



18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
TEL: 1-312-498-7219 FAX: 1-312-254-3406 EMAIL: INFO@BUCCILLILOGISTICS.COM

GENERAL INFORMATION:

18 FOREST LANE
ELK GROVE VILLAGE, IL 60007
TELEPHONE: 1 (312) 498-7219
FACSIMILE: 1 (312) 254-3406
EMAIL: INFO@BUCCILLILOGISTICS.COM
BUCCILLILOGISTICS.COM

MOTOR CARRIER # 767156
USDOT # 2123965
FED. I.D.# 20-4000542
INCORPORATED 2005 IN ILLINOIS

DISPATCH:

MONICA: 1 (312) 488-1033
RAUL: 1 (312) 957-7201
FACSIMILE: 1 (312) 254-3406
EMAIL: DISPATCH@BUCCILLILOGISTICS.COM

BUSINESS REFERENCES:

M2 LOGISTICS
CH ROBINSON
TOTAL QUALITY LOGISTICS
COAST TO COAST TRUCKING, COCOA FL
ACCESS AMERICA TRANSPORT, CHATTANOOGA TN
BNSF, VERSAILLES OH
QEI
REDTAIL LOGISTICS
INTEGRITY LOGISTICS

1 (407) 931-6551
1 (312) 944-7277x1991
1 (800) 580-3101
1 (800) 510-8085
1 (866) 272-2057
1 (847) 463-5128
1 (262) 661-4559
1 (800) 770-3629
1 (937) 483-4388

FINANCIAL INFORMATION:

CHASE
100 E HIGGINS RD,
ELK GROVE VILLAGE IL 60007

INSURANCE INFORMATION:

PRODUCER:

PEOPLE INSURANCE AGENCY
1700 8TH ST SW
PO BOX 119
WAVERLY, IA 50677
AGENT: JORDAN HASENKAMP
1 (800)-932-4801

INSURER:

OCCIDENTAL FIRE & CASUALTY

LIABILITY: \$1,000,000
GENERAL LIABILITY: \$1,000,000
CARGO: \$100,000

PRESIDENT/ OWNER: CRISTINA MONTGOMERY

ACCOUNTS PAYABLE: CRISTINA MONTGOMERY

TELEPHONE: 1 (312) 498-7219
FACSIMILE: 1 (312) 254-3406
EMAIL: ACCOUNTING@BUCCILLILOGISTICS.COM

NUMBER OF POWER UNITS: 8
NUMBER OF TRAILERS: 8

YEAR: , 2018, 2015, 2016 MODEL: VOLVO, FREIGHTLINER
VANS: 8- 53'(VENTED, ETRACK)



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

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

SERVICE DATE
December 27, 2011

CERTIFICATE
MC-767156-C
U.S. DOT No. 2123965
BUCCILLI LLC
CHICAGO, IL

This Certificate is evidence of the carrier's authority to engage in transportation as a **common 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 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations 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.

CMO





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2017

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 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 PEOPLES INSURANCE AGENCY, LTD 1700 8TH ST SW WAVERLY IA 50677	CONTACT NAME: PEOPLES INSURANCE AGENCY	
	PHONE (A/C, No, Ext): 800-932-4801 FAX (A/C, No): 319-352-6328	
INSURED BUCCILLI LLC 18 FOREST LANE ELK GROVE VILLAGE IL 60007	E-MAIL ADDRESS: CERTIFICATES@PEOPLES-INSURANCE.COM	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: OCCIDENTAL FIRE & CASUALTY	NAIC # 23248
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20171219150951467

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	N	N	BA0714114	12/20/2017	12/20/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	N	N	BA0714076-04	12/20/2017	12/20/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N	A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	CARGO	N	N	BA0714076-04	12/20/2017	12/20/2018	CARGO \$100,000

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

CARGO IS SUBJECT TO A \$1,000 DEDUCTIBLE.

CERTIFICATE HOLDER

CANCELLATION

MASTER CERTIFICATE
PEOPLES INSURANCE AGENCY
PH: 800-932-4801
FX: 319-352-6328

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

Tyson A Keith

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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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BUCCILLI LLC	
	2 Business name/disregarded entity name, if different from above BUCCILLI LLC	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>S</u> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 18 FOREST LANE	
6 City, state, and ZIP code ELK GROVE VILLAGE, IL 60007		
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								
20				-	4000542			

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 ▶ 	Member Buccilli LLC	Date ▶ 3/16/16
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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.

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.

Buccilli LLC

3948 N WHIPPLE AVENUE SUITE # 2
CHICAGO, IL 60618
TEL: (312) 498-7219 FAX: (312) 254-3406

From the Office of
Cristina Montgomery,
Buccilli LLC
3948 N Whipple, Suite #2
Chicago, IL 60618

Telephone (312) 498-7219
Facsimile (312) 254-3406
buccillillc@gmail.com

Date: 2/25/12

To Whom it May Concern,

Carrier, Buccilli LLC does not have coverage for workers compensation because it does not have any employees and it is not required by state of Illinois. All drivers are independent contractors.

Thank you,
Cristina Montgomery



Cristina Montgomery
President
BUCCILLI LLC
Cell: 312-498-7219
Fax: 312-604-7492
buccillillc@gmail.com