



CONTACT INFORMATION
MAILING ADDRESS

14850, 71 AVE
SURREY, BC
V3S 0X3

AMERICAN TOP RIDER FREIGHT

- MC-89789
- DOT-3124498
- Business Canadian-759806482
- US TAX-98-1423413
- SCAC- AORE
- Carrier Code- 73PP
- Work Safe- 086143

E-mail: American@topriderfreight.com

Dispatch- 604-503-6708

Fax- 604-503-6709

Emergency- 778-878-4100

Working Hours

Monday to Friday-6:00 am – 6:00pm

After hours-778-878-4100

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. February 2014)

Department of the Treasury
Internal Revenue Service

► For use by individuals. Entities must use Form W-8BEN-E.
► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- A person acting as an intermediary W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner American Top Rider Freight Ltd		2 Country of citizenship Canada	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 14850 71 Ave			
City or town, state or province. Include postal code where appropriate. Surrey BC V3S 0X3			Country Canada
4 Mailing address (if different from above) Same			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions) 98-1423413	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)		

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of Canada within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article VIII of the treaty identified on line 9 above to claim a 0 % rate of withholding on (specify type of income): Motor carrier Profits

Explain the reasons the beneficial owner meets the terms of the treaty article: The filer is a Canadian carrier providing transportation of goods from pick up points in Canada to destinations in US & vice versa

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

Maninder Mann Signature of beneficial owner (or individual authorized to sign for beneficial owner) Dec/03/2018 Date (MM-DD-YYYY)

MANINDER MANN Print name of signer Director Capacity in which acting (if form is not signed by beneficial owner)



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
TransCore Link Logistics 2 Robert Speck Pkwy, Suite 900 Mississauga, ON L4Z 1H8	American Top Rider Frieight Ltd. 14850 71 Ave. Surrey, BC V3S 0TX3

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Trucks for Hire

4. COVERAGES
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 requirements, terms or conditions 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.

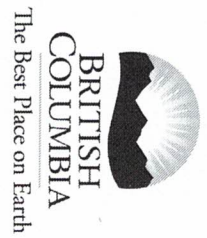
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input checked="" type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance Co. 5IM534426	2019/ 6 / 11	2020/ 6 / 11	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate		2,000,000
				- Each Occurrence	2,500	5,000,000
				Products and Completed Operations Aggregate		2,000,000
				<input type="checkbox"/> Personal Injury Liability		2,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		10,000
				Tenants Legal Liability	2,500	500,000
				Pollution Liability Extension		
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Automobiles <input checked="" type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance	Insurance Corp of BC 44009P	2019 / 12 / 1	2020 / 11 / 30	Bodily Injury and Property Damage Combined		10,000,000
				Bodily Injury (Per Person)		10,000,000
				Bodily Injury (Per Accident)		10,000,000
				Property Damage		10,000,000
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cargo <input checked="" type="checkbox"/> Non Owned Trailer <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance Co. 5IM534426	2019 / 6 / 11	2020 / 6 / 11	Broad Form	2,500	300,000
				Physical Damage	2,500	50,000

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Pacific Coast Insurance Brokers Inc. 102, 12030 - 80th Ave Surrey Surrey, BC V3W 3M1 BROKER CLIENT ID: AME38	TransCore Link Logistics 2 Robert Speck Pkwy, Suite 900 Mississauga, ON L4Z 1H8

8. CERTIFICATE AUTHORIZATION			
Issuer	Pacific Coast Insurance Brokers Inc.	Contact Number(s)	
Authorized Representative		Type	No
Signature of Authorized Representative	X	Type Phone	No (604) 599-0881
		Date	2019 12 10
		EEmail Address	info@pcbrosers.com
		Type Fax	No (604) 543-0881

Document
Number : 2018103627



Ministry of Transportation
and Infrastructure
Commercial Vehicle Safety and
Enforcement Branch
National Safety Code

PO Box 9250 Stn Prov Govt
Victoria BC V8W 9J2

NSC
NSC
NSC

SAFETY CERTIFICATE

202-577-654

NSC

This Safety Certificate, issued pursuant to the **Motor Vehicle Transport Act 1987** (Canada) and the **Motor Vehicle Act** (RSBC 1996 c.318), is granted to

NSC

AMERICAN TOP RIDER FREIGHT LTD.

NSC

This certificate is issued on the **23rd** day of **May 2018**. It is valid as long as the named holder operates all vehicles governed by this certificate according to requirements set by the **Motor Vehicle Transport Act 1987** (Canada) and the **Motor Vehicle Act** (RSBC 1996 c.318), or until it is cancelled by the Director.

Director, Commercial Vehicle Safety and Enforcement
Ministry of Transportation and Infrastructure



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

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

SERVICE DATE
June 15, 2018

**CERTIFICATE
MC-89789-C**

U.S. DOT No. 3124498
AMERICAN TOP RIDER FREIGHT LTD
SURREY, BC, CA

This Certificate is evidence of the carrier's authority to engage in transportation as a **common 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). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations 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.

CMO

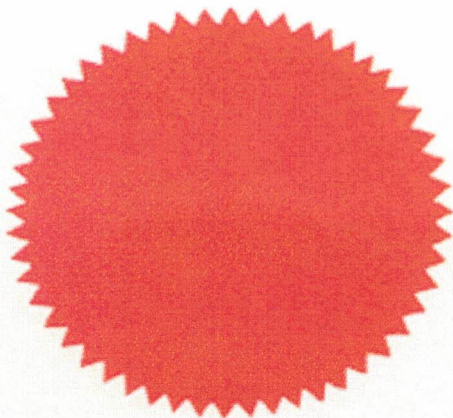


Number: BC1160677

CERTIFICATE OF INCORPORATION

BUSINESS CORPORATIONS ACT

I Hereby Certify that AMERICAN TOP RIDER FREIGHT LTD. was incorporated under the Business Corporations Act on April 16, 2018 at 04:25 PM Pacific Time.



Issued under my hand at Victoria, British Columbia

On April 16, 2018

CAROL PREST
Registrar of Companies
Province of British Columbia
Canada

ELECTRONIC CERTIFICATE

THANK YOU
FOR YOUR
BUSINESS