



1700 Lynch Road
Evansville, IN 47711
Phone 888-209-5990 or 812-759-2693
Fax 812-759-2698 or 812-759-2699

Dispatch@boydgrain.com

Sales/Operations

David Dean David@boydgrain.com

Account Managers

Misty Bradford Misty@boydgrain.com
Rebecca Busch Rebecca1@boydgrain.com

Federal ID#

35-1881670

ICC #

MC# 179541

SCAC Code

BOYD

Surety Bond

American Contractors Indemnity Co.
Policy 1000774213

Scope of Operations

48 States, Mexico and Canada Direct

Equipment/Services Available

Flatbeds, Dry Vans, Reefers, Bulk Pneumatic
Tankers, Liquid Tankers, Hoppers, Dumps, Belt
Trailers, Brokerage Services and Warehousing.

Insurance Agent

Wellington F Roemer Insurance Inc.
3912 Sunforest Court
Toledo, OH 43623-0730
800-462-1993 Ext 212

Remit to Corporate Office
(Accounting)

Boyd Transportation Group, Inc.
1957 E 200 N
Washington, IN 47501
Phone 812-254-5599 and Fax 812-254-6706
Carrier Invoicing- Shannon@boydgrain.com



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

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

Service Date
February 26, 2013

LICENSE
MC-179541-B
BOYD TRANSPORTATION GROUP, INC
WASHINGTON, IN

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant 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: This registration is issued pursuant to a transfer.

BPO-R

Request for Taxpayer
Identification Number and Certification

Print or type See Specific instructions on	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BOYD TRANSPORTATION GROUP, INC	
	2 Business name/disregarded entity name, if different from above	
	3a Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <input type="checkbox"/> _____ 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) <input type="checkbox"/> 3b <input type="checkbox"/> Check here if 501(c)3 not for profit entity	
	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) _____ <i>(Apply to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 1957E 200N	Requester's name and address (optional)
	6 City, state, and ZIP code WASHINGTON, IN 47501	
	7 List account number(s) here (optional)	
Ordering Address Name	Remittance Address Payee Name	
Address (number, street, and apt. or suite no.)	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code	City, state, and ZIP code	

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.

Social security number								
				-				

OR

Employer identification number									
3	5	-	1	8	8	1	6	7	0

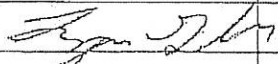
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 	Date 08/15/2016
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2017

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).

PRODUCER Roemer Insurance Agency 3912 Sunforest Court Toledo OH 43623	CONTACT NAME: Megan Brunner PHONE (A/C, No, Ext): 419-475-5151 FAX (A/C, No): 419-475-8750 E-MAIL ADDRESS: brunnerm@roemer-insurance.com														
INSURED Boyd Operating, Inc. DBA T.S. Boyd Grain 1957 E. 200 N. Washington IN 47501	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Acuity, A Mutual Insurance Company</td> <td style="text-align: center;">14184</td> </tr> <tr> <td>INSURER B :Atlantic Specialty Company</td> <td style="text-align: center;">27154</td> </tr> <tr> <td>INSURER C :Sentry Select Insurance Company-DO</td> <td style="text-align: center;">21180</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Acuity, A Mutual Insurance Company	14184	INSURER B :Atlantic Specialty Company	27154	INSURER C :Sentry Select Insurance Company-DO	21180	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: 361214464** **REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			X94630	5/1/2017	5/1/2018	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 - COM/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Owned Comm'l			A0019390001	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<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	Motor Truck Cargo			790-01-49-73-0003	5/1/2017	5/1/2018	Limit \$200,000

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

CERTIFICATE HOLDER For Informational Purposes	CANCELLATION 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
---	--



Credit References

The Meador Boy's Express, Inc.

4336 Radio Tower Road
Salem, IL 62881
Contact: Jeff Meador
Phone: 618-548-9970

Mercer Transportation

P.O Box 35510
Louisville, KY 40232
Contact: Matt Kapfhammer
Phone: 312-881-2891

K.J. Bradley, INC

P.O. Box 369
Mount Vernon, IN 47620
Contact: Brenda 812-838-0961

Zip Logistics, LLC

P.O. Box 786
Conley, GA 30288
Contact Wendy or Rob
404-363-2000

T.S. Boyd Grain

1957 E 200 N
Washington IN 47501
Contact: Mark Headley
Phone- 812-254-5599



CROSS REFERENCED CREDIT REPORTS
To purchase a Cross Referenced Credit Report, simply click on it.

Company Name	Location	Business Type	Matching Criteria
BOYD GRAIN LOGISTICS INC, T S	WASHINGTON, IN	0	→ Phone # → Fax #
BOYD GRAIN, T S	WASHINGTON, IN	I	→ Phone # → Fax #



CoreLogic

Confidential credit information for the exclusive use of subscriber, duplication is prohibited.

Credit Report on: **BOYD TRANSPORTATION GROUP INC**

Requested on: 8/18/2016 12:45:33 PM

Legal Name	BOYD TRANSPORTATION GROUP, INC.		MC-Number	179541
Business Name	BOYD TRANSPORTATION GROUP INC			
Billing Address	1957 EAST 200 NORTH WASHINGTON, IN 47501	Physical Address	1957 EAST 200 NORTH WASHINGTON, IN 47501	
Telephone	1-812-254-5599	Toll-Free	1-800-999-2693	
Fax	1-812-254-6706	Fed ID	35-1881670	
Ownership	CORPORATION	Established	MC-Number Issued 3/1985	
Business Type	TRANSPORTATION BROKER	Bond Per STD	YES	Branches
Warehouse	# of Employees 15	Affiliates SEE REMARKS		
Company Email Address	Company Web Site WWW.BOYDGRAIN.COM			

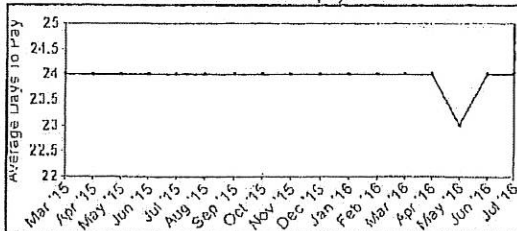
Company Officers: TOM BOYD, PRESIDENT
Information Provided By: LINDA LENGACHER, ACCOUNTS MANAGER

Remarks: BOYD TRANSPORTATION GROUP INC ASSOC COS: T S BOYD GRAIN LOGISTICS INC #529068-008; T S BOYD GRAIN #529696 (RPT6).

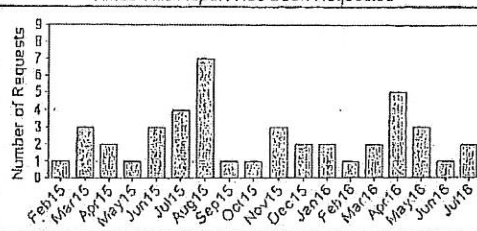
CREDIT SUMMARY

41 credit references reported with an average high credit of \$3,542 and *average days for payment are 24 days
2 credit references reported with an unlisted high credit, and *average days for payment are 24 days
**Calculated per account, not per load*

HISTORICAL AVERAGE DAYS TO PAY
Does Not Include Non-payments



ACTIVITY GRAPH
Times This Report Has Been Requested



CREDIT REFERENCES

Credit references listed with non-payment complaints first, if any, and most recent business next.

Creditor	T B S FACTORING SERVICE LLC	Opened	1/30/2008	*Average Days	20	NSF		Collections		Terms	VARIABLES
Location	OKLAHOMA CITY, OK	Last Transaction	8/8/2016	# Loads	275	Recent High Credit	5,600				
Phone	1-800-207-7601	Contact	Electronic	Contact Email		Account Balance	5,600				

Remarks: Last Updated On: 8/18/2016

Creditor	ASSIST FINANCIAL SERVICES	Opened	1/16/2008	*Average Days	25	NSF		Collections		Terms	VARIABLES
Location	MADISON, SD	Last Transaction	7/18/2016	# Loads	83	Recent High Credit	1,800				
Phone	1-877-207-3635	Contact	Electronic	Contact Email		Account Balance	1,800				

Remarks: Last Updated On: 8/18/2016

Creditor	THUMMEL TRUCKING INC, KEANE	Opened	1/1/1999	*Average Days	15	NSF		Collections		Terms	30
Location	NEW MARKET, IA										

8/10/2016

CompuNet Credit Report

Creditor	SKINNER TRANSFER CORP	Opened	1/21/2008	Average Days	20	NSF		Collections		Terms	30
Location	REEDSBURG, WI	Last Sale	5/6/2009	# Loads	2	Recent High Credit	1,475	Account Balance	0		
Phone	1-608-524-2326	MCH	109376								
Contact	CHERYL	Contact Email									

Remarks:

Last Updated On: 3/19/2013

Creditor	FILLMORE FREIGHT LINES INC	Opened	11/20/2002	Average Days	17	NSF		Collections		Terms	30
Location	EAST LIVERPOOL, OH	Last Sale	3/20/2009	# Loads	1	Recent High Credit	650	Account Balance	0		
Phone	1-330-306-4020	MCH	099096								
Contact	PENNY	Contact Email									

Remarks:

Last Updated On: 3/19/2013

Creditor	SUNWARD TRUCKING INCORPORATED	Opened	7/31/2008	Average Days	20	NSF		Collections		Terms	30
Location	DENVER, CO	Last Sale	0/5/2009	# Loads	1	Recent High Credit	775	Account Balance	0		
Phone	1-701-252-7390	MCH	142006								
Contact	BRENDA	Contact Email	BMORITZ@SCG-GRP.COM								

Remarks:

Last Updated On: 7/26/2014

Creditor	RIVERSIDE TRANSPORT INC	Opened	9/4/2007	Average Days	31	NSF		Collections		Terms	30
Location	KANSAS CITY, KS	Last Sale	7/24/2008	# Loads	2	Recent High Credit	6,000	Account Balance	0		
Phone	1-813-233-5566	MCH	270137								
Contact	KAREN	Contact Email									

Remarks:

Last Updated On: 3/19/2013

EXPERIAN BUSINESS INFORMATION		
Score Factors (Top factors in determining the Experian Score):		
Experian Intelliscore: 57	<ul style="list-style-type: none"> NUMBER OF COMMERCIAL INQUIRIES IN LAST 6 MONTHS AVERAGE BALANCE OF RECENTLY DELINQUENT COMMERCIAL ACCOUNTS NUMBER OF DEROGATORY COMMERCIAL PUBLIC RECORDS BALANCE OF COMMERCIAL ACCOUNTS AT WORST DELINQUENCY 	Years on File 33 Year(s)
Trade Acct Balance 91,000	Combined DBT (The total number of Days Beyond Terms for all trade lines on business):	5 Day(s)
Number of Combined Trade Lines (This is a count of the number of new and continuously reported trade lines for the business):		13
For an explanation of Experian's score data - Click Here		

NO BANKRUPTCY, JUDGMENT OR LIEN INFORMATION ON FILE

BOND			
Insurance	AMERICAN CONTRACTORS INDEMNITY COMPANY	Location	601 S. FIGUEROA STRE
Phone	3106490990x1118	City/State	LOS ANGELES, CA 90017
Contact	ICC BROKER - RENEWAL DEPARTMENT	Policy#	1001000312
		Effective Date	10/1/2013

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CompuNet / CoreLogic strives to increase the depth and accuracy of data maintained in our databases. Reporting your customer's payment practice to CompuNet will further enhance and strengthen the power of the information available for making sound credit decisions. Give credit where credit is due. Call 1-800-872-3748, option #1 for more information.

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CROSS REFERENCED CREDIT REPORTS

To purchase a Cross Referenced Credit Report, simply click on it.

Company Name	Location	Business Type	Matching Criteria
BOYD GRAIN LOGISTICS INC, T S	WASHINGTON, IN	9	→ Phone # → Fax #
BOYD GRAIN, T S	WASHINGTON, IN	I	→ Phone # → Fax #



HCC

HCC Surety Group
801 S. FIGUEROA STREET, SUITE 1600
LOS ANGELES, CA 90017

**RENEWAL INVOICE
CUSTOMER COPY**

Principal:
BOYD TRANSPORTATION GROUP, INC.
1957 EAST 200 NORTH
WASHINGTON, IN 47501

Agent: 000938 A34 23
WILSON JM INSURANCE SERVICES
P.O. BOX 529
CARMEL, IN 46082

Thank you for your business

CONTINUATION CERTIFICATE

Insurance Company
American Contractors Indemnity Company
601 S. Figueroa Street, Suite 1600, Los Angeles, CA 90017-5721

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
1001000312	96A ICC BROKER	\$75,000.00	10/1/2016	10/1/2017

Obligee:
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
1200 NEW JERSEY AVE SE
WASHINGTON, DC 20590

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES ON IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE, ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



Principal:
BOYD TRANSPORTATION GROUP, INC.
1957 EAST 200 NORTH
WASHINGTON, IN 47501

Agent:
WILSON JM INSURANCE SERVICES
P.O. BOX 529
CARMEL, IN 46082

Please do not photocopy and return this payment to the business obligee.

Request Cancellation: If cancellation request is not received by the due date, bond will be renewed and payment due is the responsibility of the agent.

Principal:
BOYD TRANSPORTATION GROUP, INC.
1957 EAST 200 NORTH
WASHINGTON, IN 47501

Agent:
WILSON JM INSURANCE SERVICES
P.O. BOX 529
CARMEL, IN 46082

BOND NUMBER: 1001000312

If cancellation request is not received by the due date, bond will be renewed and payment due is the responsibility of the agent.

DIRECT DEPOSIT AUTHORIZATION FORM

QUICK PAY CARRIERS ONLY

Owner / Agent: _____

Address: _____

City, St. Zip: _____

Phone Number: _____

Email: _____

AUTHORIZATION:

I hereby authorize Boyd Transportation Group, Inc to initiate credit entries for Boyd Transportation Group to my account with the financial institution I have listed. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the savings or debit account.

I understand direct deposit will continue until Boyd Transportation Group, Inc terminates it for any reason or until Boyd Transportation Group, Inc receives written notice of termination from me in such a time and manner as to afford Boyd Transportation Group, Inc a reasonable opportunity to act on such request.

Signature of Owner / agent Date

Bank Name: _____

Bank Routing # _____

Bank Account #: _____

Checking Account Savings Account Debit Account

Attach Voided Check or Account Documentation here.

Effective 01/02/2017 Boyd Transportation Group's Quick Pay

Payment option will be by ACH with a 3% fee. Please fill out

This form and return by Fax 812-254-6706 or email

linda@boydgrain.com. Questions call Linda 812-254-5599.