



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

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

SERVICE DATE
May 15, 2009

LICENSE
MC-678778-B
AMERICAN GROUP LLC
TEMPE, AZ

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.

A handwritten signature in cursive script, reading "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

BPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2020

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 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 McGriff Insurance Services 1890 S. 14th St. Suite 120 Amelia Island FL 32034-		CONTACT NAME: PHONE (A/C, No. Ext): (904) 261-9828 FAX (A/C, No): (904) 261-1124 E-MAIL ADDRESS: coi@ssiai.com	
INSURED AMERICAN GROUP LLC 25 S ARIZONA PLACE SUITE 300 CHANDLER AZ 85225-		INSURER(S) AFFORDING COVERAGE INSURER A: TRAVELERS SYNDICATE (NAIC#AA1123682) INSURER B: BERKLEY NATIONAL INS CO 38911 INSURER C: BURLINGTON INS CO 23620 INSURER D: OBI NATIONAL INS CO 14190 INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR DEDUCTIBLE \$2,500. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			891BW52505	01/10/2020	07/01/2020	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> DED \$5K/ACC <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CONTINGENT AUTO LIABILITY POLICY #MB193842-116	01/10/2020	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
D	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	N/A	406-03-65-28-0009	01/10/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
B	CONTINGENT CARGO			MIM102816550 (LEGAL LIABILITY FORM)	01/10/2020	07/01/2020	MAX LIMIT PER OCC 100000 DEDUCTIBLE PER OCC 7500

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

CERTIFICATE HOLDER

CANCELLATION

() - () - ..FOR INFORMATIONAL PURPOSES ONLY	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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ACORD 25 (2014/01)

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Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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. American Group, 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. <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) ► 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. <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.) See instructions. 100 Commerce Dr		Requester's name and address (optional)
6 City, state, and ZIP code Pittsburgh, PA 15275		
7 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 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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

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 ► Daniel P. Jones	Date ► 1/2/20
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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.



American Group
PH: 480 406 6102

25 S Arizona Pl Ste 300/302
USDOT# 2244431 / MC#678778

Chandler, AZ 85225
Fax: 480-966-3584

CREDIT INFORMATION

BANKING:

Wells Fargo
305 E Main Street - 4th Floor
Mesa, Arizona 85201
PH: 800-988-0004 x2399 Cyndee Hansen
FX: 866-388-6187

Account #: 1977973716
ABA Routing #: 122105278

FEDERAL TAX ID#: 90-0346794
DUN & BRADSTREET #: 80-577-8235

TRADE REFERENCES:

ManTrans, Inc
48900 Milmont Drive
Fremont, CA 94538
PH 800-224-8070
FX 510-226-8073 Terri Snyder

Air Tiger Express
1975 Charles Willard Street
Rancho Dominguez, CA 90220
PH 602-253-6696 Trui Liaw
FX 626-363-0378 Angie Gavino

Sun Valley Express
PO Box 6087
Phoenix, AZ 85005-6087
PH 602-269-7151
FX 602-253-0146 Kathy Thompson

Mountain Valley Express
PO Box 2569
Manteca, CA 95336
PH 800-237-9669
FX 209-823-0859 Penny Regelman

Single Source Transportation Inc.
46 Hermann Ave
Carteret NJ 07008
973-484-8867

OFFICERS:

Michael Schember
Daniel Krivickas

CEO
President

The company is an LLC, established in 2006 (re-branded as American Group, LLC in 2007)

AMERICAN GROUP

Shipping. Simplified.®

American Group, LLC 25 S Arizona Pl Ste 300/302 Chandler, AZ 85225
Phone (480) 406-6102 USDOT# 224431 | MC# 678778 Fax (480) 966-3584

CREDIT INFORMATION

Huntington National Bank
7 Easton Oval (EA2W47)
Columbus, Ohio 43219
Phone (216) 515-6070

Account Name | American Group LLC Account Type | Checking
Account# 01663004345 ABA Routing# 041000153
Federal Tax ID# 84-3510821 D&B# 80-577-8235

Remit Address

American Group, LLC
PO Box 72086
Cleveland, OH 44192

TRADE REFERENCES

R&R Express 100 Commerce Drive Pittsburgh, PA 15275 Phone (412) 920-1336 Fax (412) 920-1899 Matthew Nicols	Mountain Valley Express PO Box 95336 Manteca, CA 95336 Phone (800) 237-9669 Fax (209) 823-0859 Penny Regelman	Sun Valley Express PO Box 6087 Phoenix, AZ 85005 Phone (602) 269-7151 Fax (602) 253-0146 Kathy Thompson
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OFFICERS

Michael Schember | CEO

Daniel Krivickas | President

The company is an LLC, established in 2006 (re-branded as American Group, LLC in 2007)

Bond Rider to FMCSA Form BMC-84

Bond Serial No: 20130917507
Principal Name: AMERICAN GROUP LLC
Principal's MC or FF No: MC-678778

The following changes have been made to the bond:

Signer's name is corrected to read:
Daniel P. Krivickas, President

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or Policy, other than as above stated.

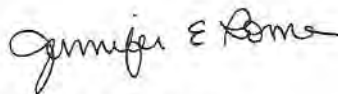
This rider is executed on 06/21/2019 and effective on 06/21/2019.

SURETY:
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420



Matthew L. Zehner, Attorney-in-Fact



Jennifer E. Rome, Witness

License No.: MC - 678778

Property Broker's Surety Bonds under 49 U.S.C. 13906KNOW ALL MEN BY THESE PRESENTS, THAT we
AMERICAN GROUP LLC

_____ of
Property Broker Name
25 S ARIZONA PLACE SUITE 300 CHANDLER AZ 85225

Principal Address
as PRINCIPAL (hereinafter called Principal), and **AMERICAN ALTERNATIVE INSURANCE CORPORATION**, a
Surety Name
corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created
and existing under the laws of the State of **New Hampshire** (hereinafter called Surety) are held and firmly
Surety Incorporation
bound unto the United States of America in the sum of \$ **\$75,000**, for which payment, well and truly to be made, we bind
Bond Amount
ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration ("FMCSA") relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the FMCSA such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the FMCSA, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the FMCSA, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the FMCSA forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 01 day of October, 2013, 12:01 a.m., standard time at the
Date Month Year
address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the FMCSA at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA.

The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

BOND NO: 20130917507

ACCT LOC ID: 100110900

Page 1 of 2

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 01 day of

October

2013

Month

Year

AMERICAN GROUP LLC

Daniel P. Krivickas, Jr.

Principal Name (Company, Individual, etc.)

Daniel P. Krivickas, Jr.

Signature

DANIEL KRIVIKAS

Printed or Typed Name of Signor

PRESIDENT

Title of Signor

Michael Schember

Witness Signature

Michael Schember

Printed or Typed Name of Witness

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Matthew L. Zehner

MATTHEW L. ZEHNER

Attorney-in-Fact



Maya M. Mackey

MAYA M. MACKEY

Witness



2426

FBrev0912

◆ Diamond Broker Program



ITS
*Financial
Services*

American Group, LLC

Is a participating member of the
Truckstop.com Diamond Broker Program
Meeting all performance, credit and bonding requirements



Valid through October of 2020 – MC 678778