



190 Sundown Shores Lane Decatur, TN 37322  
**OWNER OPERATOR PROFILE**

Company/Individual Name: John Q Public Phone: (423) 444-2212 Emergency Name/ # Hannah Montana (423) 222-1122

Company Address: 123 N State Street Lansing, MI 48918 Fax: 423-443-2211

Business ID Number: 47-1232153311 If applicable provide: DOT#: N/A MC# N/A

Bank Information: Bank Name Bank of America Routing Number 123123123 Account Number 4441232221

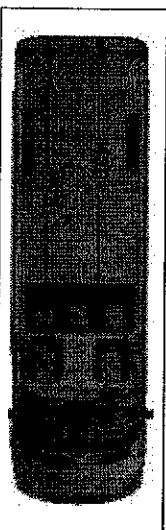
Driver Name(s) John Q Public DOB 6-10-1992 DL # and State MI P 800 000 0029 Mobile number (423) 464-1221 Email address JQPub123@gmail.com

Equipment Type	Year	Make/Model	VIN #:	Plate#	Color
Cargo Van	2015	Ford E350	F1234567890123456	TN 437 234	White

Please EXACTLY measure the dimensions of the cargo area (in inches)

Length of cargo area 136" Width at door/between wheel wells 52" Height of the door 48"

Payload/weight vehicle can haul (in lbs.) 4010lbs



Service areas including preferred and restricted lanes: None

Please include the following documents in ONE transmission by Fax at (423) 464-7900 or email to FSExpedit@gmail.com

=> Owner Operator Profile Form

=> Signed copy of your W-9 including EIN #

=> Certificate of insurance naming Fast Service as an additional insured

=> Copy of Driver's License, Social Security Card and Birth Certificate

=> Photos of vehicle(s)

Owner Name John Q Public Date 6/6/14

## DRIVER LANES

Driver	John Q. Public	Minimum Mileage Rate	\$ .65/mile						
<b>We will only book you at your minimum rate or higher delivering to the states that you indicate below:</b>									
<b>Central</b>	<b>Y/N/Note</b>	<b>Northern</b>	<b>Y/N/Note</b>	<b>Pacific</b>	<b>Y/N/Note</b>	<b>Southern</b>	<b>Y/N/Note</b>	<b>Western</b>	<b>Y/N/Note</b>
Illinois	Y	Connecticut	Y	Alaska	Y	Alabama	Y	Colorado	Y
Indiana	Y	Delaware	Y	Arizona	Y	Arkansas	Y	Idaho	Y
Iowa	Y	Maine	Y	California	Y	Florida	Y	Kansas	Y
Kentucky	Y	Maryland	Y	Hawaii	Y	Georgia	Y	Montana	Y
Michigan	Y	Massachusetts	Y	Nevada	Y	Louisiana	Y	Nebraska	Y
Minnesota	Y	New Hampshire	Y	Oregon	Y	Mississippi	Y	New Mexico	Y
Missouri	Y	New Jersey	Y	Utah	Y	North Carolina	Y	North Dakota	Y
Ohio	Y	New York	Y	Washington	Y	South Carolina	Y	Oklahoma	Y
Wisconsin	Y	Pennsylvania	Y			Tennessee	Y	South Dakota	Y
		Rhode Island	Y			Virginia	Y	Texas	Y

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**John Q. Public**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

**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) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**123 North State Street**

**6** City, state, and ZIP code  
**Lansing, MI 48918-0000**

**7** List account number(s) here (optional)

Requester's name and address (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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
-				-					

**or**

Employer identification number									
4	7	-	1	2	3	2	1	5	3

**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 on page 3.

**Sign Here**      Signature of U.S. person ▶ *John Q. Public*      Date ▶ *6/6/14*

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/18/2017

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).

<b>PRODUCER</b> Reliance Partners 835 Georgia Avenue Suite 301 Chattanooga TN 37400	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 877-868-1704 FAX (A/C No.): 806-553-6202 E-MAIL ADDRESS: certificates@reliancepartners.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> John Q. Public  123 North State Street  Lansing, MI 48918-0800	INSURER A: Progressive Hawaii Ins Corp	NAIC # 10067
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES: **CERTIFICATE NUMBER: 126378496** **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.

INSTR. LTR	TYPE OF INSURANCE	ADDRESS (IND. / HOUS.)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:		05851371-0	1/20/2017	1/20/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		05851371-0	1/20/2017	1/20/2018	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo		05851371-0	1/20/2017	1/20/2018	Cargo Limit 100,000 Cargo Deductible 1,000


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

Fast Service as certificate holder

\$100,000 in Cargo Insurance

<b>CERTIFICATE HOLDER</b>  Fast Service 190 Sundown Shores Lane Decatur TN 37322 United States	<b>CANCELLATION</b>  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 

**MICHIGAN** MI USA  
**DRIVER LICENSE**




P 800-000-000-029  
 DOB: 06-10-1992  
 ISS: 05-01-2011  
 EXP: 06-10-2013  
 Lic Type: 0  
 End: NONE  
 Sex: M  
 Hgt: 510  
 Eyes: BRO

*John Q. Public* UNDER 21 UNTIL  
 06-10-2013

**JOHN Q. PUBLIC**  
 123 NORTH STATE ST  
 LANSING, MI 48918-0000

Restrictions: NONE



DDNDR  
 DP 0130002456789      081092      Rev 01-21-2011

**SOCIAL SECURITY**

000-00-0000

**JOHN Q. PUBLIC**

INDUSTRIAL

**U.S. CITIZEN**

CANADA  
**ONTARIO**

NAME: JOHN Q. PUBLIC, JOHN Q.

DATE OF BIRTH: FEBRUARY 18, 1954

RESIDENCE: TORONTO

DATE OF RESIDENCE: MARCH 18, 1954

DATE OF THE PREVIOUS ONTARIO DRIVER LICENSE: APRIL 18, 1954

IDENTIFICATION NUMBER: 12345678-009

SEX: M

REGISTRATION NUMBER: 1954-01-123456

