTITLED

METRO EXPRESS TRANSPORTATION SERVICES, INC.

On November 8, 2012, 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 METRO EXPRESS TRANSPORTATION SERVICES, 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 fillings 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 fillings 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://ii-public.fmcsa.dof.gov. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: November 9, 2012

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief

Affy to Stein +

Information Technology Operations Division

NC*

SERVICE DATE

SEP 2 6 1995

PERMIT

No. PP 1559

METRO FILM EXPRESS, INC. d/b/a METRO EXPRESS MARYLAND HEIGHTS, MO

This Permit is avidence of the carrier's authority to engage in operations as a freight forwarder.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

This Permit will remain in force until suspended, changed, or revoked as provided in the Interstate Commerce Act.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

Vernon A. Williams Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

(Rev. November 2017) Department of the Treasury Internal Revenue Service

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.

| Internal | The verified Conviction and Convicti | structions and the late | ot illion | mat | | ' | | | | | | | | |
|--|--|--|---|-------|--------------|--------------|--------------|--------------------|---------------|---|--------------|----------|-------|--|
| 34 | 1 Name (as shown on your income tax return). Name is required on this line; of METRO EXPRESS TRANSPORTATION SERVICES, | | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | | |
| page 3. | following seven boxes. | | | | | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | |
| e. ns or | Individual/sole proprietor or L C Corporation X S Corporation single-member LLC | state | | Exen | npt pay | ee co | ode (i | f any) | | | | | | |
| Print or type. Specific Instructions on | Limited liability company. Enter the tax classification (C=C corporation, S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded for another LLC that is not disregarded from the owner for U.S., federal tax p | wner. Do owner of t | . Do not check er of the LLC is code (if any) | | | | | CA rep | orting | g | | | | |
| ific | is disregarded from the owner should check the appropriate box for the | tax classification of its own | ier. | | | | /A E- | | | | | - 45 - 7 | 101 | |
| pe | Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. | | Request | ter's | nan | | | s to accou | | | ia ouisia | e me c | 1.5.) | |
| See S | 875 FEE FEE ROAD | | | | | | | | - | | | | | |
| Ø | 6 City, state, and ZIP code | | | | | | | | | | | | | |
| | MARYLAND HEIGHTS, MO 63043 | | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | | |
| | The state of the s | | | | | | | | | | | | | |
| Par | | | aial I | 80 | cial | 2021 | orito | numbe | | _ | | | | |
| | your TIN in the appropriate box. The TIN provided must match the nar p withholding. For individuals, this is generally your social security nur | | | 30 | T | T | 1 | | $\dot{\neg}$ | | | T | | |
| reside | nt alien, sole proprietor, or disregarded entity, see the instructions for | Part I, later. For other | | | | | = | | -1 | = | | | | |
| entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. | | | | | | | 1 | | | L | -1 | _ | | |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification number | | | | | | | | | |] | | | | |
| Number To Give the Requester for guidelines on whose number to enter. | | | | | | | | 1 | | | | | | |
| - | | | | 4 | 3 | _ | 1 | 5 (| 0 | 9 | 4 4 | 3 | | |
| Part | | | | | | | | | | | | | | |
| | penalties of perjury, I certify that: | | | | | | | | | | | | | |
| 2. I am Serv | number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu- onger subject to backup withholding; and | ckup withholding, or (b) |) I have r | not k | beer | n no | tified | d by th | ne In | terna | | | | |
| | a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exem | pt from FATCA reportin | ıg is corr | ect. | | | | | | | | | | |
| you ha acquisi other th | cation instructions. You must cross out item 2 above if you have been not really to report all interest and dividends on your tax return. For reallest ition or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but the contribution is the certification, but the certification is the certification. | state transactions, item 2 ions to an individual retir | does no ement ar | t ap | oply. gem | For ent (| mor (IRA) | tgage i , and g | inter gene | est p rally, | aid, paym | ents | | |
| Sign Here | Signature of Human whalle | | Date ► | 09 | 9/1 | 19/ | 20 | 18 | | | | | | |
| Ger | neral Instructions | Form 1099-DIV (dir unds) | vidends, | incl | ludi | ng ti | nose | from | stoc | cks c | r mut | ual | | |
| noted. | n references are to the Internal Revenue Code unless otherwise | • Form 1099-MISC (proceeds) | various t | type | es of | f inc | ome | , prize | ıs, a | ward | s, or | gros | s | |
| related | e developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ney were published, go to www.irs.gov/FormW9. | Form 1099-B (stock transactions by broken) | (ers) | | | | | | | | er | | | |
| Dur | pose of Form | Form 1099-S (procForm 1099-K (mere | | | | | | | | • | neacti | one) | | |
| An indi | ividual or entity (Form W-9 requester) who is required to file an | • Form 1098 (home 1098-T (tuition) | | | | | | - | | | | | | |
| identifi | ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number | • Form 1099-C (canceled debt) | | | | | | | | | | | | |
| | individual taxpayer identification number (ITIN), adoption | Form 1099-A (acquisition or abandonment of secured property) | | | | | | | | | | | | |
| (EIN), t | er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information | Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. | | | | | | | | | | | | |
| | include, but are not limited to, the following. 1099-INT (interest earned or paid) | 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.

• Form 1099-INT (interest earned or paid)



June 14, 2013

METRO EXPRESS 875 FEE FEE RD MARYLAND HEIGHTS, MO 63043-3211

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of MTEP has been renewed for:

METRO EXPRESS 875 FEE FEE RD MARYLAND HEIGHTS, MO 63043-3211 MC- 235288 US DOT- 453625

This Alpha Code will apply only to the company name shown above through June 30, 2014. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

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 Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS,CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beauregard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

NOTICE: Renewal 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 inconnection with freight rates. For participation and membership information, please call (703) 838-1810



CUS-4-TO: E: REV AJH

JUL -8 2004

Ms Karen Whaley Metro Express Transportation 11668 Lilburn Park Road St Louis, MO 63146

Dear Ms Whaley:

This letter is to inform you that your application to become a Customs Bonded Carrier has been approved as of June 25, 2004. This approval is conditional in that any negative results from the background investigation may result in the rescission of this approval. Please be reminded that carriers are responsible for following the provisions of Title 19 Code of Federal Regulations (Customs Regulations) that apply to them.

Name and Address of Principle: Metro Express Transportation Services, Inc.

11668 Lilburn Park Road St Louis, MO 63146

Date of Issuance:

June 25, 2004

Customs Bond Number:

390400426

Your Customs bond CF 301 has been activated effective June 25, 2004, and is sufficient for present coverage.

Sincerely.

Robert Lehman

Assistant Port Director

Trade Operations

Attachment

LSHAVER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2019

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.

| | f SUBROGATION IS WAIVED, subjection in the subjection of the subject in the subje | to the | o the | terms and conditions of tificate holder in lieu of su | the po | olicy, certain dorsement(s | policles ma). | y require an endorseme | nt. A | statement on | |
|-------------------------------|--|-------------|----------------------|--|---|---|--|--|---------------|--------------------------|--|
| PRODUCER | | | | | CONTACT Lance Smith | | | | | | |
| PJ | C Insurance Agency D. Box 9750 | | | | 20.00 | | | FAX (A/C, No): | 0 | | |
| 180 | 11 West Norton Road | | | | | ss: Ismith@ | | | | - | |
| Sp | ringfield, MO 65801 | | | | Hours | | | ORDING COVERAGE | | NAIC# | |
| | | | | | INSUR | ER A : Columi | | NOMO OO VENNOL | | 40371 | |
| INS | URED | | | | | ER B : SENTR | | NCE CO | | 21180 | |
| | Metro Express | | | | | | | OYERS MUTUAL | _ | 10191 | |
| | Transportation Services Inc | ; | | | | 10191 | | | | | |
| | 875 Fee Fee Road Maryland Heights, MO 6304 | 3 | | | INSURER D : TRAVELERS INSURANCE COMPANY | | | | | | |
| INALYIANU NEIGHLS, MO 03043 | | | | | INSUR | | | | _ | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | INSUR | ERF: | | | | | |
| | | - | | E NUMBER: | | | | REVISION NUMBER: | | | |
| C | HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER POLI | IREM TAIN CIES | ENT, TERM OR CONDITIO , THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVE | N OF A | ANY CONTRA Y THE POLIC REDUCED BY | CT OR OTHE IES DESCRII PAID CLAIMS | R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT 7 3. | CT TO | NHICH THIS | |
| INSF | | INSD | SUBF | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 2,000,000 | |
| | CLAIMS-MADE X OCCUR | | 1 | CMPMO0000025299 | | 2/3/2019 | 2/3/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | 1 | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | s | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | s | 4,000,000 | |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | - | 4,000,000 | |
| | OTHER: | | | | | | | PRODUCTS - COMPTOP AGG | \$ | | |
| В | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 2,000,000 | | |
| | X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | | CT751170004 | E4470004 | | 8/1/2020 | | \$ | 2,000,000 | |
| | | | | 01701170004 | 0/1/2019 | 8/1/2019 | 0/1/2020 | BODILY INJURY (Per person) | \$ | | |
| | | | | | | | | PROPERTY DAMAGE | \$ | | |
| | X HIRED AUTOS ONLY X NON-QWNED AUTOS ONLY X FRIV-PASS X TYPES | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | 2.500 | |
| - | A PRIV PASS A | | | | | | | DEDUCTIBLE | \$ | 2,500 | |
| | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | | | | | EACH OCCURRENCE | \$ | | |
| | | | | | | | | AGGREGATE | \$ | | |
| С | DED RETENTION \$ | | - | | | | | M DED OTH | \$ | | |
| v | AND EMPLOYERS' LIABILITY | | MEM1014152-13 | FM4044450 40 | | 0/45/0000 | X PER STATUTE OTH- | | | | |
| | | | | IVIE IVI 10 14 152-13 | | 6/17/2019 | 6/17/2020 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| D | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| ט | CARGO - BROAD FORM | | | QT6608758M878TIL18 | | 10/21/2018 | 10/21/2019 | DEDUCT- SEE BELOW | | 250,000 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL GO DEDUCTIBLE IS 1% OF TOTAL LOA | ES (A | CORD LUE | 101, Additional Remarks Schedul WITH \$5000 MINIMUM/\$10 | e, may b K MAX | e attached if more | e space is requi | red) | | | |
| | | | | | | | | | | | |
| CEF | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| | SAMPLE CERTIFICATE FOR INSURANCE PURPOSES | S ON | LY | | THE | EXPIRATION | DATE TH | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS. | NCEL BE DE | LED BEFORE LIVERED IN | |

AUTHORIZED REPRESENTATIVE



METRO EXPRESS TRANSPORTATION SERVICES INC

U.S. DOT#: 453625 Address: 875 FEE FEE ROAD MARYLAND HEIGHTS, MO 63043

Number of Vehicles: 16 Number of Drivers: 40 Number of Inspections: 44

Safety Rating & OOS Rates

(As of 09/03/2019 updated daily from <u>SAFER</u>)

SATISFACTORY

(Rating Date: 04/30/2009)

Out of Service Rates

| Туре | 00S % | National Avg % |
|---------|-------|----------------|
| Vehicle | 17.4 | 20.7 |
| Driver | 2.4 | 5.5 |
| Hazmat | 0.0 | 4.5 |

Licensing and Insurance

(As of 09/03/2019 updated hourly from <u>L&I</u>)

Active For-Hire Authority

| Type | Yes/N | o MC#/MX# |
|-----------------|-------|-----------|
| Property | Yes | MC-235288 |
| Passenger | No | |
| Household Goods | No | |
| Broker | No | |
| | | |

BASIC Status (Public Property Carrier View) ?

Behavior Analysis & Safety Improvement Categories (BASICs)

Based on a 24-month record ending July 26, 2019















Not Public

Unsafe Driving Ind

Crash Indicator

Hours-of-Service Compliance

Vehicle Maintenance

Controlled Substances and Alcohol

Not Public Hazardous Materials Compliance

Driver Fitness

On-Road Performance

1.49 Measure

NOT PUBLIC 0.14 Measure 2.90 Measure 0 Measure

NOT PUBLIC 0.12 Measure

On-Road Performance Detail

Driver
Inspections
with Unsafe
Driving
Violations: 7
Safety Event

Safety Event Group: 3-8 driver inspections with NOT PUBLIC Driver Inspections: 44 with HOS Compliance Violations: 3 Safety Event Group: 21-100 relevant driver inspections Vehicle Inspections: 25 with Vehicle Maint. Violations: 9 Safety Event Group: 21-100 relevant vehicle inspections

Driver
Inspections: 44
with
Drugs/Alcohol
Violations: 0
Safety Event
Group: No
Safety Event
Grouping

NOT Fit Vid PUBLIC Sa Gr

Driver Inspections: 44 with Driver Fitness Violations: 1 Safety Event Group: 21-100 relevant driver inspections