



COMPANY PACKAGE

3613 N. WARE ROAD

MCALLEN, TX 78501

OFFICE: 956-618-5400

FAX: 956-618-5402



(ph)956-618-5400 – (fax)956-618-5402

CREDIT APPLICATION

Company name		Years in Business
DBA (if different)	Tax ID #	
Contact person		
Address		
Phone	Fax	

TRADE REFERENCES

Reference #1	Name	_____
	Address	_____
	Phone	_____
Reference #2	Name	_____
	Address	_____
	Phone	_____
Reference #3	Name	_____
	Address	_____
	Phone	_____

BANK REFERENCES

Bank#1	Account #	_____
	Phone	_____
	Contact person	_____
	Name of bank	_____
	Address	_____
Bank#2	Account #	_____
	Phone	_____
	Contact person	_____
	Name of bank	_____
	Address	_____

I represent that the above information is true and is given to induce Jimenez Logistics LLC to extend credit to the applicant. My company and I authorize Jimenez Logistics LLC to make such credit investigation as Jimenez Logistics LLC sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Jimenez Logistics LLC any and all information concerning the financial and credit history of my company.

Authorized signature: _____

Printed name: _____

Title: _____

Date: _____



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

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

SERVICE DATE
June 21, 2013

LICENSE
MC-829889-B
U.S. DOT No. 2415102
JIMENEZ LOGISTICS LLC
EDINBURG, TX

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.

Print or type
 See Specific Instructions on page 2

Name (as shown on your income tax return) JORGE ALBERTO JIMENEZ	
Business name/disregarded entity name, if different from above JIMENEZ LOGISTICS LLC	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" 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) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.) 3613 N WARE RD.	Requester's name and address (optional)
City, state, and ZIP code MCALLEN, TX 78501	
USI 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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number									
4	6	-	2	9	0	8	1	8	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).

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 Here Signature of U.S. person ▶ *Jorge Jimenez*

Date ▶ *09/11/17*

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 income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2018

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 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).

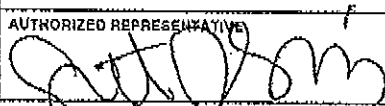
PRODUCER (956)787-4989 Crystal Jeannie Salinas James E. Capt & Associates LLC P. O. BOX 126 San Juan, TX 78589-0126	CONTACT NAME: JEANNIE SALINAS PHONE (A/C, H/O, Ext): (800)887-4989 Ext. FAX (A/O, No): (956)781-3380 E-MAIL ADDRESS: jeannie@captinsurance.com
	INSURER(S) AFFORDING COVERAGE INSURER A: MAXUM INDEMNITY COMPANY INSURER B: UNDERWRITERS AT LLOYDS INSURER C: TEXAS MUTUAL INSURANCE COMPANY INSURER D: LLOYDS OF LONDON INSURER E: INSURER F:
INSURED JIMENEZ LOGISTICS, LLC 3613 N WARE RD MCALLEN, TX 78501	

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 INSR	SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				BDG0085625-04	01/23/18	01/23/19	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ SUBJ. TO GA
B	AUTOMOBILE LIABILITY				17GU3042901-107	02/07/18	02/07/19	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
C	UMBRELLA LIAB				0001306643	05/20/17	05/20/18	EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB							AGGREGATE	\$
	<input type="checkbox"/> OCCUR								\$
	<input type="checkbox"/> CLAIMS-MADE								\$
	OED	RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				01T 00021	08/30/17	08/30/18	WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N						E.L. EACH ACCIDENT	\$ 1,000,000
	<input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	N				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	ALL RISK CONTINGENT CARGO							CONTINGENT CARGO REEFER BREAKDOWN	100,000
								5,000 DEDUCTIBLE	

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

CERTIFICATE HOLDER	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 

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

USER ID: PHILINDINSCO
TRANSMISSION NUMBER: WEB74628
TRANSMITTED ON: 09/12/2017 14:03:17

COMPANY NAME: PHILADELPHIA INDEMNITY INSURANCE COMPANY
SUBMITTED BY: PHILADELPHIA INDEMNITY INSURANCE COMPANY (12810-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-829889	BMC-84/SURETY	PA02671700324	10/01/2017	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

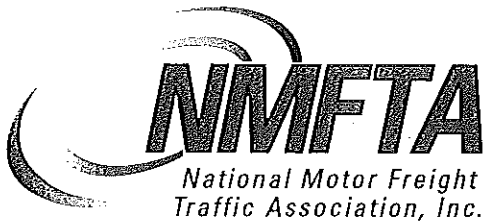
Legal Name: JIMENEZ LOGISTICS LLC
Address: 13817 N 40TH STREET
EDINBURG TX US 78541

91X Coverage(Type/Max/Underlying):

Total: 1

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

Total: 1



May 31, 2016

JORGE JIMENEZ
JIMENEZ LOGISTICS LLC
13817 N 40TH STREET
EDINBURG, TX 78541

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

JIMENEZ LOGISTICS LLC
13817 N 40TH STREET
EDINBURG, TX 78541
MC- 829889

This Alpha Code will apply only to the company name shown above through June 30, 2017. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned 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 below.

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:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
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 in connection with freight rates. For participation and membership information, please call (703) 838-1810



Certificate of Membership

This certificate of membership recognizes

Jimenez Logistics LLC

AS A DISTINGUISHED MEMBER IN GOOD STANDING SINCE 2014

Issued for the 2014 membership year for

LEADERSHIP in third party logistics industry,
COMMITMENT to customer service, and
DEDICATION to ethics and excellence through
adherence to the TIA Code of Ethics



Robert Voltmann
ROBERT VOLTSMANN
PRESIDENT & CEO

Geoff Turner
GEOFF TURNER
CHAIRMAN, TIA BOARD OF DIRECTORS

DUN & BRADSTREET
CREDIBILITY CORP.

04-167-1241