



Setting the Standard for Safety. One Mile at a Time



**BUCHANAN HAULING AND RIGGING, INC**  
 4625 INDUSTRIAL ROAD  
 FORT WAYNE, INDIANA 46825  
 260-471-1877 (P) 260-471-8878 (F)  
 sales@buchananhauling.com  
 www.buchananhauling.com

Carrier Profile

Incorporated: 1999  
 Type of Business: Corporation  
 Annual Gross: 200,000,000  
 Total Employees: 575  
 DOT: 649444  
 MC# 306359

Year Started: 1996  
 SCAC: BHRI  
 D&B: 069531197  
 SIC CODE: 4213  
 Federal ID#: 35-2067792  
 Business Activity Code: 484121

Corporate Officers

Geary Buchanan – President  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext 2224  
 gbuchanan@buchananhauling.com

Rebecca Buchanan - Executive VP  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext 2127  
 rbuchanan@buchananhauling.com

Key Officers

David Francis, CFO  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext 6270  
 David.francis@buchananhauling.com

Jessica Studle – Director of Safety  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext. 2167  
 Jessica.Studle@buchananhauling.com

Phil Gray, Vice President IT  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext. 2132  
 pgray@buchananhauling.com

Rob Rausch, COO  
 4625 Industrial Road  
 Fort Wayne, IN 46825  
 260-471-1877 Ext. 2268  
 Rob.Rausch@buchananhauling.com



Setting the Standard for Safety. One Mile at a Time



Bank

Fifth Third Bank  
202 W. Berry Street  
Fort Wayne, IN 46802

Kimberlee Ray  
[Kimberlee.ray@53.com](mailto:Kimberlee.ray@53.com)  
317-383-2497

Check Payments

Buchanan Hauling & Rigging, Inc./Buchanan Logistics, Inc.  
P. O. Box 631526  
Cincinnati, OH 45263

Financial Statements: Available Upon Request

Insurance Limits

Brown & Brown  
801-505-6500  
Dave Wittwer  
[dwwittwer@hayscompanies.com](mailto:dwwittwer@hayscompanies.com)

Brown & Brown  
801-505-6500  
Melody Jensen  
[mejensen@hayscompanies.com](mailto:mejensen@hayscompanies.com)

*For reference only. Refer to insurance certificate for actual coverage.*

General Liability----- \$2,000,000  
Workers Comp-----\$1,000,000  
Automobile Liability-----\$3,000,000  
Cargo-----\$1,000,000

Terminals

4625 Industrial Road  
Fort Wayne, IN 46825

2725 South Holt Road  
Indianapolis, IN 46241

1200 Commerce Circle  
Trafford, PA 15085

4301 Pan American Blvd  
Laredo, TX 78040

2430 S. 39<sup>th</sup> Avenue  
Phoenix, AZ 85009

20727 Petroleum Common  
Elmendorf, TX 78112

17630 Beaumont Highway  
Houston, TX 77049

219 Russell Street  
Mountain Home, AR 72653

2081 Rt. 80  
Tully, NY 13159

Equipment

386 Power Units      1000 Trailers

- Dry Van    ■ Flatbed    ■ Stretch Flatbed    ■ Step Deck    ■ Double Drop / Double Drop Stretch
- RGN (multi-axle)    ■ Curtainside    ■ Perimeter / Dollie Systems



*Setting the Standard for Safety. One Mile at a Time.*



**Communication Equipment**

Omnitracs  
GPS Trailer Tracking

**Certifications**

US EPA SmartWay Partner  
TIA Performance Certified (\$250,000)  
U.S. Customs Bonded Carrier  
Canadian Bonded Carrier

**Billing Capabilities**

EDI (Available for Volume Shippers)  
McLeod Software

**Buchanan Holdings**

Buchanan Logistics, Inc.  
RB Equipment Corporation  
Buchanan Real Estate, LLC  
Shellback Transportation, Inc.  
Summit Equipment Leasing, Inc.  
Buchanan Specialized, Inc.

Asset Based Transportation

Full-Service Brokerage

Third Party Logistics

Specialized Services including Dedicated, Hazmat and Warehousing





*Setting the Standard for Safety. One Mile at a Time.*

4625 Industrial Road  
Fort Wayne IN 46825

[www.buchananhauling.com](http://www.buchananhauling.com)

Phone: (260) 471-1877  
Fax: (260) 399-4418

Contact: David Francis, CFO  
Email: [David.Francis@buchananhauling.com](mailto:David.Francis@buchananhauling.com)

**CREDIT REFERENCES**

<p>XTRA Lease PO Box 99262 Chicago, IL 60693-9262 Phone: (317) 244-5601 Fax: (317) 244-5602</p>	<p>Kopetsky Family, LLC 5730 Kopetsky Drive Indianapolis, IN 46217 Phone: (317) 788-6966</p>	<p>Trafford Commerce Center 1000 Commerce Circle Trafford, PA 15085 Phone: (412) 856-9401</p>	<p>Stoops Freightliner 12247 Declaration Drive New Haven, IN 46774 Phone: (260)749-8587</p>
<p>Macy's Auto Parts 310 Collins Drive Fort Wayne, IN 46825 Phone: (260) 422-7492</p>	<p>Don R. Fruchey, Inc. 5608 Old Maumee Road Fort Wayne, IN 46803 Phone: (260) 749-8502 Fax: (260) 749-6337</p>	<p>Palmer Kenworth Tracey Walters-General Manager 3535 Coliseum Blvd W. Fort Wayne, IN 46808 Phone: (260)483-6367 Cell: (260) 740-6067 Fax: (260)483-2109</p>	<p>JH Specialty Inc. PO Box 15370 Fort Wayne, In 46885 Phone: (260) 485-5264</p>
	<p>Hoosier Truck &amp; Trailer Equipment 4830 Todd Drive Fort Wayne, IN 46803 Phone: (800) 572-0143</p>	<p>Star Leasing Company 4080 Business Park Drive Columbus, OH 43260 Phone: (614) 278-9999 Fax: (614) 275-2884 Attn: Credit Dept.</p>	

*When necessary to honor service commitments, Carrier may, at its sole discretion, utilize the services of other carrier's or modes of transportation. Carrier's liability to its customer will not change unless agreed upon in writing by Carrier and Customer.*

NCA  
SERVICE DATE  
Aug 18, 2000

DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

DECISION

No. MC-306359  
GEARY BUCHANAN  
D/B/A BUCHANAN HAULING & RIGGING CO.  
VALPARAISO, IN

REENTITLED

BUCHANAN HAULING & RIGGING, INC.

On Jul 28, 2000, applicant filed a request to have the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records changed to reflect a name change.

*It is ordered:*

The FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records are amended to reflect the carrier's name as BUCHANAN HAULING & RIGGING, INC. .

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202) 358-7000 or visit our web site at: <http://fhwa-li.volpe.dot.gov/>. Any other questions regarding the action taken should be directed to (202) 358-7028/7029.

*Decided:* Aug 15, 2000

By the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION.

Terry Shelton, Acting Director  
Office Data Analysis & Information Systems



May 24, 2021

REBECCA BUCHANAN  
BUCHANAN HAULING & RIGGING INC  
4625 INDUSTRIAL RD  
FORT WAYNE, IN 46825

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

BUCHANAN HAULING & RIGGING INC  
4625 INDUSTRIAL RD  
FORT WAYNE, IN 46825  
MC-306359  
US DOT-649444

This Alpha Code will apply only to the company name shown above through June 30, 2022. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at [customerservice@nmfta.org](mailto:customerservice@nmfta.org).

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 an issue with using your SCAC with ACE, please contact CBP at the following email address: [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov). All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

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 inconection with freight rates. For participation and membership information, please call (703) 838-1810.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/17/2021

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> Hays Companies 257 East 200 South Suite 700 Salt Lake City, UT 84111 <b>INSURED</b> Buchanan Hauling & Rigging Inc 4625 Industrial Road Fort Wayne, IN 46825	1-801-505-6500	<b>CONTACT NAME:</b> Melody Jensen <b>PHONE (A/C No. Ext):</b> 801-505-6500 <b>E-MAIL ADDRESS:</b> mjensen@hayscompanies.com <b>FAX (A/C No.):</b> 801-505-6501
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> NATIONAL INTERSTATE INS CO		32620
<b>INSURER B:</b> TRIUMPH CAS CO		41106
<b>INSURER C:</b> EVANSTON INS CO		35378
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 64002824**      **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	ADDITIONAL SUBROGATION 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		LJG 000103-04	01/01/22	01/01/23	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) § 1,000,000 § 100,000 MED EXP (Any one person) § 5,000 PERSONAL & ADV INJURY § 1,000,000 GENERAL AGGREGATE § 2,000,000 PRODUCTS - COMP/OP AGG § 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CRA 5500021-06	01/01/22	01/01/23	COMBINED SINGLE LIMIT (Ea accident) § 1,000,000 BODILY INJURY (Per person) § BODILY INJURY (Per accident) § PROPERTY DAMAGE (Per accident) §
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION §		EXT 5500021-06	01/01/22	01/01/23	EACH OCCURRENCE § 2,000,000 AGGREGATE § 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N / N/A	SCW 0000516-04	01/01/22	01/01/23	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT § 1,000,000 E.L. DISEASE - EA EMPLOYEE § 1,000,000 E.L. DISEASE - POLICY LIMIT § 1,000,000
C	Cargo		MKL31M0047609	01/01/22	01/01/23	1,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

FOR INFORMATION 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

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)  
MJensen  
64002824

The ACORD name and logo are registered marks of ACORD

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Where required by written contract or agreement provided such contract was executed prior to the date of loss.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

**SCHEDULE**

**Name Of Person(s) Or Organization(s):** Any person or organization against whom you have agreed to waive your right of recovery in a written contract or agreement provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
AUTO DEALERS COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

**Who Is An Insured** under **COVERED AUTOS LIABILITY COVERAGE** is amended to include as an "insured", any person or organization you are required to add as an additional insured on this policy under a written contract, agreement or permit which must be:

- a. currently in effect or becoming effective during the term of the policy; and
- b. executed prior to the "bodily injury" or "property damage."

The insurance provided to this additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability arising out of your operations performed for that additional insured as specified in the written contract, agreement or permit.
2. The limits of insurance applicable to the additional insured are those in written contract, agreement, permit or in the Declarations for this policy, whichever are less. These limits of insurance are inclusive of and not in addition to the Limit of Insurance for Liability Coverage shown in the Declarations.
3. Coverage is not provided for "bodily injury" or "property damage" arising out of the sole negligence of the additional insured.

Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary.

When this insurance is in excess, we will have no duty to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insurer's rights against all those other insurers.

All other terms and conditions of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b> BUCHANAN HAULING & RIGGING, <b>Endorsement Effective Date:</b>
---

**SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b> Any person or organization against whom you have agreed to waive your right of recovery in a written contract or agreement provided such contract was executed prior to the date of loss.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

---

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

Any person or organization  
against whom you have agreed  
to waive your right of  
recovery in a written contract  
or agreement provided such

contract was executed prior to  
the date of loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/01/2022

Policy No. SCW 0000516 04

Endorsement No. 2

Insured BUCHANAN HAULING & RIGGING INC.

Premium \$

Insurance Company  
Triumpher Casualty Company

Countersigned by \_\_\_\_\_

**WC 00 03 13  
(Ed. 4-84)**

Copyright 1983 National Council on Compensation Insurance.

Hart Forms & Services  
Reorder No. 14-4888

# 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Buchanan Hauling & Rigging, 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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**4625 Industrial Road**

6 City, state, and ZIP code  
**Fort Wayne, IN 46825**

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

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

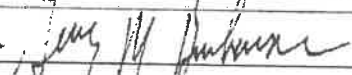
3	5	-	2	0	6	7	7	9	2
---	---	---	---	---	---	---	---	---	---

## 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.

Sign Here Signature of U.S. person ▶ 

Date ▶ 1/1/22

## 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.