



The Difference is Service®

1100 West 29th Street, P.O. Box 277, South Sioux City, NE 68776 | T: 800.228.8602

Attention: Great West Casualty Company Insured

Great West has received a request for your current loss run information. This information is considered confidential and is being mailed to the last address on file with our company or a current verifiable address. As a means of protecting your privacy, we will not provide this information to any outside entity.

NOTE: Your report may be printed on both sides of the paper.

Thank you.

GREAT WEST CASUALTY COMPANY
Underwriting Support Services
PO Box 277
South Sioux City, NE 68770
402-494-7937



OLD REPUBLIC INSURANCE GROUP

Ataa's Trucking Service LLC

2736 Bordeaux Pl
Woodbridge, VA, 22192
5402735744
ataatruckinservicellc@gmail.com

To: Great West Cas Co

Date: Thu, 14 Aug, 2025

Email: gwmisc@gwccnet.com
Fax:

Subject: REQUEST FOR LOSS HISTORY/LOSS RUNS
Coverage Liability
Type:
Policy #: MCP76081A
Insured: Ataa's Trucking Service LLC

Dear: **Great West Cas Co**

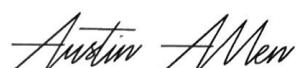
On behalf of **Ataa's Trucking Service LLC**, I hereby request a copy of the entire Loss History / a current Loss Run for policies listed above, and any for other policies that pertain to **Ataa's Trucking Service LLC** for the following year/s: 10/04/2021-10/04/2024.

Please send the requested information to my attention by fax at 800-604-9307 and by e-mail to ataatruckinservicellc@gmail.com .

Please do not delay in forwarding the requested information.

Should you have any questions please contact me immediately at: **5402735744**.

Thank you in advance,



Austin Allen
Owner



Document Audit Trail

Status: Completed

Document Title:

great-west-cas-co_ataas-trucking-service-llc_1755181792_1059417

Document Id: 249129
Document Pages: 1
Document Created: 08/14/2025 06:29 AM PST
Number of Signatures: 1
Signature Requested: 08/14/2025 06:29 AM PST
Originator/Sender: LRP, The Loss Run Pros
Sender IP Address: 127.0.0.1

Signer Events

Name: Austin Allen
Email: ataatruckinservicellc@gmail.com
Insured Name: Ataa's Trucking Service LLC
Title: Owner

Electronic Record and Signature Disclosure

Accepted/Verified: 08/17/2025 06:09 AM PST
Signed: 08/17/2025 06:09 AM PST
Signer IP Address: 174.196.136.183

Requestor: mpicke0

Policy

MCP76081A

Insured

ATAA'S TRUCKIN SERVICE LLC

Great West Casualty Company
Gross Loss Run

Page: 1 of 1
Process Date: 08/25/2025
Process Time: 10:06

Claim #

Coverage

Agent

AVON DIXON AN ALERA GROUP AGENCY
LLC

Eff-Date

10/04/2021 10/04/2022

Exp-Date

| <u>Loss Date</u> | <u>Report Date</u> | <u>LTE</u> | <u>Driver</u> | <u>Loss ST</u> | <u>Reserve</u> | <u>Subro/Salvage Recoveries</u> | <u>Incurred Losses</u> | <u>Paid Loss Adjustment Expenses</u> |
|------------------|--------------------|---------------------------|---------------|----------------|----------------|---------------------------------|------------------------|--------------------------------------|
| 0 | | POLICY ACCIDENTS TOTALING | | | 0.00 | 0.00 | 0.00 | 0.00 |

Requestor: mpicke0

Great West Casualty Company
Gross Loss Run

Page: 1 of 1
Process Date: 08/25/2025
Process Time: 10:05

Policy _____ Insured _____

MCP76081B

insured

Agent

AVON DIXON AN ALERA GROUP AGENCY
LLC

Eff-Date

Exp. Date

10/04/2022 10/04/2023

| Claim # | Coverage | Loss Date | Report Date | LTE RPT | Driver | Loss ST | Reserve | Paid Loss | Subro/Salvage Recoveries | Incurred Losses | Paid Loss Adjustment Expenses |
|---|-------------------------|------------|-------------|---------|--------------|---------|---------|-----------|--------------------------|-----------------|-------------------------------|
| 000-00-S65357 | Collision Coverage -Veh | 12/27/2022 | 07/21/2023 | Y | | | | | | | 0.00 |
| 000-00-S65354 | Liability - BI | 12/27/2022 | 07/21/2023 | Y | AUSTIN ALLEN | MD | 0.00 | 25,223.60 | 24,473.60 | 750.00 | 5,609.20 |
| 000-00-S65354 | Liability - BI | 12/27/2022 | 07/21/2023 | Y | AUSTIN ALLEN | MD | 0.00 | 0.00 | 0.00 | 0.00 | 1,266.88 |
| 000-00-S65354 | Liability - BI | 12/27/2022 | 07/21/2023 | Y | AUSTIN ALLEN | MD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 000-00-S65354 | Liability - Prop | 12/27/2022 | 07/21/2023 | Y | AUSTIN ALLEN | MD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 000-00-S65354 | Liability - Prop | 12/27/2022 | 07/21/2023 | Y | AUSTIN ALLEN | MD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Rear-end collision - Loss Date 12/27/2022 | | | | | | | | | | 750.00 | 6,876.08 |

Rear-end collision - Loss Date 12/27/2022

Rear-end collision TOTALING

0.00 25,223.60 24,473.60 750.00 6,876.08

POLICY ACCIDENTS TOTALING

0.00 25 223.60 24 473.60 750.00 6 876.08

1

ATAA's Truckin Service LLC
 Insured Number: 831388
 Policy Summary and Claim Listing as of 07/24/2025

Policy Summary

Policy #: CM0080097
Policy Term: 10/04/2024 - 10/04/2025
Producer: PointeNorth Insurance Group LLC
Claims: 1

Loss Payments to Date: \$842 **Outstanding Losses to Date:** \$0

Total Incurred to Date: \$842

Total Expected Loss Payments: For each open claim listed, the outstanding loss reserve represents our most current estimate of the range of future additional loss payments. These estimates do not, however, include any adjustments for future development of each open claim. The report also does not include reserves for claims that have occurred but have not yet been reported.

Claim Listing

| Claim | Loss Date | Days | Loss City, St | Driver Column | Accident Description | Rec | | | #PaymentsOutstanding |
|---------|----------------|------|------------------|---------------|----------------------------|--------|------|-----------|----------------------|
| | | | | | | Status | Only | Coverage | |
| 1979181 | 02/20/25 10:18 | 0 | Port Deposit, MD | | IV Went/Merged Right And H | Closed | N | Liability | 2 842 0 |

Lancer Management Company
6676 Corporate Center Pky Suite 101
Jacksonville, FL 32216

BILL OF LADING

Ship From

LEGO SYSTEMS INC
C/O DHL SUPPLY CHAIN
5600 Mark IV Pky
Fort Worth, TX 76131 USA

FOB:

Bill of Lading Number: 39912835



39912835

Appointment: 39912835

Ship To

WAL-MART DC 7045G-GENERAL
6004 WALTON WAY

Location #:

FOB:

MT. CRAWFORD, VA 22841 USA

Stop SEQ: 1

Third Party Freight Charges Bill To:



Equip ID 804466 Status IN

Equip Arrival 07/23/25 21:39 Temp1

Carrier JBHT Temp2

Seal 132604 Temp3

Reseal 40405685 Fuel Lvl

DoorZone J Dept DIST

263 Del Date 07/23/25 00:00 Type 53

263 Seal Condition SMBOL

I have read and understand the posted copy of WalMarts
Appointment Drop Rates and Regulations

263 Driver Signature



GR/ Delivery# 34364932

DC 7045

Freight Charge Terms: (freight charges are prepaid unless marked)

Prepaid

Collect 3rd Party

Customer Order Information

| WEIGHT | CUBE | Pallet/Slip (Circle One) | ADDITIONAL SHIPPER INFO |
|--------|---------|-----------------------------|-------------------------|
| .832 | 1524.4 | Y N | |
| .619 | 4083.41 | Y N | |
| .055 | 638.46 | Y N | |
| .358 | 727.76 | Y N | |
| .9.14 | 387.83 | Y N | |
| 004 | 7361.86 | | |

Carrier Information

COMMODITY DESCRIPTION

| HANLING UNIT | | | | WEIGHT | H.M. (X) | Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360 | LTL ONLY | |
|--------------|---------|------|-------|-----------|-------------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 35 | Pallets | 646 | Cases | 3074.658 | | CLASS 100 | 84260 | 100 |
| | | 5 | Cases | 35.33 | | CLASS 65 | 84260 | 65 |
| | | 26 | Cases | 58.188 | | CLASS 250 | 84260 | 250 |
| | | 268 | Cases | 535.78 | | CLASS 92.5 | 84260 | 92.5 |
| | | 315 | Cases | 1263.589 | | CLASS 150 | 84260 | 150 |
| | | 1610 | Cases | 6624.459 | | CLASS 125 | 84260 | 125 |
| | | | | 1400 | | The above contained on 35 Pallet(s) | 640 | |
| 35 | | 2870 | | 12992.004 | | GRAND TOTAL | | |

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per

COD Amount: \$

Fee Terms:

Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

LEGO Systems, Inc.

Shipper Signature

SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

LEGO Systems, Inc.

Trailer Loaded:

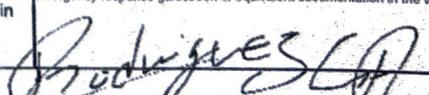
 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.



CARRIER MUST CALL FOR A DELIVERY APPOINTMENT IN ADVANCE ON STRETCH WRAPPED GMA PALLETS PACKING LIST ATTACHED

7/24/25

BILL OF LADING

Page 1

SHIP FROM

DAIKIN COMFORT TECHNOLOGIES
940 Possum Creek Road

Jefferson, GA 30549

SID#: 1002929834

FOB:

SHIP TO

FERGUSON ENTERPRISES INC #75
2010 GRAVES MILL RD

FOREST, VA 24551

CID#: ADR19834

US

FOB:

THIRD PARTY FREIGHT

| | | | |
|----------------------|--------------------|--------------|----|
| DATE | DELIVERY DRIVER | | |
| APPT. TIME | AM | ARRIVAL TIME | AM |
| | PM | 10:25 | - |
| RECEIVER'S SIGNATURE | Matthew | | |
| PRINT NAME | Daniel Salas | | |
| COMMENTS | | | |
| 7-28-25 | Calvin A Rodriguez | | |
| | START TIME | 7:30 | AM |
| | | 8:31 | AM |
| | FINISH TIME | | PM |
| | PC'S DEL'D | | |

#1 CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
|-----------------------|-----------|-------------|-----------------------------|-------------------------|-----------|
| G75-14916 | 20 | 3376.00 | (Y) | N | 017009105 |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| GRAND TOTAL | 20 | 3376 | | | |

CARRIER INFORMATION

| HANDLING UNIT | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---------------|---------|-----|--------|-------------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(e) of NMFC Item 360 | NMFC # | CLASS |
| 10 | Plt | 20 | Ctn | 3376.00 | Air Conditioners/Parts of Air Conditioners | 114125-4 | 77.5 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10 | | 20 | | 3376 | | | |

GRAND TOTAL

Carriers liability for loss, damage or delay is limited to:

\$ _____ per lb
\$ _____ per shipment (truckload)

Shipper: By:

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
Customer check acceptable: **NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper.**

RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

JUL 24 2025

Trailer Loaded: Freight Counted:

- By Shipper
- By Driver
- By Driver/pallets said to contain
- By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

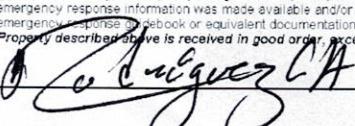
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Rodriguez C4

7/24/25

BILL OF LADING

Page 1

| | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|---|----------------------|---|--|------------|-------------|--|----------|--|--|---|--|--|
| SHIP FROM DAIKIN COMFORT TECHNOLOGIES 940 Possum Creek Road Jefferson, GA 30549 SID#: 1002929834 | | FOB: <input type="checkbox"/> | Bill of Lading Number: 017009102  (402) 017009102 | | | | | | | | | | | | | | | | |
| SHIP TO JOHNSTONE SUPPLY #510 3107 ODD FELLOWS ROAD LYNCHBURG, VA 24501 CID#: ADR29834 | | US | FOB: <input type="checkbox"/> | CARRIER NAME HJBA Jb Hunt Asset Trailer number: HMKD801744 Seal number(s): 4330702 | | | | | | | | | | | | | | | |
| | | | | SCAC: HJBA Pro number: | | | | | | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>DATE</td> <td colspan="2">DELIVERY DRIVER Calvin A Rodriguez</td> </tr> <tr> <td>APPT. TIME</td> <td>AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> ARRIVAL TIME 9:00</td> <td>AM <input type="checkbox"/> PM START TIME</td> </tr> <tr> <td>RECEIVER'S SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>PRINT NAME</td> <td colspan="2">Dion Holmes</td> </tr> <tr> <td>COMMENTS</td> <td colspan="2"></td> </tr> </table> | | DATE | DELIVERY DRIVER Calvin A Rodriguez | | APPT. TIME | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> ARRIVAL TIME 9:00 | AM <input type="checkbox"/> PM START TIME | RECEIVER'S SIGNATURE |  | | PRINT NAME | Dion Holmes | | COMMENTS | | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | |
| DATE | DELIVERY DRIVER Calvin A Rodriguez | | | | | | | | | | | | | | | | | | |
| APPT. TIME | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> ARRIVAL TIME 9:00 | AM <input type="checkbox"/> PM START TIME | | | | | | | | | | | | | | | | | |
| RECEIVER'S SIGNATURE |  | | | | | | | | | | | | | | | | | | |
| PRINT NAME | Dion Holmes | | | | | | | | | | | | | | | | | | |
| COMMENTS | | | | | | | | | | | | | | | | | | | |
| #2 | | | | | | | | | | | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | | | | | | | | | | | |
| CUSTOMER ORDER NUMBER | | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO PICK #S: | | | | | | | | | | | | | | |
| | | 11 | 806.80 | Y (N) | 0000416699 | | | | | | | | | | | | | | |
| | | 20 | 6383.00 | (Y) N | | | | | | | | | | | | | | | |
| | | | | Y N | | | | | | | | | | | | | | | |
| | | | | Y N | | | | | | | | | | | | | | | |
| | | | | Y N | | | | | | | | | | | | | | | |
| GRAND TOTAL | | 31 | 7190 | | | | | | | | | | | | | | | | |
| CARRIER INFORMATION | | | | | | | | | | | | | | | | | | | |
| HANDLING UNIT | | PACKAGE | WEIGHT | COMMODITY DESCRIPTION | LTL ONLY | | | | | | | | | | | | | | |
| QTY | TYPE | QTY | TYPE | H.M. (X) | NMFC # CLASS | | | | | | | | | | | | | | |
| Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(e) of NMFC Item 360. | | | | | | | | | | | | | | | | | | | |
| 16 | Plt | 20 | Ctn | 6383.00 | Air Conditioners/Parts of Air Conditioners | | | | | | | | | | | | | | |
| 11 | Ctn | 11 | Ctn | 806.80 | Air Conditioners/Parts of Air Conditioners | | | | | | | | | | | | | | |
| 27 | | 31 | | 7190 | | | | | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | | | | | | | | | |
| Carriers liability for loss, damage or delay is limited to: \$ <input type="text"/> per lb \$ <input type="text"/> per shipment (truckload) | | | | | COD Amount: \$ <input type="text"/> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> | | | | | | | | | | | | | | |
| NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | | | | | | | | | | | | | | |
| RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier. | | | | | Shipper Signature | | | | | | | | | | | | | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations and restrictions of the DOT. JUL 24 2025 | | Trailer Loaded: | Freight Counted: | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response logbook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |  | | | | | | | | | | | | | | | |

Driver phone number 240-9175686

7/24/25

BILL OF LADING

Page 1

SHIP FROM

DAIKIN COMFORT TECHNOLOGIES
940 Possum Creek Road

Jefferson, GA 30549

SID#: 1002929834

FOB:

SHIP TO

GDI - MANASSAS
7689 LIMESTONE DR
UNIT 100

GAINESVILLE, VA 20155

CID#: ADA39834

US

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

| | |
|--|--|
| DATE 7/28/25 | DELIVERY DRIVER Calvin A Rodriguez |
| APPT TIME 8:00 AM | ARRIVAL TIME 1:06 PM |
| RECEIVER'S SIGNATURE  | START TIME 1:30PM |
| PRINT NAME Denny Campos | FINISH TIME 1:45pm |
| COMMENTS | PC'S DEL'D |

Bill of Lading Number: 017009100



(402) 017009100

CARRIER NAME **HJBA Jb Hunt Asset**Trailer number: **HMKD801744**

Seal number(s):

*4330703*SCAC: **HJBA**

Pro number:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect _____ 3rd Party _____

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

#3 CARRIER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | WEIGHT | PALLET/SKID (CIRCLE ONE) | ADDITIONAL SHIPPER INFO |
|-----------------------|-----------------|--------------------------|-------------------------|
| 4176862 | 7 1260.65 | Y (N) | 017009100 017009101 |
| 4187837 | 62 8898.00 | (Y) N | |
| | | Y N | |
| | | Y N | |
| | | Y N | |
| GRAND TOTAL | 69 10159 | | |

CARRIER INFORMATION

| HANDLING UNIT | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---------------|---------|-------|---------|----------|--|----------|-------|
| | QTY | TYPE | | | | NMFC # | CLASS |
| 23 Plt | 52 | Ctn | 7842.00 | | Air Conditioners/Parts of Air Conditioners | 114125-4 | 77.5 |
| 2 Plt | 10 | Ctn | 1056.00 | | Gas Furnaces | 26280 | 85.0 |
| 1 Ctn | 1 | Ctn | 370.85 | | Air Conditioners/Parts of Air Conditioners | 114125-4 | 77.5 |
| 4 Ctn | 4 | Ctn | 643.80 | | Air Conditioners/Parts of Air Conditioners | 114125-4 | 77.5 |
| 2 Ctn | 2 | Ctn | 246.00 | | Gas Furnaces | 26280 | 85.0 |
| 32 | 69 | 10159 | | | GRAND TOTAL | | |

Carriers liability for loss, damage or delay is limited to:

\$ per lb
\$ per shipment (truckload)

Shipper: By:

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
Customer check acceptable: **NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper.**

RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

JUL 24 2025

Trailer Loaded: Freight Counted:

- By Shipper
- By Driver
- By Driver/pallets said to contain
- By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Rodriguez CA

Driver's phone number 240-917-5686