



Location

Corporate & Remit to Address :
1441 Woodmont Ln NW #600,
Atlanta GA 30318

Remittance Address :
Value Logistics INC
P.O. Box 736045
Dallas, TX 75373-6045

Email

vl@valueloads.com

Fax : 678-666-3088

Phone

678-487-5508

**Adding Value to your Logistic Process
By saving your precious "time and money"**

Company Information

MC : 1013935-B

USDOT Number : 3232856

Federal ID : 83-2979942

SCAC Code : AOVJ

Blue Book : 355746

SOS Control # 18151953

Company Facts

Value logistics focuses on punctuality, morals and good business. We are a professional state of art third-party logistics company for the ever-evolving needs of clients.

Insurance Details

Commercial general liability : \$ 2,000,000 - Aggregate
Contingent Cargo Legal Liability : \$2,50,000
Automobile liability : \$1,000,000 - Aggregate
Errors & omissions : \$250,000 - Aggregate
Policy expiration date : 03/25/2023

Account Details

**Remittance address : Value Logistics INC P.O. Box
736045 Dallas, TX 75373-6045**

Bank Name : JP Morgan Chase Bank

Truckstop Rating

Days to Pay : 5
Experience Factor : A

DAT Rating

Days to Pay : 33
Credit Score : 95

Ansonia Rating

Days to Pay : 37
Credit Score : 95


Transcredit Rating

Days to Pay : 26
Credit Score : 86



Adding Value to your Business

By saving your precious 'time and money'



We are Value Logistics, your smart business partner and reliable logistics service provider across the regions.

ABOUT US

We are Value Logistics, your smart business partner for reliable logistic services across the United States and into Canada. Our business relationships are built on trust, reliability and our growth stems from customer satisfaction. If you are shippers or carriers, we have good business deals for you. If you need shippers or carriers, we have the opportunity to serve you with our value deals. We are a professional state of art third-party logistics company for the ever-evolving needs of your organization. We are the Value logistics, your smart business partner and reliable logistics service provider across the regions, who arrange for logistics of freight by motor vehicles. If you are looking for logistic services, you have come to the right site. We are one of the best-known brokers in the logistics industry, and deservedly so!

Transportation Intermediaries Association

TIA  **MEMBER**

Certificate of Membership

This Certificate of Membership Recognizes

A Distinguished Member in Good Standing Since 2021

Issued for the 2023 Membership Year for

***Leadership** in the Third-Party Logistics Industry,*

***Commitment** to Customer Service, and*

***Dedication** to Ethics & Excellence Through
Adherence to the TIA Code of Ethics*



Anne C. Reinke
President & CEO



Mike Riccio, CTB
Chair - TIA Board of Directors

Shipper Packet Contents

**Operating
Authority**

**Certificate Of
Liability Insurance**

W9 Form



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

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

SERVICE DATE

April 3, 2020

DECISION

MC-1013935

VALUE LOGISTICS INC
D/B/A AL VALUE LOGISTICS, INC
SMYRNA, GA

REENTITLED

VALUE LOGISTICS INC
D/B/A A1 VALUE LOGISTICS, INC.

On March 30, 2020, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as VALUE LOGISTICS INC, D/B/A A1 VALUE LOGISTICS, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: March 31, 2020

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2022

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	PFA Transportation Insurance & Surety Services 22601 N. 19th Avenue Suite 202 Phoenix AZ 85027-	CONTACT NAME: PFA Transportation Insurance & Surety	
		PHONE (A/C, No, Ext): (800)595-2615 FAX (A/C, No): (623)209-2610 E-MAIL ADDRESS: cert@pfaprotects.com	
INSURED	Value Logistics Inc A1 Value Logistics Inc 1441 Woodmont Ln NW #600 Atlanta GA 30318-	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Beazley Underwriters, Lloyds	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AG013935P220325-001	03/25/2022	03/25/2023	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> FB Auto	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AG013935P220325-001	03/25/2022	03/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Contingent Cargo Legal Liability			AG013935P220325-001	03/25/2022	03/25/2023	any one acc/occ	\$250,000
A	Errors and Omissions			AG013935P220325-001	03/25/2022	03/25/2023	any one occ	\$250,000
							Reefer Coverage	\$250,000

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

Domestic Freight Broker

CERTIFICATE HOLDER

CANCELLATION

AI 005741

Master Certificate

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

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. Value Logistics Inc dba A1 Value Logistics Inc</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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <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. </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. 1441 Woodmont Ln NW #600</p> <p>6 City, state, and ZIP code Atlanta GA 30318</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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-		
-	-	-	-								
or											
Employer identification number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">8</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">4</td> <td style="width: 12.5%;">2</td> </tr> </table>	8	3	-	2	9	7	9	9	4	2
8	3	-	2	9	7	9	9	4	2		

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 ▶ <i>Britin Bhandari</i>	Date ▶ 01/25/2023
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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.*