

DestiNATION

T R A N S P O R T

203 JACKSON STREET, SUITE #204 ANOKA, MN 55303



Physical Address:

DestiNATION Transport, LLC
203 Jackson St #204
Anoka, MN 55303

Remittance Address:

Fidelity Bank c/o DestiNATON Transport, LLC
Lockbox #185 - P.O. Box 1575 Minneapolis,
MN 55480

Direct Deposit Info:

Routing: 091014924
Account: 47448

Phone #: 763-489-6225 or 763-489-6245

Fax #: 888-561-1886

MC #: 895727

USDOT# : 2591761

FEIN #: 47-2545546

SCAC: DNPC

DUNS #: 076789008

SURETY BOND: AVALON \$75,000

TIA BOND #: 14901

Visit us Online: www.destinationtrans.com

Email Us: info@destinationtrans.com



When we think of how far DestiNATION has come, we think of our customers. We understand that our job starts and ends with customer satisfaction.

We look forward to offering you the best shipping experience possible.



DestiNATION Transport, LLC

203 JACKSON STREET, SUITE #204 ANOKA, MN 55303

Phone – 763-489-6225

Fax – 888-561-1886

Info@destinationtrans.com

www.destinationtrans.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2020

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 Avalon Risk Management Insurance Agency LLC 150 Northwest Point Blvd 2nd Floor Elk Grove Village, IL 60007	CONTACT NAME: Michele McGrath	
	PHONE (A/C, No, Ext): (847) 700-8080	FAX (A/C, No): (847) 700-8118
	E-MAIL ADDRESS: chicago@avalonrisk.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : New York Marine & General Insurance Co.	16608
INSURED DestiNATION Transport LLC 203 Jackson Street, Ste 204 Anoka, MN 55303	INSURER B : TT Club Mutual Insurance Ltd	12412
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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"/> PROJECT <input type="checkbox"/> LOC OTHER:			BP202000000681	3/23/2020	3/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 TERRORISM CERTI \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AU202000017695	3/23/2020	3/23/2021	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC202000021276	3/23/2020	3/23/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Errors & Omissions			A3550/2020/001	3/23/2020	3/23/2021	Deductible \$5,000 250,000
B	Cont Mtr Truck Cargo			A3550/2020/001	3/23/2020	3/23/2021	Deductible \$5,000 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TTClub's policy A3550/2020/001 includes Third Party Liabilities (Including North American Transportation Broker Liability) with a limit of \$2,000,000.

CERTIFICATE HOLDER DestiNATION Transport, LLC. EVIDENCE OF INSURANCE	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



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

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

SERVICE DATE

March 26, 2015

LICENSE

MC-895727-B

U.S. DOT No. 2591761
DESTINATION TRANSPORT LLC
ANOKA, MN

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. DestiNATION Transport, LLC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 203 JACKSON STREET #204</p> <p>6 City, state, and ZIP code ANOKA, MN 55303</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	7	-	2	5	4	5	5	4	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶	Date ▶ 01/02/2020
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



May 31, 2019

ROBERT GRISWOLD
DESTINATION TRANSPORT LLC
203 JACKSON ST STE 203
ANOKA, MN 55303-2474

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **DNPC** has been renewed for:

DESTINATION TRANSPORT LLC
203 JACKSON ST STE 203
ANOKA, MN 55303-2474
MC-895727
US DOT-2591761

This Alpha Code will apply only to the company name shown above through June 30, 2020. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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 Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

AMSSCAC@cbp.dhs.gov
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-105-3
1801 N. Beauregard Street
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.

All SCACs are automatically uploaded to ACE within 24 hours.

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.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0017. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-33A, Washington, DC 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond No. - 14901

FF No. -

Filer FMCSA Account Number: 28318

License No. MC- 893727

KNOW ALL MEN BY THESE PRESENTS, that we, Destination Transport LLC

(Name of Broker or Freight Forwarder)

of 2150 3rd Ave N Ste 310

Anoka

Minnesota

55303

(Street)

(City)

(State)

(Zip)

as PRINCIPAL (hereinafter called Principal), and Southwest Marine and General Insurance Company

(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing

under the laws of the State of Arizona (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore; and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of transportation by motor vehicle with 49 U.S.C. 13905(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 20th day of March, 2015, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided; but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 20th day of March, 2015

Bond No. - 14901

PRINCIPAL

Destination Transport LLC
 COMPANY NAME
 2150 3rd Ave N Ste 310 Anoka
 STREET ADDRESS CITY
 Minnesota 55303 763-441-3849
 STATE ZIP CODE TELEPHONE NUMBER

Robert Griswold CHIEF MANAGER

Sherry S. Weiland

Sherry S. Weiland

 (Witness signature)

SURETY

Southwest Marine and General Insurance Company
 COMPANY NAME
 150 Northwest Point Blvd., 2nd Fl Elk Grove Village
 STREET ADDRESS CITY
 Illinois 60007 847-700-8100
 STATE ZIP CODE TELEPHONE NUMBER

Lisa Gelsomino, Attorney in Fact

 (type or print Principal officer's name and title)
Lisa Gelsomino

 (Principal officer's signature)
 Gabriela Craver, Surety Underwriting Manager

 (type or print witness's name)
Maria Craver

 (witness's signature)





Destination Transport, LLC



is a duly licensed property broker pursuant to the authority of the Federal Motor Carrier Safety Administration, having demonstrated to TIA its integrity and having successfully met the criterion of financial responsibility to the amount of \$75,000 through the TIABOND program.



Valid March 20, 2019 through March 20, 2020 – Bond 14091 with a limit of \$75,000

A handwritten signature in black ink, appearing to read "Riccio", written over a horizontal line.

Michael Riccio
Chairman
TIA Services

A handwritten signature in black ink, appearing to read "Robert A. Voltmann", written over a horizontal line.

Robert A. Voltmann
President & CEO
Transportation Intermediaries Association



DestiNATION Transport, LLC
203 Jackson Street - Suite 204
Anoka, MN 55303
Phone: 763-489-6225
Fax: 888-561-1886

- **APPLICANT NAME & ADDRESSES**

Business Name: _____

Employee Name: _____ Title: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Federal Tax ID #: _____ D&B # (Optional): _____

- **BUSINESS INFO & ACCOUNTS PAYABLE**

Please Check One: Corporation LLC Sole Proprietorship Other

Industry of Business: _____ Years in Business: _____

Primary Shipping Needs: Truckload LTL Both Credit Required: _____

If Division/Subsidiary – Name of Parent Company: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Preferred Invoicing Method (check one): EMAIL (preffered) FAX MAIL (remit to billing address)

- **BANKING INFO**

Bank: _____ Branch: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Officer Contact Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Account Number: _____ Type of Account: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

- **TRADE REFERENCES**

	<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone #</u>
1.	_____			
2.	_____			
3.	_____			

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the company to whom this application is made to investigate the references pertaining to my/our credit and financial responsibility. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY HAS THE POWER TO AND CONSENTS ITS COMPANY TO THE ATTACHED TERMS.

Authorized Signatory: X _____ Date: _____

Printed Name: _____ Title: _____

CREDIT POLICY: Invoices are rendered upon delivery of shipment.

CREDIT TERMS: All invoices are due thirty (30) days from the invoice date. All funds received by DESTINATION TRANSPORT, LLC will be applied to the oldest outstanding invoiced BOL (based on date on pick-up). All funds paid to DESTINATION TRANSPORT will be paid in USD currency. Overpayments do not accrue interest. In the event past due invoices are turned over to an agency and/or an attorney for collection, Customer agrees to pay, in addition to the account balance, all interest payments, and collection costs including reasonable attorney fees. Force Majeure and any charges before, during or after will be at the sole Discretion of Destination Transport.

Customer shall not solicit freight arrangement with any carrier's Destination Transport used to haul Customer's freight, when the arrangement of such shipments first became known to Customer as a result of BROKER's efforts. Unless otherwise agreed in writing, Customer shall not knowingly solicit freight arrangement for a period of 12 month(s) following termination of this agreement for any reason, with any carrier of BROKER.

(ii) In the event of breach of this provision, BROKER shall be entitled, for a period of twelve (12) months following delivery of the last shipment transported by CARRIER under this Agreement, to a commission of ten percent (10%) of the gross transportation revenue (as evidenced by freight bills) received by CARRIER for the transportation of said freight as liquidated damages. Additionally, BROKER may seek injunctive relief and in the event it is successful, Customer shall be liable for all costs and expenses incurred by BROKER, including, but not limited to, reasonable attorney's fees.

DESTINATION TRANSPORT, LLC INSURES ALL FULL TRUCKLOAD CARGO UP TO \$100,000.00 - ANY ADDITIONAL INSURANCE COVERAGE NEEDED IS AVAILABLE BUT MUST BE ARRANGED PRIOR TO PICKUP. LTL AND PARTIAL SHIPMENT'S INSURANCE COVERAGE IS ASSESSED ON A LOAD BY LOAD BASIS DEPENDING ON VARIOUS FACTORS INCLUDING: WEIGHT, DIMENSIONS AND PRODUCT.

Please fax back to 888-561-1886 or email to credit@destinationtrans.com