



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

# 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](mailto:info@fantonlogistics.com) or use the link below to view our online resource center.

**REV.  
MAY  
2025**

**[HTTPS://RESOURCES.FANTONLOGISTICS.COM](https://resources.fantonlogistics.com)**



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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 freight's security you can contact us or read more on our website.

## DEPARTMENTS

### Dispatch - [Dispatch@fantonlogistics.com](mailto:Dispatch@fantonlogistics.com)

- Load booking
- Dispatch, Tracking

### Accounting - [Accounting@fantonlogistics.com](mailto:Accounting@fantonlogistics.com)

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

### Compliance - [Compliance@fantonlogistics.com](mailto:Compliance@fantonlogistics.com)

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

### Operations - [Operations@fantonlogistics.com](mailto:Operations@fantonlogistics.com)

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

## IDENTIFICATION

DUNS #: 12-014-227

EIN #: 26-0620254

MC #: 615338

DOT #: 1674234

## 2024 STATISTICS

**Power Units:** 50+

**Trailer Units:** 80+

**Active Drivers:** 80+

**Miles:** 10,000,000+

**Loads Delivered:** 8,000+

## MISSION STATEMENT

"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](mailto: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](mailto: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](mailto:Local@fantonlogistics.com)



# BROKER REFERENCES



## PETER ZUNICH

7

Phone: +1 (224) 251 6507

Email: peter.zunich@echo.com



C.H. ROBINSON

## FERNANDO RUEDA

7

Phone: +1 (312) 944-7277

Email: ruedfer@chrobinson.com



ARRIVE  
LOGISTICS

## OLIVIA GONZALEZ

7

Phone: +1 (773) 537 4786

Email: ogonzalez@arrivelogistics.com



## JOSHUA CONKLIN

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Phone: +1 (813) 328 3246

Email: jconklin@bluegracegroup.com

# BANKING REFERENCES

**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](mailto:aaron.m.pike@chase.com)<https://locator.chase.com/oh/pepper-pike/30950-pinetree-rd>**Account Information:****CONTACT US**

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](mailto:operations@fantonlogistics.com)

# INSURANCE

**A**

## COMMERCIAL GENERAL LIABILITY

Insurer: Penn-Star Insurance Co

NAIC #: 10673

Policy #: PAV0439578

**B**

## AUTOMOBILE LIABILITY

Insurer: Cherokee Insurance Company

NAIC #: 10642

Policy #: CA230149

**C**

## UMBRELLA/EXCESS LIABILITY

Insurer: Underwriters at Lloyd's, London

NAIC #: 15642

Policy #: SCT1540924

**D**

## MOTOR TRUCK CARGO

Insurer: Travelers Property Casualty Co of America

NAIC #: 25674

Policy #: QT-660-B2443381-TIL-25

**E**

## EXCESS GENERAL LIABILITY

Insurer: Evanston Insurance Co

NAIC #: 35378

Policy #: EZXS3173883





FANTLOG-01

CWILLENBRING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/17/2025

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> Transportation Insurance Advisors 1485 International Parkway, Suite 1031 Lake Mary, FL 32746	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (407) 965-3609 FAX (A/C, No): (407) 322-6749 E-MAIL ADDRESS: TIA.COI@AssuredPartners.com														
<b>INSURED</b>  Fanton Logistics Inc 10801 Broadway Ave Cleveland, OH 44125	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Penn-Star Insurance Co</td> <td>10673</td> </tr> <tr> <td>INSURER B : Cherokee Insurance Company</td> <td>10642</td> </tr> <tr> <td>INSURER C : Underwriters at Lloyd's, London</td> <td>15642</td> </tr> <tr> <td>INSURER D : Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER E : Evanston Insurance Co</td> <td>35378</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Penn-Star Insurance Co	10673	INSURER B : Cherokee Insurance Company	10642	INSURER C : Underwriters at Lloyd's, London	15642	INSURER D : Travelers Property Casualty Co of America	25674	INSURER E : Evanston Insurance Co	35378	INSURER F :	
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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"/> 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAV0514554	10/2/2024	10/2/2025	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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA240160	10/2/2024	10/2/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SCT1540924	5/31/2024	5/31/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Motor Truck Cargo			QT-660-B2443381-TIL-25	5/3/2025	5/3/2026	Deduct \$10,000 Limit 300,000
E	Excess Gen Liability			EZXS3173883	10/2/2024	10/2/2025	Occ \$1,000,000 Agg 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Fanton Logistics Inc 10801 Broadway Ave Cleveland, OH 44125	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 
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Form **W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> 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/disregarded entity's name on line 2.) <b>FANTON Logistics</b>	
<b>2</b> Business name/disregarded entity name, if different from above.	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box 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. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
<b>3b</b> 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 . . . . . <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>10801 Broadway Ave</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Cleveland, OH 44125</b>	
<b>7</b> 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. See also *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>									
2	6			-	0	6	2	0	2 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    

Date **5/1/2025**

**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).

**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





**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](http://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

Period Specified Below  
07/01/2025 to 07/01/2026



[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
Issued by: BWC

*Stephanie McCloud*

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, marijuana 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, marijuana 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

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**MC #:** 615338

**Status:** Active

**DOT #:** 1674234

**Rating:** Satisfactory

**Check status:**

[HTTPS://SAFER.FMCSA.DOT.GOV/QUERY.ASP](https://safer.fmcsa.dot.gov/query.asp)

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## 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 put in safeguards to ensure this doesn't happen again.

7 SEE MORE



# CONTACT US

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**



E/ **info@fantonlogistics.com**



W/ ***www.fantonlogistics.com***



A/ **10801 Broadway Ave Cleveland, OH 44125**





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

# THANK YOU

[WWW.FANTONLOGISTICS.COM](http://WWW.FANTONLOGISTICS.COM)

