



# CLIENT

WELCOME PACKET  
COMMERCIAL

# WELCOME



Our team of transportation experts has over 160 years of combined experience within the logistics industry, which allows them to provide quality services to our clients. Our dynamic business model integrates technology with innovation, which delivers the visibility our customers need to ensure a streamlined transportation process.

## MISSION

To REMAIN the fastest transportation company in America through integrating the latest artificial intelligence algorithms inside Load Genie, Rite Way's proprietary smart match load platform.

*Let's do this!*

**RITE WAY TRANSPORT GROUP**



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

**Rite Way Transport LLC**

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor    ☐ C corporation    ☐ S corporation    ☐ Partnership    ☐ Trust/estate

☒ **LLC.** Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . **S**  
**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the United States.)

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

**5** Address (number, street, and apt. or suite no.). See instructions.

**3917 NW 126th Avenue**

**6** City, state, and ZIP code

**Coral Springs FL 33065**

**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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-				-		
or										
Employer identification number										
2	7	-	1	1	0	3	9	8	1	

**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

Date

**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/22/2025

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).

<b>PRODUCER</b> EPIC Insurance Brokers & Consultants 125 S Wacker Drive, Suite 3150 Chicago, Illinois 60606 United States	<b>CONTACT NAME:</b> Transportation and Logistics Practice <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> tlcerts@epicbrokers.com																					
<b>INSURED</b> Rite Way Transport Group LLC 3917 NW 126 Ave. Coral Springs, Florida 33065	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Beazley Marine Insurance- Syndicate 2623/623</td><td>AA1128623</td></tr><tr><td>INSURER B :</td><td>Certain Underwriters at Lloyd's of London</td><td>AA1122000</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Beazley Marine Insurance- Syndicate 2623/623	AA1128623	INSURER B :	Certain Underwriters at Lloyd's of London	AA1122000	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						

## COVERAGES

CERTIFICATE NUMBER: 417347

VERIFICATION NUMBER: 42626808

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			W5147H25PNVE	04/18/2025	04/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$ 1,000,000
							UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$
							WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYP PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below
B	Excess Contingent Auto Liability			B1820WLS25E154	04/18/2025	04/18/2026	Aggregate \$1,000,000
A	Contingent Cargo			W5147H25PNVE	04/18/2025	04/18/2026	Occurrence \$250,000

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

Deductible: USD 10,000 each occurrence



## CERTIFICATE HOLDER

## CANCELLATION

Rite Way Transport Group LLC  
3917 NW 126 Ave.  
Coral Springs, Florida 33065

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

*Chia A. Huante*

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# CERTIFICATIONS



**DUNS**

033766467



**CAGE**

77CK9



**MC**

693761



**DOT**

2245444



**SCAC**

RWAP



# OUR SERVICES

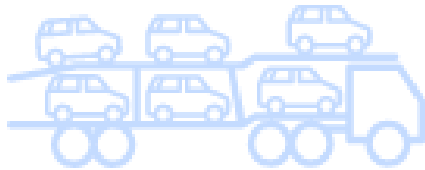
AT **RITE WAY TRANSPORT GROUP**, WE TAKE CARE OF  
ALL YOUR TRANSPORTATION NEEDS!  
WHAT DO YOU NEED TO TRANSPORT?

- Transportation of superloads
- Load tracking
- Export of equipment
- Power only towing
- Nationwide machinery transport
- Pilot car and escort services
- Construction equipment transportation
- Boat manufacturer transportation
- Specialized transport
- 5th wheel transport
- Commercial truck shipping
- Truck piggybacking service and sacking services
- Driveaway services
- Government contracting

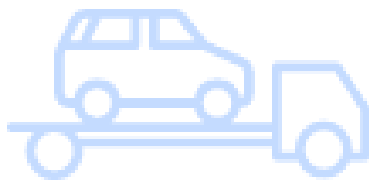
# OUR SERVICES

AT **RITE WAY TRANSPORT GROUP**, WE TAKE CARE OF  
ALL YOUR TRANSPORTATION NEEDS!  
WHAT DO YOU NEED TO TRANSPORT?

## AUTO



FULL TRUCK LOAD



SINGLES



INOPERABLE

# OUR SERVICES

## HEAVY HAUL

2-18 AXLE TRAILERS

DOUBLE DROP

FLAT BED

STEP DECK

RGN

DRIVEAWAY

POWER ONLY



# PAYMENT

## ACH/WIRE INSTRUCTIONS:

COMPANY: RITE WAY TRANSPORT GROUP  
ROUTING (ACH) #267084131  
ROUTING (WIRE) #021000021  
ACCOUNT #865103771  
SWIFT CODE: CHASUS33  
CHASE BANK  
6500 N. STATE RD. 7  
COCONUT CREEK, FL 33073  
954-698-9056

## ALL CHECKS TO BE MAILED TO:

RITE WAY TRANSPORT GROUP ADDRESS:  
3917 NW 126TH AVE  
CORAL SPRINGS FL 33065

## REMITTANCE MUST BE SENT TO:

REMITTANCE@RITEWAYTRANSPORT.COM

WE ACCEPT: ACH, WIRES, CREDIT CARDS AND  
COMPANY CHECKS.

CREDIT CARD AUTHORIZATION FORM IN THE  
NEXT PAGE.

# CREDIT CARD AUTHORIZATION FORM



Company Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Rite Way Transport Group LLC to charge my credit card for the following amount \$\_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yy)  
This payment is for the following: \_\_\_\_\_

**BILLING INFORMATION:**

Billing \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Card Type: \_\_\_ Mastercard | \_\_\_ Visa | \_\_\_ Discover | \_\_\_ AMEX | \_\_\_ Other \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Card Number (#): \_\_\_\_\_  
Expiration: \_\_\_\_\_ (mm/yy) CCV: \_\_\_\_\_ Cardholder ZIP: \_\_\_\_\_

**CARDHOLDER SIGNATURE**

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)  
Printed Name: \_\_\_\_\_

Please email to back  
maria@ritewaytransport.com for processing purposes.  
  
please add the order I.D. or invoice number.