

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2019

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.

lf	SUBROGATION IS WAIVED, subject to sis certificate does not confer rights to	the t	erms	and conditions of the pol	licy, cer	tain policies						
PRO	DUCER				CONTACT Ann Wittlinger							
Flos	ss Agency		HONE (716) 688 5115 FAX (716) 688 2172					88-2172				
	5 Transit Rd		E-MAIL	E-MAIL Ann@Flossins.com								
	Box 370	ADDRESS:										
		INSURER(S) AFFORDING COVERAGE Michigan Millors Mutual Inc. Co.						NAIC #				
	t Amherst	NY 14051-2232	INSURER A: Michigan Millers Mutual Ins. Co.						19682			
INSURED						INSURER B: Har -hf Hartford Fire Ins Co						
JBF Express, Inc.						INSURER C:						
	4392 Broadway				INSURER D:							
					INSURE							
Depew				NY 14043	INSURER F:							
COVERAGES CER			ATE I	NUMBER: CL1910231193						1		
_	HIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUF				IOD		
	DICATED. NOTWITHSTANDING ANY REQUIR											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL TH	HE TERMS,			
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO T		S. LIIVI ISUBRI		REDUCI	POLICY EFF	POLICY EXP	I				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		0.000	
	COMMERCIAL GENERAL LIABILITY			1				EACH OCCURRENCE		φ .	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED \$ 300,				
								MED EXP (Any one person) \$ 10,00			00	
Α				C 052427702		11/01/2019	11/01/2020	PERSONAL & ADV INJURY \$ 1,000			0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000		0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ Inclu		ıded		
	OTHER:			1						\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ 1,00	0,000	
	X ANY AUTO			1				(Ea accident) BODILY INJURY (Pe	Y INJURY (Per person) \$		•	
Α	OWNED SCHEDULED			V 050792702		11/01/2019	11/01/2020		INJURY (Per accident) \$			
, ,	AUTOS ONLY AUTOS NON-OWNED			V 000702702		11/01/2013	11/01/2020	PROPERTY DAMAG	-	\$		
	AUTOS ONLY AUTOS ONLY			1				(Per accident)				
										\$	0.000	
_	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENC	Œ	φ .	0,000		
Α	EXCESS LIAB CLAIMS-MADE			C 070175302		11/01/2019	11/01/2020	AGGREGATE		\$ 2,00	0,000	
	DED RETENTION \$ 10,000									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1				PER STATUTE	OTH- ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		W 051599002		11/01/2019	11/01/2020	E.L. EACH ACCIDEN	١T	_{\$} 100,	000	
A	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	_{\$} 100,	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			1				E.L. DISEASE - POL		s 500,	000	
								Per Conveyance		\$250	0,000	
В	Inland Marine (C)			01 MS ZL2877		11/01/2019	11/01/2020	Per Disaster		\$500	0,000	
				1							,	
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 1	01 Additional Remarks Schedule	may be at	tached if more sn	ace is required)					
	of of Insurance Only	.o (Ac	OKD I	71, Additional Nemarks Conedule,	may be at	tached il illore sp	ace is required)					
FIO	of thisurance Only											
CEF	RTIFICATE HOLDER	CANCELLATION										
								SCRIBED POLICIE			BEFORE	
	IDE Evers Inc. 4000 Dec. do.							F, NOTICE WILL BE Y PROVISIONS.	- DELIVER	ED IN		
	JBF Express Inc 4392 Broadway	, LLC				ACCORDANCE WITH THE POLICY PROVISIONS.						
4392 Broadway LLC						AUTHORIZED REPRESENTATIVE						
					~ <i>Y</i> .							
Depew			NY 14043			Jorken						

SERVICE DATE January 31, 2001

DEPARTMENT OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

CERTIFICATE

MC 389321 C

JBF EXPRESS, INC. DEPEW, NY, US

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 grounds for revocation of this authority.

Terry Shelton, Acting Director Office Data Analysis & Information Systems

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.

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



Registrant: JBF EXPRESS INC

ATTN: James Brewer 4392 BROADWAY DEPEW, NY 14043

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 062718550156AC Effective: July 1, 2018 Expires: June 30, 2021

HM Company ID: 52797

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Name and Mailing Address / Nom et adresse postale



JBF EXPRESS INC. O/A: 4392 BROADWAY DEPEW NY 14043

ATTENTION: JAMES BREWER

The CVOR Certificate or a copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation IUVU ou une copie conforme de celui-ci doit être présente à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.

Detach here / Détachez ic



Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

Commercial Vehicle Operator's Registration Certificate Certificat d'immatriculation d'utilisateur de véhicule utilitaire

Commercial Vehicle Operator`s Registration No. N° d'immatriculation d'utilisateur de véhicule utilitaire

136-052-347

Name / Nom
JBF EXPRESS INC.

O/A

Expiry Date / Date D'expiration

Y/A M D/J 2020 02 14 This certificate or a copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For a replacement, of a CVOR Certificate complete and submit a Commercial Vehicle Operator's Registration (CVOR) Replacement Application form. For corrections or information changes, complete and submit a Commercial Motor Vehicle Operator's Registration (CVOR) Update Application form. Application forms are to be submitted to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines. ON L2R 7R4.

Pour le remplacement d'un certificat d'immatriculation IUVU , remplir et soumettre le formulaire de demande de remplacement d'un utilisateur de véhicule utilitaire (IUVU). Pour des corrections ou bien des demandes de mises à jour de l'information, remplir et soumettre un formulaire de demande de mise à jour d'un utilisateur de véhicule utilitaire (IUVU).

Les formulaires de demandes doivent être soumis au: Ministère du transport, Bureau de la sécurité des transporteurs et de l'application des lois , 301 rue St. Paul, 3 ème étage, St. Catharines On L2R 7R4

SR-LH-123 99 06

Province de l'Ontario

Ministre des Transports

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

Commercial Vehicle Operator's Registration Certificate Certificat d'immatriculation d'utilisateur de véhicule utilitaire Commercial Vehicle Operator's Registration No **Office | Bureau** I 36 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 347 | 136 - 052 - 3

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacement votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au Ministère des Transports, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e etage. St. Catharines (Ontario). L2R 7R4.

00342489

Ministry of Transportation



Ministère des Transports

Certificate of Competency Certificat de compétence

Issued pursuant to the Truck Transportation Act

Certificate of Competency No.

délivré en vertue de la Loi sur le camionnage

Certificat de compétence nº

136-052-218

This is to certify that

Le présent certificat atteste que

BREWER, JAMES

is qualified as a holder of a Certificate of Competency under the Truck Transportation Act and regulations and is hereby issued this Certificate. a rempli les conditions d'obtention d'un certificat de compétence en vertu de la Loi sur le camionnage et de ses règlements, lequel certificat lui est remis par les présentes.

Year Month Day Année Mois Jour 00 07 26

Registrar of Motor Vehicles Régistrateur des véhicules automobiles



Federal Motor Carrier Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

JULY 31, 2000

JBF EXPRESS 205 CLUDETTE CT BUFFALO NY 14043 716/681-2619

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 894235

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3,2000, must display a USDOT number by July 3,2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

http://diy.dot.gov

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

http://www.fmcsa.dot.gov

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

U. S. Department of Transportation Federal Motor Carrier Safety Administration LEO W. O'BRIEN FEDERAL BLDG CLINTON 7 PEARL ST, 9TH FLOOR ALBANY, NEW YORK 12207 518 / 431-4145 Please be aware that failure to comply with the FMCSR could result in additional roadside inspections of your company's equipment and a compliance review by one of our Safety Investigators.

If this letter is received at a location other than your principal office (e.g., a terminal or an area office) the letter should be forwarded to your principal office. If there has been a change in your motor carrier operation name or principal office address, please correct the information at the top of this letter and return it to the office shown above (after noting your USDOT number).

Thank you for your cooperation.

Sincerely,

Terry Shelton

Terry Shelton
Acting Director, Office of Data Analysis
and Information Systems

Enclosure

Form (Rev. October 2007 Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)										
e 2	JBF Express, Inc.										
page	Business name, if different from above										
on											
ons ons	Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership		Evernt								
Print or type Instructions	Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=pa	rtnership) 🕨	Exempt payee								
P Z	☐ Other (see instructions) ►	. ,									
rint Insi	Address (number, street, and apt. or suite no.)	Requester's name	r's name and address (optional)								
ြို့	4392 BROADWAY										
P Specific	City, state, and ZIP code										
Sp	DEPEW, NY 14043										
See	List account number(s) here (optional)										
Par	Taxpayer Identification Number (TIN)										
0											
	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 t p withholding. For individuals, this is your social security number (SSN). However, for a re-	o avoia	Social security number								
	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entiti										
	employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> or		or								
	If the account is in more than one name, see the chart on page 4 for guidelines on whose	Emple	oyer identification number								
numb	er to enter.	16	1536510								
Dar	U Certification										

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Signature of Here U.S. person ▶ Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section) 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,