

# 2023 SET UP DOCUMENTS

TRUCKCOURIER | MARKS LOGISTICS



28FREIGHT.COM  
MARKSLOGISTICS.COM  
TRUCKCOURIER.COM

28F

# THE 28FREIGHT FAMILY



## ABOUT 28FREIGHT

28Freight operates two business units, **TruckCourier** and **Marks Logistics**. **TruckCourier** is the leader in same-day ground expedite throughout the New England Area. **Marks Logistics** has been moving freight for more than 93 years and now operates across the North American continent serving a vast array of clients utilizing the best partner carrier network in the country.

**POWERFUL ALONE. BETTER TOGETHER.**

### ***TruckCourier***

**TruckCourier**, the leader in ground expedite services throughout the greater New England area, operates within a 500-mile radius of Boston. Whether you need manufactured equipment brought to a sterilization facility in New Jersey and returned, or samples picked up and delivered by the afternoon, **TruckCourier** has the expertise and commitment to your high-value shipments that you require.

**Marks Logistics** has been moving freight across the country for more than 93 years. Our vast network of trusted and compliant partner carriers enables us to be the connector between your labs, offices, and manufacturing sites across the several Biotech hubs in America. And when you need to connect with Canada or Mexico, the same team will partner with the best carriers on the continent to carefully track your shipment from origin to destination.



FOR MORE INFORMATION, VISIT US ONLINE AT:

- + [WWW.TRUCKCOURIER.COM](http://WWW.TRUCKCOURIER.COM)
- + [WWW.MARKSLOGISTICS.COM](http://WWW.MARKSLOGISTICS.COM)

# KEY CONTACTS



## MARKS LOGISTICS

### PRESIDENT

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RICHARD MARKS

☎ 1-508-254-5239

✉ RICHARD.MARKS@28FREIGHT.COM

### OPERATIONS

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☎ 1-800-322-0000

✉ OPS@MARKSLOGISTICS.COM

### ACCOUNTING & FINANCE

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✉ ADMIN@MARKSLOGISTICS.COM

### PRESIDENT

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RICHARD MARKS

1-508-254-5239 ☎

RICHARD.MARKS@28FREIGHT.COM ✉

### OPERATIONS

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1-800-322-0000 ☎

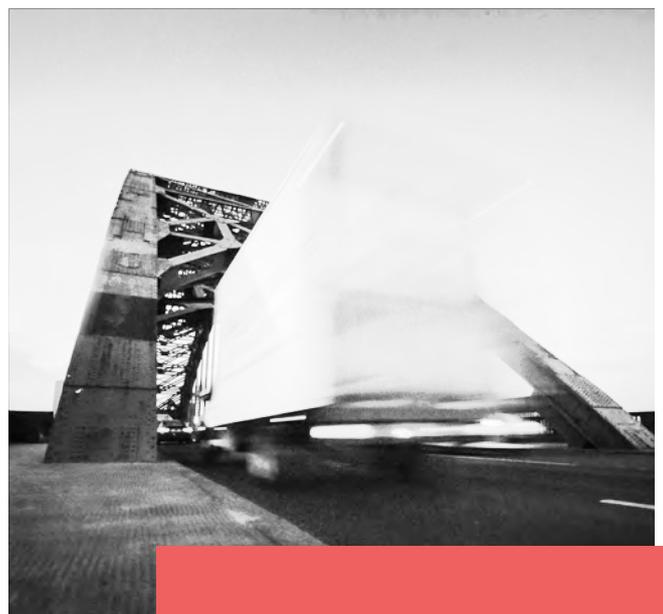
OPS@TRUCKCOURIER.COM ✉

### ACCOUNTING & FINANCE

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ADMIN@TRUCKCOURIER.COM ✉

## TRUCKCOURIER



**LEGAL NAME**

28FREIGHT LLC

**DBA**

TRUCKCOURIER

**STREET ADDRESS**

226 LOWELL ST | WILMINGTON, MA 01887

**MAILING ADDRESS**

226 LOWELL ST | WILMINGTON, MA 01887

**PHONE**

1-800-322-0000 (24/7/365)

**FAX**

1-781-933-1040

**DOT**

542502

**MC**

221651

**SCAC**

TKCI

**EIN**

83-3146423

**DUNS**

109901119

**OPERATIONS HOURS**

24/7/365

**OPERATIONS EMAIL**

OPS@TRUCKCOURIER.COM

**ACCOUNTING EMAIL**

ADMIN@TRUCKCOURIER.COM

**EMAILS MONITORED**

07:00 TO 17:30 EST M-F

**WEBSITE**

TRUCKCOURIER.COM

# Request for Taxpayer Identification Number and Certification

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

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

|  |  |  |   |
|--|--|--|---|
| Print or type.<br>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.<br><b>28FREIGHT LLC</b>  |  |   |
|  | 2 Business name/disregarded entity name, if different from above<br><b>TRUCKCOURIER</b>  |  |   |
|  | 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 type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  |  |   |
|  | <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> 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 <b>not</b> 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) ▶ _____  |  |   |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>226 LOWELL STREET</b>  |  | Requester's name and address (optional) |
| 6 City, state, and ZIP code<br><b>WILMINGTON, MA 01887</b> |  |  |   |
| 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.

|                                       |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |   |   |   |   |   |   |   |
|                                       |   |   |   | - |   |   | - |   |
| or                                    |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |   |   |   |   |   |   |   |
| 8                                     | 3 | - | 3 | 1 | 4 | 6 | 4 | 2 |
|                                       |   |   |   |   |   |   |   |   |

**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.

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>2/10/2023</b> |
|------------------|----------------------------|-------------------------|

## 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).

### 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.*



|                         |                                      |
|-------------------------|--------------------------------------|
| <b>LEGAL NAME</b>       | LINCOLN & SUMNER, LLC                |
| <b>DBA</b>              | MARKS LOGISTICS                      |
| <b>STREET ADDRESS</b>   | 226 LOWELL ST   WILMINGTON, MA 01887 |
| <b>MAILING ADDRESS</b>  | PO BOX 2760   WOBURN, MA 01888       |
| <b>PHONE</b>            | 1-800-322-0000 (24/7/365)            |
| <b>FAX</b>              | 1-781-933-1040                       |
| <b>DOT</b>              | 224153                               |
| <b>MC</b>               | 636163                               |
| <b>SCAC</b>             | MKQT                                 |
| <b>EIN</b>              | 86-1136032                           |
| <b>DUNS</b>             | 783699338                            |
| <b>OPERATIONS HOURS</b> | 07:00-17:30 EST. M-F                 |
| <b>OPERATIONS EMAIL</b> | OPS@MARKSLOGISTICS.COM               |
| <b>ACCOUNTING EMAIL</b> | ADMIN@MARKSLOGISTICS.COM             |
| <b>EMAILS MONITORED</b> | 07:00 TO 17:30 EST M-F               |
| <b>WEBSITE</b>          | MARKSLOGISTICS.COM                   |

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send to the IRS.**

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

|  |   |   |  |
|--|---|---|--|
| Print or type.<br>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.<br><b>LINCOLN &amp; SUMNER, LLC</b>   |   |  |
|  | 2 Business name/disregarded entity name, if different from above<br><b>MARKS LOGISTICS</b>  |   |  |
|  | 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.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> 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.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |  |
|  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i>   |   |  |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>226 LOWELL STREET</b>   | Requester's name and address (optional) |  |
|  | 6 City, state, and ZIP code<br><b>WILMINGTON, MA 01887</b>  |   |  |
|  | 7 List account number(s) here (optional)  |   |  |

## Part I Taxpayer Identification Number (TIN)

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**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.

|                                       |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |   |   |   |   |   |   |   |   |
|                                       |   |   |   |   |   |   |   |   |   |
| or                                    |   |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |   |   |   |   |   |   |   |   |
| 8                                     | 6 | - | 1 | 1 | 3 | 6 | 0 | 3 | 2 |

## 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.

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <u>2-14-23</u> |
|------------------|----------------------------|-----------------------|

## General Instructions

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- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
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- Form 1099-K (merchant card and third party network transactions)
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- 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)

10/24/2023

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).

|  |  |       |                                    |
|--|--|-------|------------------------------------|
| <b>PRODUCER</b><br>Risk Strategies Company<br>P.O. Box 818078<br>Cleveland OH 44181                        | <b>CONTACT NAME:</b> Sarah Huff<br><b>PHONE (A/C, No, Ext):</b> 212-338-4338<br><b>E-MAIL ADDRESS:</b> shuff@risk-strategies.com |       | <b>FAX (A/C, No):</b> 440-260-0218 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |       | <b>NAIC #</b>                      |
| <b>INSURED</b><br>Lincoln & Sumner, LLC<br>dba Marks Logistics<br>226 Lowell Street<br>Wilmington MA 01887 | <b>INSURER A:</b> Berkley Specialty Insurance Company  | 31295 |                                    |
|  | <b>INSURER B:</b> Concert Specialty Insurance Company  | 17151 |                                    |
|  | <b>INSURER C:</b>  |       |                                    |
|  | <b>INSURER D:</b>  |       |                                    |
|  | <b>INSURER E:</b>  |       |                                    |

**COVERAGES**

CERTIFICATE NUMBER: 284395401

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | QTP000092010     | 11/1/2023               | 11/1/2024               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | CSA8000000031500 | 11/1/2023               | 11/1/2024               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                  |                         |                         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br>PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | Motor Truck Cargo Deductibles   |           |          | QTP000092010     | 11/1/2023               | 11/1/2024               | Limit \$100,000<br>General Freight \$1,000<br>Pharma & Elect \$2,500  |

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

\*\*\* The auto policies listed on this certificate do not provide coverage for unscheduled short-term rental vehicles\*\*\*

Evidence of Insurance Only

**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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# CONTACT US

QUESTIONS? CONCERNS? WE ARE  
ALWAYS AVAILABLE AT 1-800-322-0000



[28FREIGHT.COM](https://28FREIGHT.COM)  
[MARKSLOGISTICS.COM](https://MARKSLOGISTICS.COM)  
[TRUCKCOURIER.COM](https://TRUCKCOURIER.COM)