



Company Information

MC# 365600

Contact Person: Steve Chohan

DOT# 0855196

80 Company Trucks

FED ID# 26-0273359

100 Company Trailers

SCAC Code: BDFR

Physical Address

Bulldog Freightway Inc.

4569 E Florence Ave

Fresno, Ca 93725

Remit Address & Billing Address

Bulldog Freightway Inc.

7370 N Ciancetti Ave

Fresno, Ca 93722-2652

Banking Information

Valley Business Bank

Fresno Business Banking Center

7391 N Palm Ave

Fresno, Ca 93711

Ph: 559-221-8382

www.valleybusinessbank.net

Insurance Information

Links Insurance

Ph: 510-452-4600

Fax: 510-452-4603

Bulldog Freightway Inc.

4569 E. Florence Ave

Fresno, CA 93725

Ph: 559-233-4041

Fax: 559-233-4036

References:

LANDSTAR INWAY
JACKSONVILLE, FL 32245
PH: 800-862-9270
CONTACT: MIKE

STLT, INC
FRESNO, CA 93723
PH: 559-275-1482
CONTACT: JASPREET

Trius Trucking Inc.
FRESNO, CA 93745
PH: 559-441-1571
CONTACT: TONY THANDI

CH ROBINSON WORLD WIDE INC
CORALVILLE, IA 52241
PH: 800-233-5623
CONTACT:

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above BULLDOG FREIGHTWAY INC.	
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 7370 N CIANCETTI AVE	Requester's name and address (optional)
City, state, and ZIP code FRESNO, CA 93722	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: : : :
OR
Employer identification number
26 : 0773359

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ *Alimrafk Chohan* Date ▶ *3/10/08*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and evading withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

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

SERVICE DATE
March 4, 2008

DECISION
MC-365600
GURDEEP SINGH CHOHAN
D/B/A BULLDOG TRUCKING
FRESNO, CA
REENTITLED →
BULLDOG FREIGHTWAY, INC

On February 27, 2008, 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 **BULLDOG FREIGHTWAY, 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 (BMC-91 or 91X or 92 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, 1200 New Jersey Ave., S.E., Washington, DC 20590.

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://ft-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: February 28, 2008
By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief
Information Systems Division

HCA



U.S. Department
of
Transportation
Federal Motor
Carrier Safety
Administration

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

November 24, 2009

In reply refer to:
Your USDOT No.: 855196
Review No.: 758191/CR

GURDEEP SINGH CHOHAN
PRESIDENT
BULLDOG FREIGHTWAY INC
1310 N CANTONWAY AVE
FRESNO, CA 93722

Dear GURDEEP SINGH CHOHAN

The motor carrier safety rating for your company is

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on November 18, 2009. A SATISFACTORY rating indicates that your company has adequate safety management systems in place to meet the safety fitness standards prescribed in 49 CFR 395.5.

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:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
1325 J STREET, SUITE 1540
SACRAMENTO, CA 95814
Telephone No.: 916 xIC 2765

John Van Steenburg
Director, Office of Enforcement and
Compliance

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 7/19/2012
PRODUCER (510)452-4600 FAX: (510)452-4603 LINKS INSURANCE SERVICES, INC. 1155 THIRD ST # 220 OAKLAND CA 94607		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 BULLDOG FREIGHTWAY, INC. 7370 N CIANCETTI AVE FRESNO CA 93722		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: NEW YORK MARINE & GEN INS
		INSURER B: LEXINGTON INS CO.
		INSURER C:
		INSURER D:
		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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC	CT102487	7/25/2012	7/25/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$												
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CT102487	7/25/2012	7/25/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">WC STATU-TORY LIMITS</td> <td style="width:5%;">OTH-ER</td> <td style="width:10%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
WC STATU-TORY LIMITS	OTH-ER																	
E.L. EACH ACCIDENT		\$																
E.L. DISEASE - EA EMPLOYEE		\$																
E.L. DISEASE - POLICY LIMIT		\$																
B		OTHER CARGO COVERAGE	44270765-R	7/25/2012	7/25/2013	CARGO LIMITS \$100,000 SKEEPR BREAKDOWN \$2,500 DEDUCTIBLE: \$1,000												
B		PHYSICAL DAMAGE	44270765-R	7/25/2012	7/25/2013													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 VEHICLE SCHEDULE AS PER ON FILE WITH COMPANY
 Cargo Limits :- \$170,000 only when hauling for THE KROGER CO. & ALL ITS AFFILIATES & SUBSIDIARIES

CERTIFICATE HOLDER 559) 233-4036 G S F 3804 WHIRLWIND DR. BAKERSFIELD, CA 93313	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 I. RANDHANA
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Bakersfield D. O. T. Consulting

Driver Qualification File

EMPLOYEE NAME: _____ Social Security#: _____

COMPANY NAME: Bulldog Freightway Inc.

PREQUALIFICATION – PERMENANT RECORDS

- _____ A. Commercial Driver Application for Employment
- _____ B. Driver's License (legible copy) – Expiration Date _____ State _____
- _____ C. DMV Printout – (original copy) - MVR # _____
- _____ D. Medical Certification Card (Medical exam report if available) - Expiration Date _____
- _____ E. Driver's Certificate of Non-Motor Carrier's Compensated Work (Form DOT A-8)
- _____ F. Driver's Statement of On Duty Hours (Form DOT A-8)
- _____ G. Receipt of Employee Alcohol and Drug Statement (Form DOT C)
- _____ H. Alcohol & Controlled Substance Employee's Certified Receipt (Form DOT D)
- _____ I. Driver Proficiency (CAC 13, 1229) and Authorized Vehicles (CAC 13, 1234 (b))
- _____ J. Sign off Sheet for the FMCSR Handbook
- _____ L. Driver Safety Performance History Investigation (Release of Information Forms)
 - a) Written Consent from Applicant
 - b) Previous Employer Responses
 - c) Document Failure to Receive Information (if applicable)
- _____ M. Driver Training Certifications – (Form F)
 - a) Entry Level Driver's Training – For those with less than 1 year of driving experience
- _____ N. Drivers Certification Of Violations – Must be done every year – Expiration Date _____
- _____ O. Annual Review Of Driving Record – Must be done every year – Expiration Date _____
- _____ P. Authorization for Release of Driver Record Information
- _____ Q. California DMV Employee Pull Notice Report

The above compiled in order in a folder, constitutes a Drivers Qualification file (DQ file)

This file must be kept for the term of employment plus three years.

ACTION ITEMS – THESE ITEMS MUST BE COMPLETED FOR EVERY EMPLOYEE

- _____ Pre-employment drug test completed _____ (date), with negative test results received _____ (date)
- _____ Employee enrolled in random drug testing program _____ (date)
- _____ Employee enrolled in California DMV's Employee Pull Notice Program _____ (date)