

GULICK

Since 1973

TRUCKING INC.

Credit Application & Agreement

MUST COMPLETE, SIGN AND RETURN PRIOR TO LOADING

Fax or email back to: Catherine Zach, Credit Mgr. - Fax# 360-906-5623 - email: Catherine@gulicktrucking.com

Company: _____ Date: _____
Billing Address: _____ Telephone: _____
City/State/Zip: _____ Fax: _____
Physical Address: _____ MC#: _____
City/State/Zip: _____ Federal ID#: _____
Date Business Est: _____ State of Incorporation: _____
() Sole Proprietor () Partnership () Corporation

Owners, Partners, or corporation Officers Information:

Name/Title	SS#	Address	Telephone
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Parent Company: _____ Subsidiaries: _____
Bank Name: _____ Branch: _____
Phone: _____ Account: _____ Acct Rep: _____

Reference: (To Expedite Approval, List Transportation Companies Only)

1. Name: _____	City & State: _____
Contact Person: _____	Telephone: _____
2. Name: _____	City & State: _____
Contact Person: _____	Telephone: _____
3. Name: _____	City & State: _____
Contact Person: _____	Telephone: _____

Billing Requirements:

Proof of Delivery: YES _____ NO _____ PO Number: YES _____ NO _____ OTHER _____
Accounts Payable Contact: _____ Telephone: _____
Accounts Payable Email: _____
Email Address to send invoices electronically: _____

PAYMENT TERMS ARE NET 30 DAYS FROM INVOICE DATE:

All Delinquent accounts with balances unpaid after 30 days will be placed on C.O.D. and be reconsidered for credit terms. A late charge of 1.5% per month (18% per annum) will be charged on delinquent accounts. Applicant further agrees to pay all collection costs, including agency fees, attorney fees and court costs if legal action is taken to collect past due accounts. Upon signing this application for credit, applicant authorizes Gulick Trucking, Inc. to obtain credit information. Gulick Trucking, Inc. reserves the right to limit all legal proceedings conducted to be in Clark County, State of Washington or Multnomah County, State of Oregon. Changes to the above terms must be in writing and signed by both the customer and the shipper. I have read and understand the terms as stated above and agree to payment according to these terms.

Accepted By: _____ Title: _____ Date: _____

It is agreed by all parties that Carrier is providing transit services to Shipper pursuant to 49 U.S.C. 14706 (c)(1)(A) and (B) with limitation of liability in the amount of \$250,000 per occurrence.

Accepted By: _____ Title: _____ Date: _____

5419 NE 88th St, Suite G, Vancouver, WA 98665-0994
Portland 503.283.6421 Vancouver 360.699.0999 Facsimile 360.906.5623

GULICK

Since 1973

TRUCKING INC.

Corporate Officers:

Willard G. Gulick - President

Charles M. Cuning - Vice President

Richard E. Gulick - Secretary & Treasurer

Gulick Trucking, Inc.

5419 NE 88th St, Unit G
Vancouver, WA 98665-0994
(503) 283-6421 Telephone
(360) 699-0999 Telephone
(360) 906-5623 Facsimile

MC #192093

Federal Tin: 93-0908098

Duns # 18-045-8275

Gulick Freight Service Logistics, Inc.

8614 NE 55th AVE, BLDG B
Vancouver, WA 98665-1172
(503) 274-1040 Telephone
(360) 693-5131 Telephone
(360) 695-4787 Facsimile

MC #370393

Federal Tin: 91-2024372

Duns # 07-310-1730

Bank Reference:

The Commerce Bank of Oregon
1211 SW Fifth Ave, Suite 1250
Portland, OR 97204
Client Services
(503) 548-1000

Acct # 002120097

Acct # 002120100

References:

Cummins Northwest, Inc.
PO Box 2710
Portland, OR 97208-2710
(503) 364-2515 – fax

Bright Star Transportation
222 N Moore Ave #C
Monterey Park, CA 91754
Marie 626-782-7505

DSU Peterbilt
PO Box 3486
Portland, OR 97208-2710
(503) 285-7771
(503) 283-6656 – fax

Dynasty Transportation Inc
4625 Centennial Lane
Ellicott City, MD 21041
Jade 301-208-0882

Les Schwab Tire Center
917 NE Minnehaha Street
Vancouver, WA 98665
(503) 585-7551

West Jet Logistics
10216 Woodbury St, Apt C
Garden Grove, CA 92843
James 714-588-0769

Gulick Trucking, Inc.

MC – 192093 FED ID – 93-0908098 USDOT – 212390 SCAC – GUMA
5419 NE 88th St., Unit G
Vancouver, WA 98665-0994
360-699-0999 FAX 360-699-1397
Toll Free 888-571-5972 email: chuck@gulicktrucking.com

Company Profile

EXPERIENCE – Started in 1973, we have an extensive background in transporting the following commodities, to and from 48 state:

<i>Food Products</i>	<i>Beverages</i>	<i>Nursery Stock</i>	<i>Paper Products</i>
<i>Frozen Goods</i>	<i>Dairy</i>	<i>Produce</i>	<i>General Freight</i>

EQUIPMENT

<i>Power Units</i>	<i>232</i>
<i>Refers</i>	<i>333</i>
<i>53'</i>	<i>323</i>
<i>48'</i>	<i>10</i>

Our refrigerated trailers are “space-savers” & most can transport
44,500 – 45,000 lbs

PERSONNEL

Availability & Scheduling
Michele Gardino – 360-836-3704

Sales / Rates
Chuck Cuning – 360-836-3726

Dispatch Manager
Rich Gulick – 360-836-3713

Customer Base

We have customers who have used our service for more than 20 years. 75% of our clients have trusted us with their products for more then 10 years.

Satellite Tracking – 48 States & Canada
Logistics Services Available

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. Gulick Trucking, Inc.	
	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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 5419 NE 88th St, Unit G	Requester's name and address (optional)
	6 City, state, and ZIP code Vancouver, WA 98665	
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									
			-				-		
or									
Employer identification number									
9	3		-	0	9	0	8	0	9

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>Catherine Zach</i>	Date ► 12/07/22
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2022

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 Golsan Scruggs 16325 Boones Ferry Rd, Ste 101 Lake Oswego OR 97035		CONTACT NAME: Deb Herbert PHONE (A/C, No, Ext): (503)244-0297 E-MAIL ADDRESS: dherbert@golsanscruggs.com FAX (A/C, No): (503)244-0298	
INSURED Gulick Freight Service Logistics Inc 8614 NE 55th Ave Bldg B Vancouver WA 98665-1172		INSURER(S) AFFORDING COVERAGE INSURER A: Beazley Marine Ins-Syndicate 2623/623 INSURER B: The Burlington Insurance Co INSURER C: Gemini Insurance Co INSURER D: INSURER E: INSURER F:	
		NAIC # 23620 10833	

COVERAGES

CERTIFICATE NUMBER:REVISED 5-25-22
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			W7452921PNVE * as required by written contract, agreement, permit	11/30/2021	11/30/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Additional Insured *						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Waiver of Subrogation *						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> OTHER: WAREHOUSE LEGAL LIABILITY			W7452921PNVE	11/30/2021	11/30/2022	OCCURRENCE/AGGREGATE \$300,000/\$500,000
A	AUTOMOBILE LIABILITY			W7452921PNVE	11/30/2021	11/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> CONTINGENT COV <input checked="" type="checkbox"/> ADD'L INSURED						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			GVE100219304 Excess of Employers Liability coverage ONLY.	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			765BG03197-01 STOP GAP/Employers Liability	06/01/2022	06/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	CONTINGENT MOTOR TRUCK CARGO			W7452921PNVE	11/30/2021	11/30/2022	\$250,000 LIMIT PER OCCURRENCE \$5,000 ded
A	E&O/PROFESSIONAL LIABILITY			W7452921PNVE	11/30/2021	11/30/2022	OCCURRENCE & AGGREGATE \$2,000,000

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

Motor Truck Cargo includes refrigerated cargo. Coverage applies to all operations of the Named Insured subject to policy terms, conditions & exclusions.

CERTIFICATE HOLDER

(360)695-4787 don@gulicktrucking.com

EVIDENCE OF INSURANCE

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

Kenneth Golsan/HERBER

K.P. Golsan

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ACORD 25 (2014/01)

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INS025 (201401)



May 18, 2017

DON ADAMS
GULICK TRUCKING INC
5419 NE 88TH AT UNIT G
VANCOUVER, WA 98665

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **GUMA** has been renewed for:

GULICK TRUCKING INC
5419 NE 88TH AT UNIT G
VANCOUVER, WA 98665
MC- 0192093
US DOT- 212390

This Alpha Code will apply only to the company name shown above through June 30, 2018. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810

SERVICE DATE

INTERSTATE COMMERCE COMMISSION

'APR 29 1992

DECISION

MC - 192093

GULICK/MALETIS TRUCKING, INC.
PORTLAND, OR

Reentitled.

GULICK TRUCKING, INC.
PORTLAND, OR

Decided April 23, 1992

On April 7, 1992 applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The commission's records are amended to reflect the carrier's name as GULICK TRUCKING, INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

Sidney L. Strickland, Jr.
Secretary

(SEAL)

FMCSA Motor Carrier

USDOT Number: 212390

Docket Number: MC192093

Legal Name: GULICK TRUCKING, INC.

DBA (Doing-Business-As) Name



Addresses

Business Address: 5419 NE 88TH STREET UNIT G
VANCOUVER, WA 98665-0094

Business Phone: (803) 223-7318 Business Fax: Fax: (887) 768-0123

Mail Address: P O BOX 10383
PORTLAND, OR 97296

Mail Phone:

Mail Fax:

Undeliverable Mail: NO

Authorities:

Common Authority: NONE

Application Pending: NO

Contract Authority: ACTIVE

Application Pending: NO

Broker Authority: NONE

Application Pending: NO

Property: YES

Passenger: NO

Household Goods: NO

Private: NO

Enterprise: NO

Insurance Requirements:

BIPD Exempt: NO BIPD Waiver: NO BIPD Required: \$750,000 BIPD on File: \$1,000,000

Cargo Exempt: NO Cargo Required: NO Cargo on File: YES

BOC-3: YES Bond Required: NO Bond on File: NO

Blanket Company: ALL AMERICAN AGENTS OF PROCESS

Comments: 11-5-04 ADDRESS CHANGE OMC 321194 ASSIGNED TO CAROLE.MOBRAYCM NM. CHGED. FM.
GULICK/MALETIS TRUCKING, INC., PENDING DECISION.

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 03/24/2008
Policy/Surety Number: AT216106651402	Coverage From:	\$0 To: \$1,000,000
Effective Date: 04/01/2008	Cancellation Date:	

Insurance Carrier: LIBERTY MUTUAL FIRE INSURANCE CO.

Attn:

Address: 175 BERKELEY ST, PO BOX 140
BOSTON, MA 02117 US

Telephone: Fax:

Form: 34	Type: CARGO	Posted Date: 03/30/2010
Policy/Surety Number: 6886142	Coverage From:	\$0 To: \$5,000*
Effective Date: 04/01/2010	Cancellation Date:	

Insurance Carrier: FEDERAL INSURANCE CO.

Attn: STEPHEN D. JACOBSON, AUTO TEAM MANAGER

Address: 15 MOUNTAIN VIEW ROAD, BOX 1615
WARREN, NJ 07059 US

Telephone: (908) 903-2000 Fax: (908) 903-2027

FMCSA Motor Carrier

USDOT Number: 212380

Docket Number: MC192093

Legal Name: GULICK TRUCKING, INC.

DBA (Doing-Business-As) Name



* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:			
Rejected Reason:		Rejected:			

FMCSA Motor Carrier

USDOT Number: 212390
Docket Number: MC182093
Legal Name: GULICK TRUCKING, INC.
DBA (Doing-Business-As) Name



Insurance History:

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CLP30786A	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 03/01/1990	To: 03/01/1998	Disposition: Replaced		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228-8602 Fax: (402) 494-7400

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CLP 30786F	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 03/01/1996	To: 04/20/1999	Disposition: Cancelled		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228-8602 Fax: (402) 494-7400

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CLP 30786F	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 03/01/1996	To: 04/01/1999	Disposition: Replaced		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228-8602 Fax: (402) 494-7400

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: 1-TYP0002420-1	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 04/01/1999	To: 04/01/2000	Disposition: Replaced		

Insurance Carrier: XL SPECIALTY INSURANCE COMPANY
Attn: REBECCA CLARK
Address: 505 EAGLEVIEW BLVD
EXTON, PA 19341 US
Telephone: (800) 327-1414 Fax: (610) 458-8667

FMCSA Motor Carrier

USDOT Number: 212390

Docket Number: MC192093

Legal Name: GULICK TRUCKING, INC.

DBA (Doing-Business-As) Name



Insurance History:

Form: 91X	Type: BIPD/Primary
Policy/Surety Number: 1TF00024292	Coverage From \$0 To: \$1,000,000
Effective Date From: 04/01/2000	To: 04/01/2001
Disposition: Replaced	

Insurance Carrier XL SPECIALTY INSURANCE COMPANY
Attn: RECECCA CLARK
Address: 505 EAGLEVIEW BLVD
EXTON, PA 19341 US
Telephone: (800) 327 - 1414 Fax: (610) 468 - 8867

Form: 91X	Type: BIPD/Primary
Policy/Surety Number: CT7502021601-011	Coverage From \$0 To: \$1,000,000
Effective Date From: 04/01/2001	To: 04/01/2006
Disposition: Replaced	

Insurance Carrier SENTRY SELECT INSURANCE COMPANY
Attn: LINDA HAMMERSCHMIDT
Address: 1800 NORTH POINT DR
STEVENS POINT, WI 54481 US
Telephone: (800) 610 - 4888 Fax: (715) 346 - 8913

Form: 91X	Type: BIPD/Primary
Policy/Surety Number: TPU3039586	Coverage From \$0 To: \$1,000,000
Effective Date From: 04/01/2006	To: 04/01/2007
Disposition: Replaced	

Insurance Carrier HARCO NATIONAL INSURANCE CO.
Attn:
Address: 702 OBERLIN ROAD, STE: 300
RALEIGH, NC 27605 US
Telephone: (800) 525 - 7486 Fax: (919) 833 - 8536

Form: 91X	Type: BIPD/Primary
Policy/Surety Number: TPU3039586	Coverage From \$0 To: \$750,000
Effective Date From: 04/01/2007	To: 04/28/2008
Disposition: Cancelled	

Insurance Carrier HARCO NATIONAL INSURANCE CO.
Attn:
Address: 702 OBERLIN ROAD, STE: 300
RALEIGH, NC 27605 US
Telephone: (800) 525 - 7486 Fax: (919) 833 - 8536

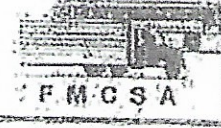
FMCSA Motor Carrier

USDOT Number: 212390

Docket Number: MC192093

Legal Name: GULICK TRUCKING, INC.

DBA (Doing-Business-As) Name



Insurance History:

Form: 91X	Type: BIPD/Primary
Policy/Surety Number: TPU3039586	Coverage From: \$0 To: \$750,000
Effective Date From: 04/01/2007	To: 04/01/2008
Disposition: Replaced	

Insurance Carrier: HARCO NATIONAL INSURANCE CO.

Attn:

Address: 702 OBERLIN ROAD, STE: 300

RALEIGH, NC 27606 US

Telephone: (800) 525 - 7488 Fax: (919) 833 - 8535

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	01/05/1987

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason



CALIFORNIA AIR RESOURCES BOARD

Certificate of Reported Compliance Truck and Bus Regulation

Issued to:
Gulick Trucking Inc.

99 Vehicles Reported

This certificate confirms that the fleet owner has attested under penalty of perjury that the statements and information they provided to the California Air Resources Board (CARB) are true, accurate, and complete regarding all relevant vehicles in the fleet required to show compliance. CARB hereby finds that the fleet listed above has reported compliance with title 13, California Code of Regulations, section 2025 (Truck and Bus Regulation). If CARB subsequently finds that the statements and information that have been provided are not true, accurate, and complete, this certificate shall be effectively revoked and the fleet subject to noncompliance penalties.

This certificate is valid until December 31, 2021

Printed on 2021-02-02

TRUCKS Fleet Identification
18352

Sydney Veiga
Division Chief, Mobile Source Control Division
California Air Resources Board

To verify the authenticity of this certificate, visit
www.arb.ca.gov/trucks/onlinecertificates.htm