



## Company Profile Packet

#100 Commerce Drive  
Pittsburgh, PA. #15275

*"Where Technology Moves Our Superior Fleet"*



Dear recipient; thank you for your interest in Paradigm Transportation, Inc. & its affiliated companies. Our equipped fleet has access to asset-based units located across the country. Each can accommodate almost any service, including FTL, LTL, Intermodal, Drayage, Heavy Haul, Expedited and Power only.

Please find attached the following profile document information.

1. A copy of our Operating Authority
2. A copy of our W9 tax form
3. A copy of our Certificate of Insurance
4. A copy of our current bond
5. Other related documents

### Corporate Office Information:

Name: Paradigm Transportation Management Group, Inc  
Address: #100 Commerce Drive; Pittsburgh, PA 15275  
MC#: 938207  
DOT# 2820892  
Scac Code: PTMH  
Fein: 47-5310747

### Corporate Contact information:

Billing/Invoicing: [Billing@shipprexp.com](mailto:Billing@shipprexp.com)  
Credit/Collections: [Credit@shipprexp.com](mailto:Credit@shipprexp.com)  
Corp. Web Site: [www.shipprexp.com](http://www.shipprexp.com)

T: 800-223-8973

F: 412-920-1899

**PARADIGM TRANSPORTATION INC**

U.S. DOT#: 2824683  
 Address: 3 CRAFTON SQUARE  
 PITTSBURGH, PA 15205  
 Number of Vehicles: 5  
 Number of Drivers: 5  
 Number of Inspections: 16

**Safety Rating & OOS Rates**

(As of 10/07/2019 updated daily from [SAFER](#))

Not Rated

**Out of Service Rates**

Type	OOS %	National Avg %
Vehicle	11.1	20.7
Driver	0.0	5.5
Hazmat		4.5

**Licensing and Insurance**

(As of 10/07/2019 updated hourly from [L&I](#))

Type	Active For-Hire Authority	
	Yes/No	MC#/MX#
Property	Yes	MC-942553
Passenger	No	
Household Goods	No	
Broker	No	

**BASIC Status** (Motor Carrier View) ?

Behavior Analysis & Safety Improvement Categories (BASICS) Based on a 24-month record ending September 27, 2019



Unsafe Driving



Crash Indicator



Hours-of-Service Compliance



Vehicle Maintenance



Controlled Substances and Alcohol



Hazardous Materials Compliance



Driver Fitness



Insurance and Other

**On-Road Performance**

0	0.16	0	0	0	0	0	
Measure	Measure	Measure	Measure	Measure	Measure	Measure	
0%	One crash	0%	0%	0%	No HM placardable vehicle inspections	0%	N/A
Percentile		Percentile	Percentile	Percentile		Percentile	

**On-Road Performance Detail**

Driver Inspections with Unsafe Driving Violations: 0	Number of Crashes: 1 Safety Event Group: No	Driver Inspections: 16	Vehicle Inspections: 8	Driver Inspections: 16	HM Placardable Vehicle Inspections: 0	Driver Inspections: 16	N/A
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U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., N.E.  
Washington, DC 20590

**SERVICE DATE**  
October 30, 2015

**LICENSE**  
**MG-938207-B**  
**U.S. DOT No. 2820882**  
**PARADIGM TRANSPORTATION MANAGEMENT GROUP, INC**  
**PITTSBURGH, PA**

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 388). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Seoniat, Chief  
Information Technology Operations Division

BPO

## 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.  
 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. <span style="font-size: 1.2em; font-family: cursive;">Paradigm Transportation Management Group, Inc</span>	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small>  <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; font-family: cursive;">100 Commerce Dr.</span>	Requester's name and address (optional)
6 City, state, and ZIP code <span style="font-size: 1.2em; font-family: cursive;">Pittsburgh, PA 15275</span>	
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.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> </tr> </table>										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">4</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">7</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">-</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">5</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">3</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">1</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">0</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">7</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">4</td> <td style="width: 25px; height: 25px; border: 1px solid black; text-align: center;">7</td> </tr> </table>	4	7	-	5	3	1	0	7	4	7
4	7	-	5	3	1	0	7	4	7	

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.5em; font-family: cursive;">[Signature]</span>	Date ▶ <span style="font-size: 1.2em; font-family: cursive;">10/14/2019</span>
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## 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.*



## Payment Remittance Information

Thank you for your interest in R&R Express Inc. And its affiliate company divisions:

*"Where Technology Moves Our Superior Fleet"*



Please ensure that your payment along with the remittance advice are sent to one of the options listed below.  
Please NOTE: If you're emailing your remittance documents - [remit@shipprexp.com](mailto:remit@shipprexp.com)

### U.S. POSTAL SERVICE

Name: The Huntington National Bank  
Address: PO Box 72124 - Cleveland, OH 44192  
Account Name: R&R EXPRESS, INC or Affiliate  
Account Number: #01662724516  
Routing Number: #041000153

### ACH/EFT (Automated Clearing House/EFT & Wire Transfer)

Name: The Huntington National Bank  
Address: Cleveland, OH  
ABA/Routing Number: #041000153  
ABA Wire Number: #044000024  
Swift Code: HUNTUS33

### OVERNIGHT ADDRESS:

Name: The Huntington National Bank  
Address: #295 First merit Circle- Akron, OH. #44307  
Attn: Lockbox Dept. OPC833



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2019

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> Southern States Insurance Agency, Inc. 1890 S. 14th Street Suite 120 Fernandina Beach FL 32034		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 904-261-9828 FAX (A/C, No): 904-261-1124 E-MAIL ADDRESS: cot@ssial.com	
<b>INSURED</b> PARADIGM TRANSPORTATION MANAGEMENT GROUP INC #3 CRAFTON SQUARE PITTSBURGH PA 15205		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A : BURLINGTON INSURANCE COMPANY	23620
		INSURER B : TRAVELERS SYNDICATE	AA112638
		INSURER C : OBI NATIONAL INSURANCE COMPANY	14190
		INSURER D : BERKLEY FIRE & MARINE	32603
		INSURER E :	
		INSURER F :	

**COVERAGES**    **CERTIFICATE NUMBER:**    **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 SUBR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED \$2,500  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		891BW52505	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> DED \$5K/ACC  <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CONTINGENT AUTO-MB193842-116	2/22/2019	2/22/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  <input type="checkbox"/> OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 N N/A	406-03-65-28-0009	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	CONTINGENT CARGO (LL FORM) - DED \$5K		MIM1020930	7/1/2019	7/1/2020	Limit: \$100,000 PER OCC

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: MC #938207

**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 <i>Doug Bailey</i>



October 20, 2015

LORETTA PAYONK  
PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, IL 15205

**CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT**

The Standard Carrier Alpha Code of PYMH has been assigned to:

PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, IL 15205  
MC-838207

*This Alpha Code will apply only to the company name shown above through June 30, 2016. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below. If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to the following address:*

CBP SCAC Processing  
Bureau of Customs and Border Protection  
8444 Terminal Road, Beauregard (A-105.5)  
Lorton, VA 22078  
AMS.SCAC@DHS.GOV

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, tariffs, etc.

**NOTICE:** Assignment 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 in connection with freight rates. For participation and membership information, please call (703) 838-1810

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to average approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-NRA, Washington, D.C. 20390.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84 COPY

Filer FMCSA Account Number: MQ#938207

Bond Number: 1001073985

KNOW ALL MEN BY THESE PRESENTS, that we, Paradigm Transportation Management Group, Inc. of 3 Crafton Square, Pittsburgh, Pennsylvania 15205 as PRINCIPAL (hereinafter called Principal), and American Contractors Indemnity Company a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of California (hereinafter called Surety) are held and firmly bound unto the United States of

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a broker or freight forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and is elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements, therefore, and

WHEREAS, this bond is written to ensure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b) and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums (b) which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the 12th day of October, 2016, 12:01 a.m. standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 307.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

PHYSICAL BOND AVAILABLE AS THE BOND IS FILED. CHANGED SINCE 10/15/2014. FMCSA ONLINE



IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 12th day of October, 2016.

PRINCIPAL

Paradigm Transportation Management Group, Inc.  
COMPANY NAME  
3 Crafton Square Pittsburgh  
STREET ADDRESS CITY  
Pennsylvania 15205 800-223-8973  
STATE ZIP CODE TELEPHONE NUMBER

(Type or print Principal officer's name and title)  
(Principal officer's signature)  
(Type or print witness's name)  
(Witness's signature)

SURETY

American Contractors Indemnity Company  
COMPANY NAME  
801 S Figueroa St, Suite 1600 Los Angeles  
STREET ADDRESS CITY  
California 90017 877-514-5146  
STATE ZIP CODE TELEPHONE NUMBER

John D. Welabrot, Attorney-In-Fact  
(Type or print Principal officer's name and title)  
(Principal officer's signature)  
(Type or print witness's name)  
(Witness's signature)

**COPY**  
SAMPLE PHYSICAL BOND  
FMCSA NO LONGER HAVE THE BMC-84 FORM AVAILABLE  
ELECTRONICALLY FILED.  
CONTENT OF THIS FORM MAY HAVE CHANGED  
THE FORM EXPIRED ON 01/31/2014.  
(Affix Surety seal)

FMCSA NO LONGER HAVE THE BMC-84 FORM AVAILABLE  
ELECTRONICALLY FILED.  
CONTENT OF THIS FORM MAY HAVE CHANGED  
THE FORM EXPIRED ON 01/31/2014.



**U.S. Department of Transportation  
Federal Motor Carrier Safety Administration  
Licensing and Insurance Public**

Menu | Choose Menu Option

**Motor Carrier Details**

US DOT: 2820892		Docket Number: MC998207	
Legal Name: PARADIGM TRANSPORTATION MANAGEMENT GROUP, INC.			
Doing-Business-As Name:			
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax
3 CRAFTON SQUARE PITTSBURGH PA 15205	(800) 223-8973		
Authority Type	Authority Status	Application Pending	
Common	NONE	NO	
Contract	NONE	NO	
Broker	ACTIVE	NO	
Property YES	Passenger NO	Household Goods NO	Private Enterprise NO
Insurance Type	Insurance Required	Insurance on File	
BIPD	\$0	\$0	
Cargo	NO	NO	
Bond	YES	YES	

BOC-3: YES  
Blanket Company: EVILSIZOR PROCESS SERVERS LLC  
Web Site Content and BOC-3 Information Clarification

[Active/Pending Insurance](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#)

