



BUILDING
TOMORROW'S BUSINESS
WITH
TODAY'S SERVICE

CUSTOMER PARTNER APPLICATION

OUR MISSION

At FitzMark, providing best-in-class logistics services is a top priority for our customers and carriers. By fostering these **relationships** based on trust and reliability, we can compete among the most prominent companies while maintaining an enthusiastic small business atmosphere.

COMPANY INFORMATION

FITZMARK LLC.

Broker Authority: MC586603
Federal Tax ID: 20-5842234
DUNS: 796034218
SCAC CODE: FZMK
Year Founded: 2006

BANK INFORMATION

Bank: BMO Harris Bank N.A.
Phone: 317.267.1267
Contact: Brandon Williamson
Address: 111 West Monroe St.
Chicago, IL 60690

INDUSTRY RANKINGS



CONTACT INFORMATION

PHONE: 317.475.0960
FAX: 317.813.3920

EMAIL: info@fitzmark.com
WEB: www.fitzmark.com

CORPORATE ADDRESS:
950 Dorman Street
Indianapolis, IN 46202

REMITTANCE ADDRESS:
950 Dorman Street
Indianapolis, IN 46202

SERVICES



FTL FREIGHT



LTL FREIGHT



FLATBED



REFRIGERATED

FitzMark Carrier Partner Procurement Process

Listed below is the process FitzMark takes to ensure all carrier partners are operating both safely and legally. FitzMark's proprietary TMS system utilizes Carrier411 web-based monitoring service and runs reporting daily.

DOT's Carrier Safety Rating: Each carrier entered into our carrier system or put on one of FitzMark's loads is checked on Carrier411. This shows us if the carrier has any low safety scores or scores that are in the red. If a carrier has a record of low safety ratings, they are removed from our available carrier partner pool.

Transportation Incident Record: When setting up a carrier, we investigate each carrier's incident report on Carrier411; if it shows that the carrier has reoccurring vehicle maintenance issues, we will not use them. Corrective action plans and proof of implementation are required before a carrier can be certified as a FitzMark Carrier Partner.

Penalty Assessments and Enforcement Cases: If a penalty is enforced against a carrier, we analyze the case and make sure that any penalties are addressed to the carrier when they arise. We don't hide anything from them. The penalties and guidelines to ship a FitzMark load are on each rate con we send the carrier.

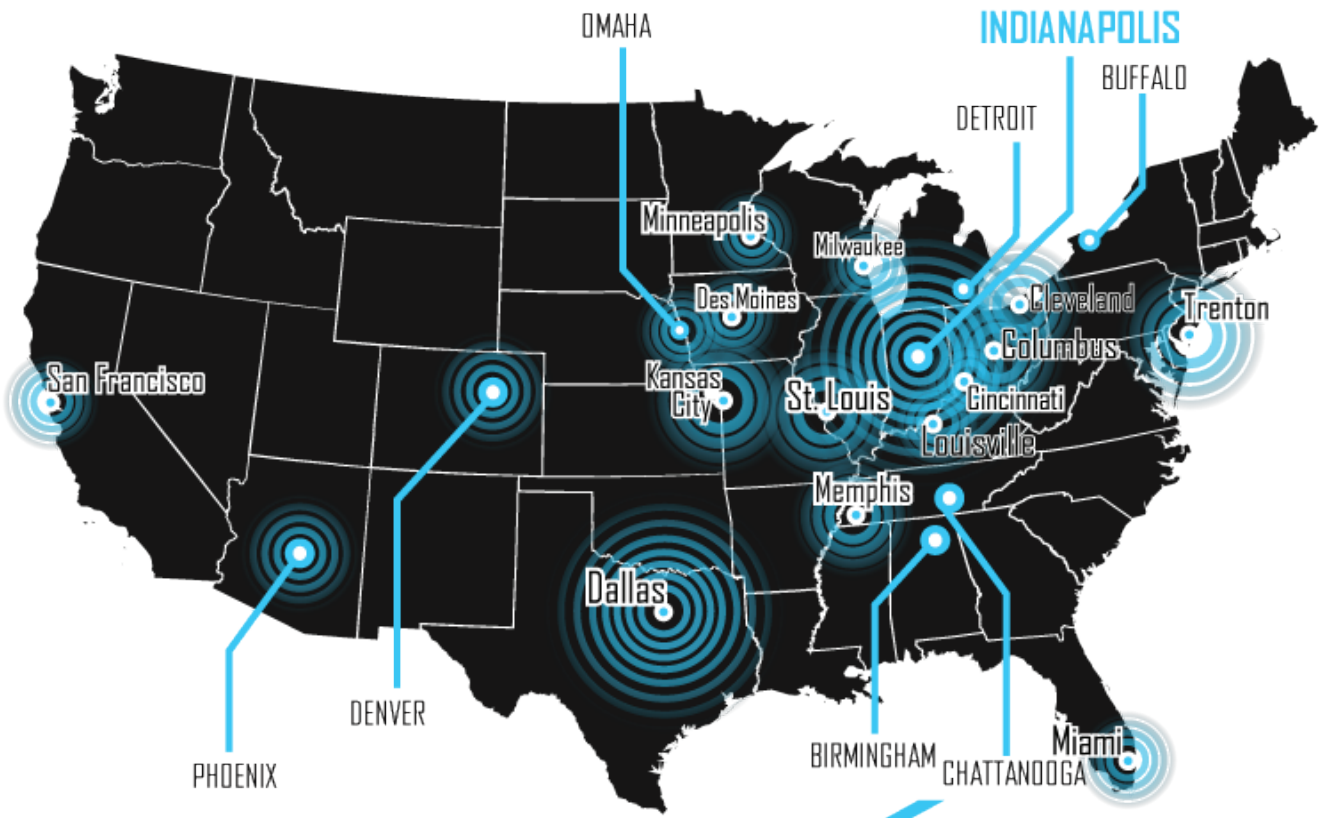
Assessment of Driver Employment and Training Processes: During our carrier set-up process, our Carrier Manager requires three references and calls each to confirm the carrier's professionalism. He also investigates the length of authority each carrier of ours has. If a gap exists in the source, the carrier will be reviewed in depth. This makes sure they didn't lose their authority to malpractice.

Carrier Personnel, Liability, and Environmental Liability Insurance- FitzMark is listed as the certificate holder on their carrier partners' insurance certificates. Our system keeps track of the carriers' insurance expiration dates and the amount of coverage they have.

Carrier Maintenance and Inspection Process- FitzMark tracks all maintenance and inspection results through Carrier411.

FitzMark utilizes Macro-Point- FitzMark's proprietary TMS system implemented Macro-Point in 2017. FitzMark tracks all loads in real-time.

ELD Compliance and Retention Process: FitzMark requires all drives to be ELD compliant and works directly with driver managers to ensure drivers have ample hours of service to service each load effectively.



FITZMARK

LANE DENSITY MAP

- FITZMARK LOCATIONS
- HIGH DENSITY CITIES



Transportation **YOU CAN TRUST.**

www.fitzmark.com

FITZMARK CUSTOMER CREDIT APPLICATION

* DENOTES REQUIRED FIELDS

* Business Name _____

* Physical Address _____

* Billing Address _____

* City, State, Zip Code _____

* Do you have a third-party AP Company?
(If yes, please fill out the following)
 Yes No

* Phone Number _____

* AP Contact _____

* Email address for invoices _____

* Company Specific Billing Instructions
(Provide any billing instructions unique to your company's accounts payable process.
If none, please write "Not applicable" or N/A)

Address _____

Email _____

Phone Number _____

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

OWNERSHIP: Corporation Partnership Individual LLC

Name of Principal _____

Phone Number _____

Address _____

BANK REFERENCE:

Bank _____

Bank Officer _____

Phone Number _____

Account Number _____

Fax Number _____

VENDOR REFERENCES:

Business Name _____

Contact _____

Phone Number _____

Business Name _____

Contact _____

Phone Number _____

We hereby authorize the release of credit and/or financial information from our bank and other financial institutions or firms with whom we have done business. The person signing this document declares that he/she is authorized to sign this document on behalf of client, and if credit is granted, agrees to the terms described herein.

By signing this form, the undersigned certifies that all information on this form is correct and understands that payment of all freight invoices/charges are due within thirty days of the date of invoice.

* _____
Date

Signed

Title

Registration Document



The U.S. Environmental Protection Agency recognizes

Fitzmark Inc

As a Registered

SmartWay® Transport Partner

Partnership Date: 10/23/2015

SmartWay ID: 30926342

Expires: 09/14/2022

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum
Center Director, SmartWay Transport Partnership



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

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

SERVICE DATE
May 9, 2008

DECISION
MC-586603
FITZ MARK LLC
INDIANAPOLIS, IN
REENTITLED
FITZMARK, INC.

On May 5, 2008, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as FITZMARK, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)368-9805.

Decided: May 6, 2008
By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief
Information Systems Division

NCA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2021

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 Aon Risk Services Southwest, Inc. PO Box 3870 Little Rock, AR 72203 www.aon.com	CONTACT NAME: Aon Risk Services Southwest, Inc. PHONE (A/C, No, Ext): 501-374-9300 E-MAIL ADDRESS: certificaterequest@aon.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED FitzMark, LLC 950 Dorman Street Indianapolis IN 46202	INSURER A : Covington/Lloyds Syndicate Chaucer 1084		13027
	INSURER B : Travelers Casualty and Surety Co America		31194
	INSURER C : Lloyds Syndicate Chaucer 1084		22292
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 64032836 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Third Party Liability			VBA82719400/10935621AA	10/1/2021	10/1/2022	EACH OCCURRENCE \$2,000,000 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 Per Occurrence \$5,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Contingent Auto Liability <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			10935621AA	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			UB-1P314531-21-43-G	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Cargo Legal Liability			10935621AA	10/1/2021	10/1/2022	\$250,000 Limit
C	Errors & Omissions			10935621AA	10/1/2021	10/1/2022	\$500,000 Per Occurrence

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

Reefer Breakdown Included

CERTIFICATE HOLDER **EVIDENCE OF COVERAGE**	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 Aon Risk Services Southwest, Inc. Aon Risk Services Southwest, Inc. Aon Risk Services

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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 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. FitzMark LLC	
2 Business name/disregarded entity name, if different from above	
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.	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>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u> P </u> 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.	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Partnership
5 Address (number, street, and apt. or suite no.) See instructions. 950 Dorman Street	
6 City, state, and ZIP code Indianapolis, Indiana, 46202	
7 List account number(s) here (optional)	
Requirer'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												
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or												
Employer identification number												
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2	0	-	5	8	4	2	2	3	4			

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <i>Scott Fitzgerald</i>	Date ▶ <i>1/1/2021</i>
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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.

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, later.

FitzMark's Valued Carrier Partners

Over the past 12 years, FitzMark has built strategic partnerships with carriers committed to providing timely and the best service possible. FitzMark has built these strong relationships based on mutual respect and honesty that we are here to service the needs of our customer partners. When our customers are successful, we are successful. Our carriers are the assets we rely on day in and day out to service our customer's partners. These carriers have access to intrastate, regional, warehousing, LTL, partial, refrigerated, flatbed, over-dimension, drop trailer, and international shipments.

FitzMark's MacroPoint Integration

FitzMark's proprietary TMS system integrated MacroPoint tracking in 2017. We understand that service is the one factor that sets us apart from our competitors. That is why we implemented MacroPoint to be used on all FitzMark loads. FitzMark is also in the process of integrating with MacroPoint's API.

FitzMark is committed to this new procedure and currently uses the MacroPoint to provide real-time tracking to our customer partners. FitzMark doesn't obtain tracking information from our carrier partners' ELD devices. However, we require all carriers to supply the driver's phone number before being dispatched on any FitzMark load. We also work with the carrier's driver managers to ensure their driver/drivers have available hours of service to complete the shipments in the respective allotted transit time.