

COMPANY PACKET

This packet contains a brief collection of documents, information, and references to get familiar with our company. If you have a more specific request please contact info@fantonlogistics.com or use the link below to view our online resource center.



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DELIVERING WHAT OTHERS PROMISE.

Founded in 2007 by Mykola Kachaluba, F.A.N.T.O.N. Logistics, Inc. has established itself as a leading nationwide trucking and logistics company, headquartered in the strategic Cleveland area. As a family-operated enterprise, we embody the legacy of commitment and passion for delivering top-tier freight and logistics services, while fostering a culture of respect and value for our employees.

With a primary operational focus on the Cleveland/Los Angeles route, our reach extends across key regions including California, Arizona, Nevada, Utah, Ohio, New York, Pennsylvania, Maryland, West Virginia, and Michigan. Our modern fleet, comprising over 50 Volvo power units (all newer than 2020) and more than 60 53′ Dry Vans, is meticulously maintained to meet and exceed food-grade standards, ensuring the safety of your freight, our drivers, and the wider community.

At the core of F.A.N.T.O.N.'s operations is an unwavering commitment to safety, which we regard as paramount. We are dedicated to establishing enduring relationships with brokers and drivers, carefully coordinating loads, and aiming to consistently deliver a reliable logistics service. This commitment to quality, punctuality, and customer satisfaction defines the FANTON way and continues to drive our success and reputation in the transportation industry.

COMPANY INFORMATION

OPERATION OVERVIEW



We operate on a relay-based system in which drivers pass on their trailer to a new driver for each leg of the trip. We do this to ensure compliance with DOT logbook policies while still allowing for your freight to keep moving. This is why sometimes there might be at least 2-3 drivers hauling your freight; a pickup driver, over the road (OTR) driver, and a delivery driver. If you would like to learn more about how we operate and ensure your freights security you can contact us or read more on our website.

DEPARTMENTS

Dispatch - dispatch@fantonlogistics.com

- Load booking
- · Dispatch, Tracking

Accounting - Accounting@fantonlogistics.com

- · Billing and Payroll
- Account Receivable, Payable
- · Invoices and PODs

Compliance - Compliance@fantonlogistics.com

- · Safety, Compliance
- · Claims, Damages, Shortages.
- · Human Resources, Hiring

Operations - Operations@fantonlogistics.com

- · Management and Ownership
- Contracts, setup, partnership
- · Legal and documentation

IDENTIFICATION

DUNS #: 12-014-227 EIN #: 26-0620254

MC #: 615338 DOT #: 1674234

2023 STATISTICS

Power Units: 50+
Trailer Units: 60+
Active Drivers: 65+

Miles: 7.000.000+

Loads Delivered: 6,000+

MISSION STATMENT

"F.A.N.T.O.N. Logistics, Inc. is committed to redefining excellence in transportation and logistics with a focus on safety, reliability, and customer satisfaction. We aim to build lasting partnerships, deliver superior service, and maintain the highest standards, ensuring seamless and secure logistics across America."

LANES OF SERVICE

EAST->WEST

Our east-to-west operation runs 50-60 loads a week originating from a radius of about 100 miles centering around our headquarters in Cleveland, OH. These run exclusively to the states of UT, NV, AZ, and CA. Our strategically placed partner hubs allow us to run LTL or FTL freight consistently.

Contact: East@fantonlogistics.com







WEST->EAST

Our west-to-east operation runs 40-50 loads a week originating from a 500-mile radius centering around our west coast hub in Ontario, CA. These trucks run exclusively to the northeast including Ohio and Michigan.

Contact: West@fantonlogistics.com



REGIONAL

Our local and regional operation runs 20-30 loads a week exclusively delivering within a 80-mile radius of Cleveland, OH. We send out a weekly list of available trucks within the northeast corner of the United States. To get setup and receive a list please contact us.

Contact: Local@fantonlogistics.com



BROKER REFERENCES



PETER ZUNICH



Phone: +1 (224) 251 6507 Email: peter.zunich@echo.com



FERNANDO RUEDA



Phone: +1 (312) 944-7277 Email: ruedfer@chrobinson.com



OLIVIA GONZALEZ



Phone: +1 (773) 537 4786

Email: ogonzalez@arrivelogistics.com



JOSHUA CONKLIN



Phone: +1 (813) 328 3246

Email: jconklin@bluegracegroup.com

BANKING REFRENCES

Institution:

Chase for Business



Phone: +1 (877) 242-7372

https://www.chase.com/business

Branch:

Pepper Pike



Address: 30950 Pinetree Rd Pepper Pike, OH 44124

Phone: +1 (216) 831-5252

Contact:

Aaron Pike



Phone: +1 (216) 896 0595

Email: aaron.m.pike@chase.com

https://locator.chase.com/oh/pepper-pike/30950-pinetree-rd



Account Information:



Sensitive information such as account and routing numbers are provided upon request for security purposes. If you require a void check or more specific banking information please contact us at operations@fantonlogistics.com

INSURANCE

A

COMMERCIAL GENERAL LIABILITY

Insurer: Penn-Star Insurance Co

NAIC #: 10673

Policy #: PAV0439578

В

AUTOMOBILE LIABILITY

Insurer: Cherokee Insurance Company

NAIC #: 10642 Policy #: CA230149

C

UMBRELLA/EXCESS LIABILITY

Insurer: Crum & Forster Specialty Insurance Company

NAIC #: 44520

Policy #: SEO-123875

D

MOTOR TRUCK CARGO

Insurer: AGCS Marine Insurance Co.

NAIC #: 22837

Policy #: MZI93082244

Ε

EXCESS GENERAL LIABILITY

Insurer: Evanston Insurance Co

NAIC #: 35378

Policy #: EZXS3130306





FANTLOG-01

CWILLENBRING

DATE (MM/DD/YYYY) 4/22/2024

CERTIFICATE OF LIABILITY INSURANCE

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).

CONTACT NAME:

Transportation Insurance Advisors				PHONE (A/C, No, Ext): (407) 965-3609 FAX (A/C, No): (407) 322-6749						
1485 International Parkway, Suite 1031 Lake Mary, FL 32746				E-MAIL ADDRESS: TIA.COI@AssuredPartners.com						
				INSURER(S) AFFORDING COVERAGE					NAIC#	
				INSURER A : Penn-Star Insurance Co					10673	
INSURED				INSURER B : Cherokee Insurance Company					10642	
Fanton Logistics Inc				INSURER C : Crum & Forster Specialty Insurance Company					44520	
10801 Broadway Ave				INSURER D : AGCS Marine Insurance Co.					22837	
Cleveland, OH 44125				INSURER E : Evanston Insurance Co					35378	
				INSURER F:						
COVERAGES CERTIFIC			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 TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY					,,	,	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR			PAV0439578		10/2/2023	10/2/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
X POLICY PROT LOC							PRODUCTS - COMP/OP AGG	\$	Included	
OTHER:								\$		
B AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000	
ANY AUTO			CA230149		10/2/2023	10/2/2024	BODILY INJURY (Per person)	s		
OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
X XUPES ONLY X XUPUS WATER							PROPERTY DAMAGE (Per accident)	\$		
								s		
C UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
X EXCESS LIAB CLAIMS-MADE			SEO-123875		5/31/2023	5/31/2024	AGGREGATE	\$	1,000,000	
DED RETENTION \$							DED OTH	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below			MZI93082244		5/3/2024	5/3/2025	E.L. DISEASE - POLICY LIMIT	\$	250 000	
			EZXS3130306		10/2/2023	10/2/2024	Deduct \$2,500 Limit		250,000 1,000,000	
E Excess Gen Liability			EZA53130306		10/2/2023	10/2/2024	Occ \$1,000,000 Agg		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Refrigeration Breakdown Included CERTIFICATE HOLDER	LES (A	CORD	D 101, Additional Remarks Schedu		e attached if mon	e space is requir	red)			

ACORD 25 (2016/03)

INSURED'S COPY

For informational purposes only

Send COI requests to: TIA.COI@AssuredPartners.com

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

Department of the Treasury Int

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/dentity's name on line 2.)	isregarded											
FANTON Logistics INC												
2 Business name/disregarded entity name, if different from above.												
only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate Certain entities, not individual/sole proprietor C corporation Partnership Trust/estate	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)											
Note: Check the "LLC". Dox above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Other (see instructions) Compliance Act (FATCA) code (if any)	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)											
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)											
5 Address (number, street, and apt. or suite no.). See instructions. 10801 Broadway Ave	er's name and address (optional)											
6 City, state, and ZIP code Cleveland, OH 44125												
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 Social security number	ecunty number											
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 <i>How to get a</i>												
TIN, later. Employer identification number	identification number											
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and	5 4											
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.

Sign Here

Signature of U.S. person

3/25/2024

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Ohio Workers' Compensation

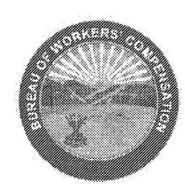
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer 01632675

FANTON LOGISTICS INC 28500 GATES MILLS BLVD PEPPER PIKE OH 44124

www.bwc.ohio.gov Issued by: BWC



Period Specified Below 07/01/2023 to 07/01/2024

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'

Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.

FMCSA AUTHORITY

MC #: 615338 Status: Active

DOT #: 1674234 **Rating:** Satisfactory

Check status:

HTTPS://SAFER.FMCSA.DOT.GOV/QUERY.ASP

2023 AUTHORITY LAPSE

We have been in business since the summer of 2007 with an uninterrupted active operating authority. Unfortunately in November of 2023, our operating authority was temporarily suspended for 3 days by the FMCSA due to a mis-filed BOC-3 form. This was due to an unexpected closure of the agency which covered our paperwork filings. Since then we have refiled the necessary forms to be compliant with DOT regulations and but in safeguards to ensure this doesn't happen again.

✓ SEE MORE

CONTACTUS

A representative can be reached 24/7 by phone, email, or SMS messaging. For emergencies and after-hours you can text us at (216) 440 5179. We operate under four main departments: dispatch, accounting, compliance, and management.

F.A.N.T.O.N. Logistics, Inc.



P/ **+1 (216) 341-2400**

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E/ info@fantonlogistics.com

 Image: Control of the control of the

W/ www.fantonlogistics.com

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10801 Broadway Ave Cleveland, OH 44125







F.A.N.T.O.N. Logistics, Inc.

THANK YOU