



WHO IS QUEST TRANSPORTATION?

Quest Transportation is a third party transportation logistics provider.

WHAT IS A THIRD PARTY TRANSPORTATION LOGISTICS PROVIDER?

Quest Transportation provides complete transportation solutions through out the United States, Mexico and Canada. Including truckload, LTL and rail shipments as well as freight forwarding and freight brokerage.

WHY CHOOSE QUEST TRANSPORTATION?

With over 20 years in the transportation business we have negotiated contracts with over 3,000 freight companies nationwide. This allows us to provide our customers the service and pricing that enables them to be competitive in their markets.

When you call Quest you are not just a number. Being a Vermont based company, we take pride in the long-term relationships we have built through the years with our nationwide customer base.

HONESTYDEPENDABILITY**COMPETITIVE PRICING**

Relationships made strong by these very important qualities are the foundation of our company.

PM-25
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

LICENSE

No. NC 195360

SERVICE DATE

DEC 21 1987

JEFFREY L. MOORE
d/b/a QUEST TRANSPORTATION SERVICES
ST. JOHNSBURY, VT

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall render reasonably continuous and adequate service under this authority. 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 will be, attached to this privilege.

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

By the Commission.

(SEAL)

NORETA R. MCGEE,
Secretary.

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

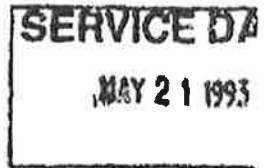
No. MC 195360

Page 2

To engage in operations, in interstate or foreign commerce, as a broker of general commodities (except household goods), between points in the U.S.

INTERSTATE COMMERCE COMMISSION

DECISION



MC 195360
JEFFREY L. MOORE
DBA QUEST TRANSPORTATION SERVICES
ST. JOHNSBURY, VT

Reentitled

QUEST INDUSTRIES, INC.
ST. JOHNSBURY, VT

Decided May 18, 1993

On May 13, 1993, applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as

QUEST INDUSTRIES, INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

Sidney L. Strickland, Jr.
Secretary

(SEAL)

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. QUEST INDUSTRIES, Inc.	
2 Business name/disregarded entity name, if different from above QUEST TRANSPORTATION SERVICES	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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) ▶ _____	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>
5 Address (number, street, and apt. or suite no.) See instructions. P.O. BOX 247	Requester's name and address (optional)
6 City, state, and ZIP code St. JOHNSBURY, VT 05819	
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											
03		-	03		29		39		8		

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 ▶ 2-1-18
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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.

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

11/01/2017

PRODUCER

Integro Insurance Brokers
 Two Financial Center, 60 South St., Suite 800
 Boston, MA 02111
 Contact: Adam Green
 Phone: 617-531-6270 Fax: 617-531-6271

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	Beazley Marine Insurance – Syndicate 2623/623
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

Quest Industries, Inc. dba Quest Transportation
 2280 Memorial Drive
 Saint Johnsbury, VT 05819

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE -0b(MM/DD/YY)	POLICY EXPIRATION DATE -0b(MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE LIMIT \$ MED. PAYMENT (Any one person) \$												
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> CONTINGENT AUTO LIABILITY	W0026417PNVE	11/06/2017	11/06/2018	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ AGGREGATE / OCCURRENCE \$ 1,000,000												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$												
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$												
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WC STATUTORY LIMITS</td> <td style="width: 20%;">OTHER</td> <td style="width: 20%;"></td> </tr> <tr> <td>EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>DISEASE-POLICY LIMIT</td> <td></td> <td>\$</td> </tr> <tr> <td>DISEASE-EACH EMPLOYEE</td> <td></td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		EACH ACCIDENT		\$	DISEASE-POLICY LIMIT		\$	DISEASE-EACH EMPLOYEE		\$
WC STATUTORY LIMITS	OTHER																
EACH ACCIDENT		\$															
DISEASE-POLICY LIMIT		\$															
DISEASE-EACH EMPLOYEE		\$															
A	OTHER ERRORS & OMISSIONS CONTINGENT CARGO	W0026417PNVE	11/06/2017	11/06/2018	Limit: \$100,000 Aggregate Limit: \$100,000 Occurrence												

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Quest Industries, Inc. dba Quest Transportation
 2280 Memorial Drive
 Saint Johnsbury, VT 05819

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





Remit To:
P.O. Box 247
Saint Johnsbury, VT 05819
802-748-0825 Fax

Application For Credit

Freight Brokerage and Logistics solutions for you
www.questtrans.com

COMPANY INFORMATION

Full Legal Name Business Entity	Phone Number	Fax Number
Billing Address	City	State Zip
Company Type:		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee <input type="checkbox"/> Corporation Other _____		

BUSINESS CREDIT INFORMATION

Federal Tax I.D. (if incorporated)	Principal business of firm	Year business established
At present location since	If incorporated: under laws of what state?	
Credit line requested	Is a PO REQUIRED? (Yes or No)	

BANK REFERENCES

Bank Name	Account #	Contact
Address	City	State Zip Phone
Bank Name	Account #	Contact
Address	City	State Zip Phone

CREDIT REFERENCES

Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	

By: _____

SIGNED: _____

By signing this credit application, I authorize Quest Transportation Services, Inc. to request information from the credit reporting agency Experian.com and/or SmartBusinessReports.com

DATE: _____

For Office Use Only	
<input type="radio"/> Approved	<input type="radio"/> Declined
Credit Limit \$ _____	
_____	_____
Approval	Date



2280 Memorial Drive
P.O. Box 247
St. Johnsbury, VT 05819
800-320-2013 tel
802-748-0825 fax

Quest Transportation shall invoice _____ for its services in accordance with the rates, charges, and provisions set forth in the attached rate sheet.

_____ agrees to pay Quest's invoice within 30 days of invoice date. Any unpaid invoices beyond 30 days are subject to a 2% interest charge.

By: _____

Signed: _____

Date: _____