

Carrier Package

Platinum Express Transport & Recovery
116 Badger Ave.
Newark, NJ 07108
platinumexpress@onebox.com

Main Phone: 973-732-0087
Fax : 973-991-0962
Hours: 8am – 5pm Est
After hours: 888-493-2797

Contact: Teeshon or Al

Operating Authority: MC# 639812 / USDOT# 1747606

Reference Information: Established 2008

Business References:

#1	<i>Made U Look</i>	<i>800-918-7840</i>
#2	<i>The Money Matrix</i>	<i>888-491-3336</i>
#3	<i>Advantage Auto</i>	<i>973-391-0500</i>

Insurance information:

Safeguard Agency Inc.
Jason 631-617-5222
\$1,000,000 liability / 150,000 cargo

Equipment and Route Information:

Equipped to transport multiple autos and cycles throughout the tri-state area and any other areas that customers request. Specializing in safe and reliable express service.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/02/08

PRODUCER SAFEGUARD AGENCY INC 1265 Sunrise Hwy Ste. 112 Bayshore, NY 11706 Phone (631)617-6222 Fax (631)617-5225	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.
INSURED Platinum Express Transport & Recovery Corp 116 Badger Ave Newark, NJ 07108-	INSURERS AFFORDING COVERAGE
	INSURER A: ARI Insurance Company
	INSURER B: Lloyds of London
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES
 THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/POP AGG
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS _____	CA29015671	04/18/08	04/18/09	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B		OTHER Motor Truck Cargo	RBC408554M07	04/18/08	04/18/09	\$150000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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



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

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

SERVICE DATE
April 24, 2008

PERMIT
MC-639612-P
PLATNUM EXPRESS TRANSPORT & RECOVERY C
NEWARK, NJ

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 388). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

A handwritten signature in black ink that reads "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO

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) TEESHON SMALL	
Business name, if different from above PLATINUM EXPRESS TRANSPORT & RECOVERY	
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 116 BADGER AVE	Requester's name and address (optional)
City, state, and ZIP code NEWARK, NJ 07108	
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 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.

Social security number
or
Employer identification number
25 : 1905902

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

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).

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 ▶ *Teeshon Small* Date ▶ *2/19/08*

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:

- 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.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**PLATINUM EXPRESS
UNIFORM STRAIGHT BILL OF LADING**

PLATINUM EXPRESS
Toll Free (888) 493-1112
Fax: 973-425-1888
platinumexpress@tombbox.com

LOAD # _____

PE # _____

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BOU# _____

— RECEIVED SUBJECT TO THE TERMS AND CONDITIONS OF THIS BILL OF LADING AND TARIFFS IN EFFECT AT THE TIME OF SHIPPING. —

ORIGIN: _____ DESTINATION: _____

PHONE # (CELL) _____ PHONE # (CELL) _____

PHONE # (HM) _____ PHONE # (HM) _____

VEHICLE DESCRIPTION _____ MAKE _____ MODEL _____ COLOR _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE # (WSTATE) _____ VIN # _____ ODOMETER _____

CODE IDENTIFICATION CHART

- | | | | | | | | |
|--|-----------------------------------|-----------------------------------|--|--|---|--|--|
| B-BENT
BL-BUFFER BURSTED
BR-BROKEN | C-CUT
CH-CHIPPED
CR-CRACKED | D-DENT
DD-DOOR DING
F-FADED | FF-FOKING FLUID
G-GAUGED
L-LOOSE | M-MISSING
P-PITTED
PC-PAINT CHIP | PP-PEELING PAINT
R-RUBBED
RU-RUST | S-SCRATCHED
SL-SOILED
SE-SURFACE SCRATCH | SI-STAINED
T-TORN
TU-TOUCHUP PAINT |
|--|-----------------------------------|-----------------------------------|--|--|---|--|--|

ORIGIN INSPECTION

WEATHER CONDITIONS CLEAR RAIN DARK

FINAL INSPECTION

(CUST. INT.) VEHICLE DELIVERED WASHED & CLEAN _____ VEHICLE NOT WASHED _____

SUBJECT TO REINSPECTION DUE TO POOR WEATHER (CUST. INT. _____) SUBJECT TO REINSPECTION TOO DIRTY TO INSPECT AT ORIGIN (CUST. INT. _____)

ORIGIN COMMENTS:

DESTINATION COMMENTS:

ORIGIN CHECKLIST CORPORATE RETAIL TOP-LOAD EXPEDITE VIP IN-OP ENCLOSED VALUATION

PAYMENT METHOD CASH CHECK AT ORIGIN COD CREDIT CARD

AMOUNT STILL OWED: \$ _____

CARRIER CHARGE \$ _____ TOP LOAD \$ _____ EXPEDITE \$ _____ VALUATION \$ _____ TOTAL CHARGE \$ _____

(1) This inspection represents the general overall condition. Shipper acknowledges that carrier will not be liable for minor damages such as scratches, scuffs and chips that result from normal road conditions or wear and tear. Under no circumstances, whether valuation coverage is purchased or not, will the carrier be responsible for damage smaller than the size of a credit card (3 3/8" x 2 1/8") (2) shipper or shipper's agent's signature below warrants they have read and fully understand all of the terms and conditions on the front and back of this form.

If Shipper does not enter the Actual Cash Value on Form A and pay additional charges for valuation coverage in advance of shipment, the \$150 limitation of liability pursuant to 49 U.S.C. 14706, shall apply. Carrier does not guarantee delivery on any particular schedule.

X _____

ORIGIN Shipper's Signature (or Shipper's Agent) _____ M M Date D Y Y

X _____

ORIGIN Shipper's Printed Name _____ Date _____

ORIGIN Terminal Representative _____ Date _____

Platinum Express Driver One _____ Platinum Express Driver Two _____

This vehicle is received in good condition, except as noted above, thereby releasing the carrier from any further claims.

X _____

DESTINATION Shipper's Signature (or Shipper's Agent) _____ M M Date D Y Y

X _____

DESTINATION Shipper's Printed Name _____ Date _____

DESTINATION Terminal Representative _____ Date _____

TOP COPY: ORIGIN TERMINAL, ONE COPY EACH TO: DESTINATION TERMINAL, CUSTOMER DESTINATION, PLATINUM EXPRESS DRIVER, CUSTOMER ORIGIN