

RO TRANS, INC D.B.A
Global Spedition LLC



2009 Plainfield Dr.
Des Plaines, IL 60018
MC# 614897
USDOT# 1555321
EIN # 45-3773158

Phone: **emails:** *dispatch@globalspedition.net*

Ph# 847-350-6810 *accounting@globalspedition.net*

Fax#847-574-8292 *safety@globalspedition.net*

Insurance Agent: Cottingham & Butler, INC

Ph: 563-587-5603

Fax: 563-587-5712



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/24/2016

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 Cottingham & Butler 800 Main St. Dubuque IA 52001	CONTACT NAME: To Request A Certificate			
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">PHONE (A/C, No, Ext): 888-785-4677</td> <td style="border: none; text-align: right;">FAX (A/C, No): 563-587-5990</td> </tr> <tr> <td colspan="2" style="border: none;">E-MAIL ADDRESS: NSTDCertificates@cottinghambutler.com</td> </tr> </table>	PHONE (A/C, No, Ext): 888-785-4677	FAX (A/C, No): 563-587-5990	E-MAIL ADDRESS: NSTDCertificates@cottinghambutler.com
PHONE (A/C, No, Ext): 888-785-4677	FAX (A/C, No): 563-587-5990			
E-MAIL ADDRESS: NSTDCertificates@cottinghambutler.com				
INSURED Rotrans Inc. dba Global Spedition 2050 S Mount Prospect Rd Ste E Des Plaines IL 60018 ROTRINC-01	INSURER(S) AFFORDING COVERAGE			
	INSURER A: American Inter-Fidelity Exchange			
	INSURER B: Zurich American Insurance Company			
	INSURER C: Travelers Casualty and Surety Compa			
	INSURER D:			
	INSURER E:			
	NAIC#			
	40088			
	16535			
	19038			

COVERAGES **CERTIFICATE NUMBER:** 2101585919 **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	ADD/INSUR	INSUR W/CD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="border: none;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> <p style="font-size: 6pt;">GEN'L AGGREGATE LIMIT APPLIES PER:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> POLICY</td> <td style="border: none;"><input type="checkbox"/> PROJ</td> <td style="border: none;"><input type="checkbox"/> LOC</td> </tr> <tr> <td colspan="3" style="border: none; font-size: 6pt;">OTHER:</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJ	<input type="checkbox"/> LOC	OTHER:					GL1601012	6/3/2016	6/3/2017	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="border: none; text-align: right;">\$1,000,000</td></tr> <tr><td style="border: none;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="border: none; text-align: right;">\$100,000</td></tr> <tr><td style="border: none;">MED EXP (Any one person)</td><td style="border: none; text-align: right;">\$0</td></tr> <tr><td style="border: none;">PERSONAL & ADV INJURY</td><td style="border: none; text-align: right;">\$1,000,000</td></tr> <tr><td style="border: none;">GENERAL AGGREGATE</td><td style="border: none; text-align: right;">\$2,000,000</td></tr> <tr><td style="border: none;">PRODUCTS - COMP/OP AGG</td><td style="border: none; text-align: right;">\$0</td></tr> <tr><td style="border: none;"></td><td style="border: none; text-align: right;">\$1,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$0	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$0		\$1,000
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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 N/A		WC 0136688 02	6/1/2016	6/1/2017	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> PER STATUTE</td> <td style="border: none;"><input type="checkbox"/> OTH-ER</td> <td style="border: none;"></td> </tr> <tr><td style="border: none;">E.L. EACH ACCIDENT</td><td style="border: none; text-align: right;">\$500,000</td><td></td></tr> <tr><td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td><td style="border: none; text-align: right;">\$500,000</td><td></td></tr> <tr><td style="border: none;">E.L. DISEASE - POLICY LIMIT</td><td style="border: none; text-align: right;">\$500,000</td><td></td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$500,000		E.L. DISEASE - EA EMPLOYEE	\$500,000		E.L. DISEASE - POLICY LIMIT	\$500,000											
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C	Cargo Trailer Interchange			QT-660-8A13841A-TIL-16	6/3/2016	6/3/2017	<table style="width: 100%; border: none;"> <tr><td style="border: none;">Limit</td><td style="border: none; text-align: right;">250,000</td></tr> <tr><td style="border: none;">Ded</td><td style="border: none; text-align: right;">2,500</td></tr> <tr><td style="border: none;">Limit</td><td style="border: none; text-align: right;">25,000</td></tr> </table>	Limit	250,000	Ded	2,500	Limit	25,000																
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Ded	2,500																												
Limit	25,000																												

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

CERTIFICATE HOLDER

FOR INFORMATION ONLY
 PLEASE SEND YOUR CERTIFICATE REQUESTS TO:
 NSTDcertificates@cottinghambutler.com
 OR fax 563-587-5990

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

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ROTRANS INC

2 Business name/disregarded entity name, if different from above
GLOBAL SPEDITION

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
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.
 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2009 PLAINFIELD DR

6 City, state, and ZIP code
DES PLAINES, IL 60018

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								
4	5	-	3	7	7	3	1	5 8

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 ▶ 01/04/2016

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.



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

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

SERVICE DATE
January 16, 2013

DECISION
MC-614897
GLOBAL SPEDITION LLC
DES PLAINES, IL
REENTITLED
ROTRANS INC
D/B/A GLOBAL SPEDITION

On January 10, 2013, 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 ROTRANS INC, D/B/A GLOBAL SPEDITION.

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 (BMC 91 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 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)366-9805.

Decided: January 11, 2013
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
1200 New Jersey Ave., S.E.
Washington, DC 20590
Phone: (202) 358-7000
Fax: (202) 358-7001
www.fmcsa.dot.gov



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

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

March 15, 2010

In reply refer to:
Your USDOT No.: 1555321
Review No.: 779382/CR

FLORIAN OLAH
PRESIDENT
GLOBAL SPEDITION LLC
2009 PLAINFIELD DRIVE
DES. PLAINES, IL 60018

Dear FLORIAN OLAH:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on March 10, 2010. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
3250 EXECUTIVE PARK DRIVE
SPRINGFIELD, IL 62703
Telephone No.: 217-492-4608

John Van Steenburg
Director, Office of Enforcement and
Compliance



!!!Detention and Layover fees !!!

Detention fees:

40 \$/h after 2h from apt time

40 \$/h after 2h from check in on FCFS receivers/shippers

Layover fees:

250 \$/day if truck arrived on time and shipment was not received/shipped on the date scheduled on the rate confirmation

Driver assist/unload:

Driver assist: 50 \$/h

Driver unload: 100 \$/h

!!!
~~Please sign and fax back this agreement~~ at 847-574-8292 to approve the above mentioned charges. Thank you!

~~Broker signature~~

~~Date~~

Name and Mailing Address / Nom et adresse postale

GLOBAL SPEDITION LLC
2009 PLAINFIELD DR
DES PLAINES IL 60018
USA

The CVOR Certificate or a true copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation UVU ou une copie conforme de celui-ci doit être présenté à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.



00461460

Detach here / Détachez ici

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route		
Commercial Vehicle Operator's Registration Certificate Certificat d'immatriculation d'utilisateur de véhicule utilitaire		
Commercial Vehicle Operator's Registration No. 174-447-971 N° d'immatriculation d'utilisateur de véhicule utilitaire		
Name / Nom GLOBAL SPEDITION LLC		
Office / Bureau 002-4	Issue Date / Date de délivrance 12-08-21	Minister of Transportation Ministère des Transports

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor St. Catharines, ON L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacer votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au : Ministère des Transports, Bureau des sanctions et des enquêtes concerna les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

00461460

Ministry of
TransportationMinistère des
TransportsATTENTION OF FLORIN OLAH
GLOBAL SPEDITION LLC
2009 PLAINFIELD DR
DES PLAINES IL 60018
USA

Date

2014/07/24

Time / Heure

10:24:02

Commercial Vehicle Operator's Registration (CVOR) # /
N° d'immatriculation d'utilisateur de véhicule utilitaire (IUVU)

174-447-971

CVOR Application # / N° de la demande d'IUVU

00555642

Transaction Details / Détails de l'opérationAmount / Montant

RENEWAL OF CVOR CERTIFICATE

\$ 50.00

Payment Received / Paiement reçu \$ 50.00

Payment by Credit/Debit Card
Paiement par carte de crédit/débit

Card # and Expiry Date / N° de carte et date d'expiration

Reference # / N° de référence

Authorization # / N° d'autorisation

NOTICE / AVIS

YOUR CERTIFICATE, CVOR # 174-447-971, EXPIRES ON 2015/08/21.

Please note that the renewal or replacement of a CVOR certificate does not affect the suspension of a CVOR certificate, proposed or imposed by the Registrar of Motor Vehicles, under the authority of Section 47 of the Ontario Highway Traffic Act.

Veuillez prendre note que le renouvellement ou le remplacement d'un certificat d'IUVU n'a aucun effet sur la suspension d'un certificat d'IUVU, proposée ou imposée par le registraire des véhicules automobiles, en vertu de l'article 47 du Code de la route de l'Ontario.

THANK YOU FOR YOUR PAYMENT
MERCİ DE VOTRE PAIEMENT



LOADS CANCELED THE DAY OF PICK UP, WILL HAVE \$150 CHARGE!

COMPANY NAME:

LOAD#:

BROKER SIGNATURE

DATE



ROTRANS INC DBA GLOBAL SPEDITION
2009 PLAINFIELD DR.
DES PLAINES, IL 60018
P: 847-350-6810
F: 224-725-4803

03/09/2016

The followings are the few of the correction measurements took by ROTRANS INC DBA GLOBAL SPEDITION, to improve the reliability and quality of our service:

1. A more exigent hiring process:
 - We introduced and followed strictly the Pre-Employment Screening Program.
 - MVR's are pulled as verification for pre-employment and every six months for reassurance.
 - Pre-employment Safety History Request is done by directly discussing the driver's performance and work ethics with his/her past employer.
2. Periodically road tests.
3. Higher fines for driver that disobey our company policy and procedures.
4. Suspensions for up to 30 days without pay.
5. Termination of employment for drivers who continue to disobey our policy and procedures after the 30 days suspension.
6. Organized meetings with the drivers as often as possible, explaining the consequences of their actions upon our company.
7. Weekly log-books classes and dummy trips given for verification of understanding.
8. 24/7 assistance via phone and internet for questions and concerns.
9. Lowered the number of loads per driver to prevent fatigue on the road.

Carrier References Sheet

1. Advantage Transp Services from Menomonee Falls, WI

Ph# 1800-386-1204 Bill, Mike, Judy, Todd

2. Paper Transport Inc from Green Bay, WI

Ph# 920-491-2224 Tiffany

3. Smith & Dotzel from Williamsport, PA

Ph# 570-329-2900 John, Mike

4. Integrity Transportation Tomahawk, WI

Ph# 715-453-2104 Rita

5. Ch Robinson Chicago Central Office

Ph# 312-944-7277 ext. 1991 John



ROTRANS INC DBA GLOBAL SPEDITION
2009 PLAINFIELD DR.
DES PLAINES, IL 60018
P: 847-350-6810
F: 224-725-4803

03/09/2016

10. Added an extra full time employee to our Safety Department to improve and supervise our company performance.

X

Ana Marinescu
Safety Officer

X

Florin Olah
Total Quality Inspector