ST. ANN TRANSPORTATION, INC.
11340 State Route 149 – P.O. Box 485
Fort Ann, NY 12827
PH: 518-639-8888 Fax: 518-639-8501 www.stanngroup.com

Good stuff. TRUCKS BRING IT

Company Information

Mailing Address: P.O. Box 485
Fort Ann, NY 12827

Physical Address: 11340 State Route 149
Fort Ann, NY 12827

Phone Numbers: Local: 518-639-8888
Toll Free: 800-336-7826

Fax Number: 518-639-8501

Directory

Dispatch:	Kate Kamburelis, Bill McQueen
Operations:	Richard Foran
Safety:	Jack Dunn, Bill McQueen
Sales:	Ray Burdick
Accounting:	Linda Blondin

Federal Motor Carrier Number: 314491

US Dot Number: 674397

SCAC: SAAH

Federal Employer ID Number: 14-1801257

Insurance Agency: Global Underwriters Agency
Phone: (518) 877-8623

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BILLING INFORMATION SHEET

Please complete this form and fax to 518-639-8501.

Company Name:_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Accounts Payable Phone No.:_____

Contact:_____

Do you wish to have paperwork faxed prior to mailing? ☐ Yes ☐ No
Fax No._____

Do you require check in calls from driver? ☐ Yes ☐ No Release No.? ☐ Yes ☐ No

What is your normal payment time:_____

Special instructions or billing requirements:_____

PLEASE FAX THIS COMPLETED FORM ASAP.
FAX NO. 518-639-8501

Thank you for your cooperation and for your business.

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Service References

AMF Logistics P.O. Box 90 – 105 Lakehill Road Burnt Hills, NY 12027 Phone: 518-384-3245 Contact: Anne-Marie
Hartt Transportation, Inc. P.O. Box 1385 Bangor, ME 04401 Phone: 207-990-4715 Contact: Terry Card
Highland Express Summitt Corporate Building 2329 Route 34 – Suite 301 Manasquan, NJ 08736 Phone: 732-528-5000 Contact: Amy
Sweeney Transportation 2073 Westover Road Chicopee, MA 01022 Phone: 413-593-5933 Contact: Tom McSweeney

U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

MARCH 28, 2001

IN REPLY REFER TO:
YOUR USDOT NO.: 674397
REVIEW NO.: 00236998/CR

ST ANN TRANSPORTATION INC
PO BOX 485
FORT ANN NY 12827

Dear Motor Carrier:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of an onsite compliance review and evaluation of your safety fitness completed on MARCH 22, 2001. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to effect substantial compliance with the Federal Motor Carrier Safety and/or Hazardous Materials Regulations.

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 the safety specialist who conducted the review.

Stephen E. Barber
Acting Director, Office of Enforcement
and Compliance

PM-31
(Rev. 1/95)

SERVICE DATE
April 01, 1997

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 314491 P

ST. ANN TRANSPORTATION, INC.

FORT ANN, NY, US

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Thomas T. Vining
Chief, Licensing and Insurance Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

STATE OF NEW YORK
DEPARTMENT OF TRANSPORTATION
ALBANY, N.Y. 12232
http://www.dot.state.ny.us

JOSEPH H. BOARDMAN
COMMISSIONER

GEORGE E. PATAKI
GOVERNOR

AUTHORITY TO TRANSPORT PROPERTY

ST. ANN TRANSPORTATION, INC.
Route 149 East
Box 236
Fort Ann, NY 12827

CASE: T-33964 **DATED:** October 5, 1998

This is evidence of the above carrier's authority to transport property, except household goods, between all points in New York State.

This authority will be effective as long as the carrier maintains compliance with Department requirements including, but not limited to, Insurance Coverage for the protection of the public, vehicle identification and safety requirements. Failure to remain in compliance with Department requirements will constitute grounds for the suspension or revocation of this authority.

By the Office of Passenger and
Freight Transportation

Brian F Pratt

REFERENCE: Carrier was denied. Carrier has filed petition to reinstate. Carrier is in compliance. Petition is granted.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID RB
STANN-2

DATE (MM/DD/YYYY)
01/08/10

PRODUCER

Global Underwriters Agency
PO Box 4987
Clifton Park NY 12065
Phone: 518-877-8623 Fax: 518-877-8820

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

St Ann Transportation, Inc.
St Ann Group, Inc.
PO Box 485
Fort Ann NY 12827

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Harleysville Worcester Ins.	647
INSURER B:	Hartford Fire Insurance Co.	162
INSURER C:	Rochdale Insurance Company	
INSURER D:	Northland Ins. Co.	637
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	MPA6J0304	11/09/09	11/09/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1000000 $ 100000 $ 5000 $ 1000000 $ 2000000 $ 2000000
D		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	TF629354	01/11/10	01/11/11	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1000000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	RWC3193233	11/01/09	11/01/10	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100000 $ 100000 $ 500000
A		OTHER Transportation	CI7M1779	11/09/09	11/09/10	CARGO Deduct	200000 1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

STANNF2

St Ann Transportation Inc
PO Box 285
Fort Ann NY 12827

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE
WORKERS' COMPENSATION LAW

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is participating in the Managed Care Pilot Program or is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands - (518) 474-6674
***Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373**
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. - (607) 721-8356
Buffalo, 14202 - Statler Tower, 107 Delaware Ave. - (716) 842-2166
***Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (631) 952-6000**
***Hempstead, 11550 - 175 Fulton Avenue - (516) 560-7700**
***New York, 10027 - 215 W. 125th St., Manhattan - (800) 877-1373**
***Peekskill, 10566 - 41 North Division St. - (914) 788-5775**
***Queens, 11432 - 168-46 91st Ave., Jamaica - (800) 877-1373**
Rochester, 14614 - 130 Main Street West - (585) 238-8300
Syracuse, 13203 - 935 James St. - (315) 423-2932
***DOWNSTATE MAIL ADDRESS**
Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to:
PO Box 29017 Brooklyn, NY 11202-9017

AVISO DE CUMPLIMIENTO
LEY DE COMPENSACION OBRERA

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 dias de haber sufrido su lesión su reclamación podria ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico ó psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en el Programa Piloto de Gerencia de Salud o participa en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañia de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete dias, le obliga a trabajar a sueldo mas bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningun proveedor médico directamente por tratmiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podria ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted asi lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuniquese con la oficina mas cercana de la Junta.

Robert R. Snashall

Robert R. Snashall
Chairman (Presidente)

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, seran pagados por):

Rochdale Insurance Company
PO Box 31480
Cleveland OH 44131-0480

Effective From (*En Vigor Desde*) 11/1/09 *To* (*Hasta*) 11/1/2010

Policy No. (*Poliza No.*) RWC3193233

Name of employer (Nombre del patrono)

St Ann Transportation

By

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.
LA JUNTA DE COMPENSACION OBRERA EMPLEA Y SIRVE A PERSONAS CON IMPEDIMENTOS SIN DISCRIMINAR.

C-105 (11-01)

Prescribed by Chairman
Workers' Compensation Board
State of New York

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.