

Desti**NATION**

T R A N S P O R T

101 Broadway St. W Suite 200 Osseo, MN 55369



Physical Address:

DestiNATION Transport, LLC
101 Broadway Street W. Suite 200
Osseo, MN 55369

Remittance Address:

Scale Bank c/o DestiNATION 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

WHO WE ARE, AND WHAT WE CAN DO FOR YOU!

DESTINATION TRANSPORT SPECIALIZES IN TRUCKLOAD, LESS-THAN-TRUCKLOAD, INTERMODAL AND SPECIALTY OVER-THE-ROAD SHIPPING AND LOGISTICS CONSULTING.

OUR SOLE MISSION IS TO PROVIDE OUR CUSTOMERS WITH THE BEST THIRD-PARTY LOGISTICS AND SHIPPING EXPERIENCE POSSIBLE. PROMPT EXECUTION OF PICKUP, DELIVERY, AND SUPERIOR COMMUNICATION ARE WHY OUR CUSTOMERS CONTINUE TO RELY ON OUR SERVICES FOR THEIR TRANSPORTATION NEEDS.

OUR SERVICES



DRY-VAN



OPEN DECK



**TEMPERATURE
CONTROLLED**



INTERMODAL



**STRAIGHT BOX
TRUCK**



**EXPEDITED
TEAM**



LTL



FLATBED HOTSHOT



SPECIALTY



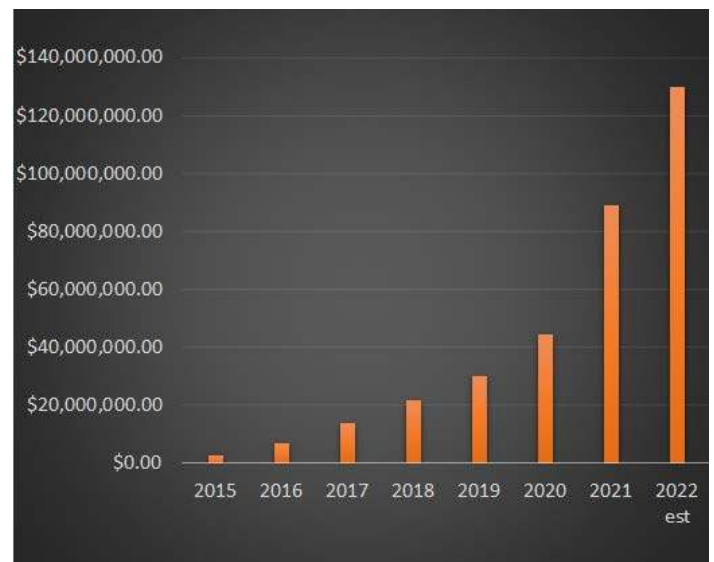
GPS TRACKING

GROWTH

ETHICS, TRANSPARENCY, COMMUNICATION AND SHEER HARD WORK HAS FUELED DESTINATION TRANSPORT TO GROW SIGNIFICANTLY YEAR OVER YEAR.

BY PUTTING THE CUSTOMER FIRST, AND SIMPLY FOLLOWING THROUGH WITH OUR PROMISES IS WHAT WE DO, THAT OF WHICH THE TRANSPORTATION INDUSTRY AS A WHOLE HAS STRAYED AWAY FROM IN RECENT YEARS.

WE STRIVE TO PROVIDE COMPETITIVE MARKET PRICING, BUT MAKE SURE TO ALWAYS DELIVER SERVICE LEVELS THAT EXCEED OUR COMPETITION AND MARKET EXPECTATION.





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

101 Broadway Street W Suite 200 Osseo, MN 55369

Phone – 763-489-6225

Fax – 888-561-1886

Info@destinationtrans.com

www.destinationtrans.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2024

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 200 N. Martingale Rd., Suite 700 Schaumburg IL 60173	CONTACT NAME: Melissa Aternino PHONE (A/C No. Ext): 847-700-8080 E-MAIL ADDRESS: ARMCentral@avalonrisk.com		FAX (A/C, No): 847-700-8118
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED DestiNATION Transport, LLC. 101 Broadway Street West Suite 200 Osseo MN 55369	DESTTRA-01	INSURER A : New York Marine & General Insurance Co.	16608
		INSURER B : TT Club Mutual Insurance Ltd	124127
		INSURER C :	
		INSURER D :	
		INSURER E :	

COVERAGES

CERTIFICATE NUMBER: 751921327

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PK202400026894	3/23/2024	3/23/2025	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
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AU202400017695	3/23/2024	3/23/2025	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"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	WC202400021276	3/23/2024	3/23/2025	<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 / 2024 / 001	3/23/2024	3/23/2025		250,000
B	Contingent Motor Truck Cargo			A3550 / 2024 / 001	3/23/2024	3/23/2025		250,000

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

TTClub's Transporter Operator policy A3550/2024/001 includes Third Party Liabilities (Including North American Transportation Broker Liability) with a limit of \$5,000,000.

CERTIFICATE HOLDER**CANCELLATION**

EOI 2024-25

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

AUTHORIZED REPRESENTATIVE

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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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. DestiNATION Transport, LLC		
	2 Business name/disregarded entity name, if different from above		
	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.		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<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 <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u> S </u> 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. <input type="checkbox"/> Other (see instructions) ▶		
	5 Address (number, street, and apt. or suite no.) See instructions. 101 BROADWAY STREET WEST - UNIT 200		Requester's name and address (optional)
	6 City, state, and ZIP code OSSEO, MN 55369		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ 01/02/2024
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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.



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



July 05, 2023

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, 2024. 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 an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

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.



BOND #: 14091

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 TIA Bond Program.

VALID: March 20, 2023 thru March 20, 2024



Greg Sanders
Chairman
TIA Services Board

Anne C. Reinke
President & CEO
Transportation Intermediaries Association

This Bond Is Underwritten by Avalon Risk Management & Southwest Marine & General Insurance Company