



### **ADICA Trucking Company:**

Wherever you need your freight shipped, count on ADICA Trucking to get it there. We have authority to operate in the contiguous United States and Ontario Canada. We are experts in the following types of specialized trucking:

- *Heavy Haul (48 to 100,000 payload)*
- *Flatbed Expedite Services (Hot-Shot)*
- *Building Supplies, Shingle, Tubing Lumber*
- *Robots, Tool & Die, Machinery*
- *Trade Shows*
- *Unique freight that just doesn't fit in a conventional trailer!*

### **Our Methodology and Technology:**

When you use ADICA Trucking, you will always know where your shipment is. Our expert Load Planners use McLeod Loadmaster Transportation Management software to efficiently track and schedule every shipment. Our TM software also works in conjunction with Omnitrac's (OBC) Electronic Logging Devices to manage freight in real time and provide constant two-way program updates back to our Operations team. The in-cab OBC also turns by turn navigation updates as well as lane updates to our drivers in a real time "Hands free" manner. While out on the job at a supplier, our ADICA drivers also capture and send pieces, weight and bill of lading along a signed BOL, all of which is updated in our ADICA Driver App and sent to our TMS in real time: taking the delay out of the billing process and improving customer satisfaction with real time data.

Our Asset fleet is made up of:

- *160 Company owned flatbed and conestoga trailers in variety of features: including many Tri, Quad, Six and Eight Axle units, Step Deck and Double Drop, as well standard 53-foot Flatbeds*
- *2 Conventional Dry Van Trailers*
- *2 Stake Truck units for Hot Shot Expedite support*
- *125 power units and growing, comprised of Company drivers and owner operators*

ADICA Trucking Company was also an early adapter of installing electronic logs, integrating them into

our system and operation eight months before they were mandated.

ADICA Trucking Company has also entered an agreement with SmartDrive Truck Camera System, installing front-facing cameras in all our company trucks.

**ADICA Trucking Company, LLC**  
20601 Trolley Industrial Drive Taylor MI  
313-291-0390(P) 313-429-2099(F)  
[www.adicatrucking.com](http://www.adicatrucking.com)

# Business and Credit Information



## Contact Information

<b>Senior Transportation Director:</b> Jeff Bronson	<b>Safety Director:</b> Marc Scibilia	<b>Dispatch Supervisor:</b> John Lamarand
<b>Phone:</b> 313-291-0390	<b>Fax:</b> 313-291-2702	<b>Email:</b> dispatch@adicatrucking.com
<b>Controller:</b> Ben Freeman	<b>AP:</b> Wanda Bristol	
<b>Phone:</b> 248-398-3434	<b>Fax:</b> 248-398-2668	<b>Email:</b> ap@adicatrucking.com

## Business Information

<b>Business and Billing Address:</b> 20601 Trolley Industrial Drive	<b>City:</b> Taylor	<b>State:</b> MI	<b>Zip Code:</b> 48180
<b>MC#:</b> 370661	<b>SCAC:</b> ALQK	<b>DOT#:</b> 840597	<b>Date Business Commenced:</b> 1999
<b>D-U-N-S:</b> 78-854-7219	<b>FEIN:</b> 38-3491962		

## Bank Reference

<b>Bank Name:</b> Comerica Bank	<b>Phone:</b> 313-222-5630		
<b>Bank Address:</b> 500 Woodward Ave	<b>City:</b> Detroit	<b>State:</b> MI	<b>Zip Code:</b> 48226

## Trade References

<b>Company Name:</b> Royal Truck and Trailer	<b>Phone:</b> 313-980-8500		
<b>Address:</b> 28930 S Wixom Rd	<b>City:</b> Wixom	<b>State:</b> MI	<b>Zip Code:</b> 48393

<b>Company Name:</b> Shrader Tire & Oil	<b>Phone:</b> 419-472-2128		
<b>Address:</b> 2045 Sylvania Ave	<b>City:</b> Toledo	<b>State:</b> OH	<b>Zip Code:</b> 43613

<b>Company Name:</b> EmbroidMe	<b>Phone:</b> 734-281-1500		
<b>Address:</b> 3005 Biddle Ave	<b>City:</b> Wyndotte	<b>State:</b> MI	<b>Zip Code:</b> 48192



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## Credit Application

Thank you for choosing ADICA Trucking Company, LLC for your transportation needs. Please complete the information below and email to [ar@adicatrucking.com](mailto:ar@adicatrucking.com). Thank you.

Customer Name \_\_\_\_\_

AP contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Tax ID# \_\_\_\_\_

### What is the preferred method for your company to receive invoices?

Paper  Email  Email address \_\_\_\_\_

Customer portal upload

Please provide the web address and instructions as to how to get a login and password.

Web Address \_\_\_\_\_

Login \_\_\_\_\_ Password \_\_\_\_\_

### If remitting payment by mail, please use the following address

ADICA Trucking Company, LLC – P.O. Box 675306, Detroit MI 48267-5306

### If remitting payments by ACH, please use the following information

Comerica Bank – 500 Woodward Avenue, Detroit, MI 48226

ABA: 072000096 Acct: 1851752731

AR contact: Mattie Derian Phone: 248-398-3434 Remittance Email: [ar@adicatrucking.com](mailto:ar@adicatrucking.com)



**Business/Trade References**

Company Name \_\_\_\_\_

Account Type \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Company Name \_\_\_\_\_

Account Type \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Company Name \_\_\_\_\_

Account Type \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Agreement**

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. By submitting this application, you authorize ADICA Trucking Company, LLC to make inquiries into the banking and business/trade references that you have supplied.
- 3. Please return this form, complete, to [ar@adicatrucking.com](mailto:ar@adicatrucking.com).

Signatures	
Title: Date:	Title: Date:

For Internal Use Only  
Sales person \_\_\_\_\_ Credit Established \_\_\_\_\_ Limit \_\_\_\_\_

The information below reflects the content of the FMCSA management information systems as of 10/18/2020.

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER		
<b>Operating Status:</b>	AUTHORIZED FOR Property	<b>Out of Service Date:</b>	None
<b>Legal Name:</b>	ADICA TRUCKING LLC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	20601 TROLLEY INDUSTRIAL DR TAYLOR, MI 48180		
<b>Phone:</b>	(313) 429-2107		
<b>Mailing Address:</b>	20601 TROLLEY INDUSTRIAL DR TAYLOR, MI 48180		
<b>USDOT Number:</b>	840597	<b>State Carrier ID Number:</b>	
<b>MC/MX/FF Number(s):</b>	MC-370661	<b>DUNS Number:</b>	--
<b>Power Units:</b>	113	<b>Drivers:</b>	111
<b>MCS-150 Form Date:</b>	10/16/2020	<b>MCS-150 Mileage (Year):</b>	5,573,210 (2019)
<b>Operation Classification:</b>			
	<input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Private(Property) <input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Priv. Pass (Non- business) <input type="checkbox"/> Migrant <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fed. Gov't	<input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation
<b>Carrier Operation:</b>			
	<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
<b>Cargo Carried:</b>			
	<input checked="" type="checkbox"/> General Freight <input type="checkbox"/> Household Goods <input checked="" type="checkbox"/> Metal: sheets, coils, rolls <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Drive/Tow away <input type="checkbox"/> Logs, Poles, Beams, Lumber <input checked="" type="checkbox"/> Building Materials <input type="checkbox"/> Mobile Homes <input checked="" type="checkbox"/> Machinery, Large Objects <input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Liquids/Gases <input type="checkbox"/> Intermodal Cont. <input type="checkbox"/> Passengers <input type="checkbox"/> Oilfield <input type="checkbox"/> Equipment <input type="checkbox"/> Livestock <input type="checkbox"/> Grain, Feed, Hay <input type="checkbox"/> Coal/Coke <input type="checkbox"/> Meat <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> US Mail	<input type="checkbox"/> Chemicals <input type="checkbox"/> Commodities Dry Bulk <input type="checkbox"/> Refrigerated Food <input type="checkbox"/> Beverages <input type="checkbox"/> Paper Products <input type="checkbox"/> Utilities <input type="checkbox"/> Agricultural/Farm Supplies <input type="checkbox"/> Construction <input type="checkbox"/> Water Well



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2020

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).

<b>PRODUCER</b> National Risk Management Services 7181 Chagrin Road, Suite 230 Chagrin Falls OH 44023	<b>CONTACT NAME:</b> Donna Zallar <b>PHONE (A/C No. Ext):</b> 800-962-3036 <b>E-MAIL ADDRESS:</b> dzallar@ntrlrisk.com		<b>FAX (A/C, No):</b> 440-247-2714
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> ADICA Trucking, LLC 20601 Trolley Industrial Drive Taylor MI 48180	ATLAS-2	INSURER A :	Gemini Insurance Company 10833
		INSURER B :	National Interstate of Hawaii 11051
		INSURER C :	Vanliner Insurance Company 21172
		INSURER D :	Travelers Indemnity Co of Amer 25666
		INSURER E :	
		INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 1764645723

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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CVP 2030008-01	9/1/2020	9/1/2021	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	\$ 1,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CVP 2030008-01	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			GVE100183204	9/1/2020	9/1/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
C	<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		Y/N <input type="checkbox"/> N/A	CVW 2030008-02	9/1/2020	9/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	PHYSICAL DAMAGE			CVP 2030008-01	9/1/2020	9/1/2021	ACV/STATED AMOUNT	
D	CARGO LEGAL LIABILITY			QT-660-4C491100-TIA-20	9/1/2020	9/1/2021	\$500,000 PER TRAILER	\$5,000 DEDUCTIBLE

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

Cargo policy includes wet steel coverage. Hired Auto Physical Damage \$150,000 applies to rented/leased tractors or trailers.

**CERTIFICATE HOLDER****CANCELLATION**

SAMPLE 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

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# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**ADICA TRUCKING, LLC**

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

**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.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

**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.

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

**5** Address (number, street, and apt. or suite no.) See instructions.  
**10221 CAPITAL ST**

**6** City, state, and ZIP code  
**OAK PARK, MI 48237**

**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 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										
3	8		-	3	4	9	1	9	6	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 ▶    Date ▶ **9/28/2020**

**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](http://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-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 Compliance

Department of Transportation Regulations

## Omnitracs Hours of Service

This is to certify that the design of the Omnitracs Hours of Service driver logs application has been sufficiently tested to meet the requirements stated in section 49 CFR 395.15 of the Federal Motor Carrier Safety Regulations as prescribed by the United States Department of Transportation Federal Motor Carrier Safety Act. The service may be used to record, transmit, and store all hours of service information required by the Department of Transportation in section 49 CFR 395.15.



David Vice, Chief Sales Officer  
Omnitracs, LLC

