



# GOLD COAST LOGISTICS

**Proud Partner of Priority 1 Inc**





## Gold Coast Logistics

Gold Coast Logistics, an agency for Priority 1 Inc., is a premier provider of technology-enabled logistics services, offering simplified transportation solutions for companies worldwide.

Together with our transportation knowledge, carrier network, and unparalleled pricing, we will be able to increase productivity and profitability for your business.

- One company for all your shipping needs
- Flexible credit, invoicing and insurance options
- Significant savings
- Transportation Management System (TMS)
- Dedicated account service team

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Less Than Truckload (LTL) – Full Truckload (FTL) – Partial Truckload – Drayage – Volume Expedited – Air Freight – Ocean Freight – Amazon (FBA) – International Freight

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## Priority 1 Inc

Our mission is to be the innovator and leader establishing lifelong partnerships with our customers, employees, and vendors by exceeding their expectations through our people, technology, expertise, and value. Our success is measured by how well we simplify your logistics needs.

Priority1 operates as a subsidiary of one of North America's largest wire and cable distributors (Priority Wire & Cable). This offers Priority1's customers financial security, assets, and stability that are unheard of among transportation companies.

**“YOUR PRODUCT, OUR PRIORITY”**



## Company Information

### Gold Coast Logistics

**Address(s):** 1440 S State College Blvd Suite 4k, Anaheim CA, 92806  
101 E Old Settlers Blvd Suite 150, Round Rock TX, 78664

**Website:** [www.gclfreight.com](http://www.gclfreight.com)

**Phone:** 714-576-6948

**Federal ID:** 82-0664299

**Date of Incorporation:** February 16, 2017

**State of Incorporation:** California

**Officers:** Trevor Marioni | Mike Lahey | John Mebane

### Priority 1 Inc

**Physical Address:** 1800 East Roosevelt Rd Little Rock, AR 72206

**Payment Address:** PO Box 840808 Dallas, TX 75284

**Website:** [www.priority1.com](http://www.priority1.com)

**Phone:** 501-372-3925

**Federal ID:** 71-0790065

**Dunn & Bradstreet:** 80-465-5744

**MC:** 312916

**SCAC:** POIP

**DOT:** 22837

**Date of Incorporation:** May 2, 1996

**State of Incorporation:** Arkansas

**Corporate Officer:** Ken Hamilton, President

**Bank:** Bank of America  
200 West Capitol  
Little Rock, AR 72201  
Fax – 900-733-5100 (\$10 charge for query)

### **Trade References:**

R&L Carriers: PO Box 713153 Columbus, OH 43271-3153 | PH: 501-945-4277

SMS Trucking, Inc: PO Box 1314 Cabot, AR 72023 | PH: 501-605-1125

Transplace Stuttgart: PO Box 90407 Chicago, IL 60696 | PH: 800-643-9566

Southeastern Freight Lines Inc: PO Box 100104 Columbia, SC 29202-3104 | PH: 803-794-7300

Saia Motor Freight Line Inc: PO Box 730532 Dallas, TX 75373-0532 | PH: 501-565-5114



## Payments & Contacts

Priority 1 Inc. handles billing and all accounts receivables for Gold Coast Logistics. You will receive an email from Priority 1 Inc. with your invoice attached.

If you have any questions regarding an invoice, or billing discrepancy, please notify [cs@gclfreight.com](mailto:cs@gclfreight.com).

### Priority 1 Contacts

<b>Invoices:</b>	<a href="mailto:priority1@app.hubtran.com">priority1@app.hubtran.com</a>
<b>Primary Notification:</b>	<a href="mailto:p1collections@priority1inc.com">p1collections@priority1inc.com</a> p: 501-487-6518   f: 501-374-5960
<b>Sandi Marshall,</b> <i>Financial Services Analyst</i>	<a href="mailto:Sandi.Marshall@priority1inc.com">Sandi.Marshall@priority1inc.com</a> p: 501-487-6502   f: 501-374-5960
<b>Carrie Alexander,</b> <i>Financial Services Manager</i>	<a href="mailto:Carrie.Alexander@priority1inc.com">Carrie.Alexander@priority1inc.com</a> p: 501-487-6495   f: 501-374-5960
<b>Eric Dyson,</b> <i>Director of Financial Services</i>	<a href="mailto:Eric.Dyson@priority1inc.com">Eric.Dyson@priority1inc.com</a> p: 501-487-6518   f: 501-374-5960

### Payment Methods

Payments to Priority 1, Inc can be made via **wire** or **ACH** directly to our account at **Bank of America**.

**AH:** Routing # 082000073 | Account # 004165666767

**Wire:** Routing # 026009593 | Account # 004165666767

**Checks (Mailing Address):** PO Box 840808 DALLAS, TX 75284-0808

**E-PAY:** To get access to our online E-Pay system, please request login credentials from [p1collections@priority1inc.com](mailto:p1collections@priority1inc.com)

**Credit Card:** We accept all major credit cards with a 2.5% surcharge fee

Remittance information is required and should be e-mailed to [payments@priority1inc.com](mailto:payments@priority1inc.com).

# 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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Priority-1, Inc</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC     <input checked="" type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>1800 E Roosevelt Rd</b></p> <p><b>6</b> City, state, and ZIP code  <b>Little Rock, AR 72206</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>7</b> List account number(s) here (optional)</p>	

## 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.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
7	1								
-				-					

## 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 ▶	Date ▶ <b>1/7/2020</b>
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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.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2020

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 have **ADDITIONAL INSURED** provisions or 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> McGriff Insurance Services 1500 Riverfront Drive Little Rock, AR 72202	<b>CONTACT NAME:</b> Angela Hurst <b>PHONE (A/C. No. Ext):</b> 501-660-7142 <b>E-MAIL ADDRESS:</b> Angela.Hurst@McGriffInsurance.com	<b>FAX (A/C. No.):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Priority-1, Inc 1800 East Roosevelt Road Little Rock AR 72206	<b>INSURER A:</b> Hudson Excess Insurance Company	<b>NAIC #</b> 14484
	<b>INSURER B:</b> Kinsale Insurance Company	38920
	<b>INSURER C:</b> Chubb Indemnity Insurance Company	12777
	<b>INSURER D:</b> Markel American Insurance Company	28932
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GTUL000396-00	3/15/2020	3/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Truck Broker Liability			GTUL000396-00	3/15/2020	3/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			01000718452 Excess GL Follow Form	3/15/2020	3/15/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71827361	3/1/2020	3/1/2021	<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
D	Errors & Omissions			USMMC0000019000	3/15/2020	3/15/2021	1,000,000 Per Occurrence
D	Motor Truck Cargo			USMMC0000019000	3/15/2020	3/15/2021	250,000 Cargo Limit / \$5,000 Deductible

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

**CERTIFICATE HOLDER****CANCELLATION**

For Insurance Verification

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

Scott Miller

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ACORD 25 (2016/03)

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## Broker Authority

PM-25  
(Rev. 1/95)

SERVICE DATE  
February 06, 1997

FEDERAL HIGHWAY ADMINISTRATION

LICENSE

MC 312916 B

PRIORITY-1, INC.

LITTLE ROCK, AR, US

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 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining  
Chief, Licensing and Insurance Division