

Southern Intermodal Xpress, LLC



Customer Packet

Southern Intermodal Xpress, LLC

Southern Intermodal Xpress offers a full range of container drayage services. We serve the Gulf Coast terminals in Mobile, AL and New Orleans, LA. We haul heavy and legal weight containers. Along with container drayage services, the company also offers flatbeds, vans, dump trailers (including tipper chassis), as well as, warehouse and rail services.

We maintain interchange agreements with all major steamship lines and railroads serving these points. We serve as CY/Depot for eight major steamship lines in Mobile and New Orleans with direct equipment update via a web based equipment control system. We can serve all of your intermodal needs including specialized equipment and some oversize and overweight movements. Our knowledge of the ports, along with our commitment to efficiency, eases the transportation process, allowing products to arrive in a safe and timely fashion.

Operations

Our normal office and container yard hours are 8:00 A.M. to 5:00 P.M. Monday through Friday, but expanded times can be arranged. Deliveries may be scheduled 24 hours, 7 days a week.

SCAC Codes: SIXP

DOT# 1605061

MC# 593622

Booking and Scheduling

Scheduling should be arranged through the appropriate port terminal:

Mobile, Alabama Location – Group Dispatch Email – mobiledispatch@sixllc.net

P.O. Box 929 Mobile, AL 36601	Contact:	Michael Mills	mmills@sixllc.net
620 Bay Bridge Rd. Mobile, AL 36610		Joe Horn	jhorn@sixllc.net
Phone: (251) 438-2749		Monica Poppell	mpoppell@sixllc.net
Fax: (251) 438-4749		Charles Drake	cdrake@sixllc.net
		T.C. Morris	tmorris@sixllc.net
		Andrés Avilés – Reefer Cargo	aaviles@sixllc.net

In Mobile we operate an eighteen-acre container yard facility fully fenced, with proper lighting and approved by the U.S. Customs for storage and clearance of in bond merchandise (U.S. Customs Bond # 17C001LQG). Three separate facilities in Mobile County allow easy access to I-65, I-10, I-165 and Highway 43. The warehousing facilities are also easily accessible from the Alabama State Docks, and rail.

New Orleans, Louisiana Location – Group Dispatch Email – noladispatch@sixllc.net

9575 Old Gentilly Rd New Orleans, LA 70127	Contact:	Kevin Palazzo	kpalazzo@sixllc.net
Phone: (504) 241-0749		Scott Shires	sshires@sixllc.net
Fax: (504) 241-2272		Shassy Tassin	stassin@sixllc.net
		Grace Mills	gmills@sixllc.net
		John Zepeda	izepeda@sixllc.net

In New Orleans, we operate an eighteen-acre container yard facility that is conveniently located to both the CERES and the Port of Americas.

Managers:

Operations	Melissa Campbell	mcampbell@sixllc.net
Sales	Ralph Amos	ramos@sixllc.net
Accounting	Rhoda Collings	rcollings@sixllc.net

Southern Intermodal Xpress, LLC

Credit Application

Firm or Business Name: _____

Doing Business As (DBA): _____

Street Address: _____

Billing Address: _____

Telephone () _____ Email _____

Please list all offices, Partners and/or affiliate name and addresses below:

Accounts Payable Contact Name: _____

Accounts Payable Telephone () _____ Email _____

Year Business Established _____ Federal Tax Number: _____

Type of Business: _____ Sole Proprietorship _____ Corporation _____ Partnership _____ LLC

CREDIT REFERENCES: (Please provide three)

Company Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Company Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Signature

Title

Date



SOUTINT-01

SETHLINGRAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/24/2022

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).

PRODUCER AssuredPartners of Alabama, LLC - TRH 440 U.S. Hwy 231 North Troy, AL 36081	CONTACT NAME: Lynn Jacques	
	PHONE (A/C, No, Ext): (334) 566-7665 FAX (A/C, No): (334) 566-7215	
	E-MAIL ADDRESS: lynn.jacques@assuredpartners.com	
INSURED Southern Intermodal Xpress LLC PO Box 929 Mobile, AL 36601	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sentry Select Insurance Company	21180
	INSURER B : Upland Specialty Insurance Company	16988
	INSURER C : Safety National Casualty Corporation	15105
	INSURER D :	
	INSURER E :	
	INSURER F :	

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			A0177982001	9/1/2022	9/1/2023	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A0177982001	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			USXTL0035821	9/1/2022	9/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A			ATA100-0000259-2022A	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Motor Truck Cargo			A0177982001	9/1/2022	9/1/2023	Basket Ded \$25000 250,000
A	Physical Damage			A0177982001	9/1/2022	9/1/2023	Basket Comp/Coil Ded 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Trailer Interchange Limit \$65,000 with a \$2,500 Deductible

CERTIFICATE HOLDER

CANCELLATION

Sample Certificate -
To add a certificate holder -
email certificaterequest@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



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

SOUTHERN INTERMODAL XPRESS INC
P O BOX 929
MOBILE AL 36601

400 Seventh St., S.W.
Washington, D.C. 20590

January 13, 2003

In reply refer to:
Your USDOT No.: 804J11
Review No.: 259506/CR

Dear Motor Carrier:

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 January 9, 2003. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

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 your local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
500 EASTERN BLVD, SUITE 200
MONTGOMERY, AL 36117 2018
Telephone No.: 334 223-7244

Charles A. Horan, III
Director, Office of Enforcement and
Compliance

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.**

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Southern Intermodal Xpress, LLC

2 Business name/disregarded entity name, if different from above
Southern Intermodal Xpress, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: 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 **not** 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.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
620 Bay Bridge Road

6 City, state, and ZIP code
Prichard, Alabama 36610

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-									
or									
Employer identification number									
4	7								
-									
2 4 9 1 8 0 3									

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 ▶ <i>Brandon Kelley</i>	Date ▶ <i>04/28/22</i>
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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.

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.



April 28, 2022

ANDRES AVILES
SOUTHERN INTERMODAL XPRESS LLC
PO BOX 929
MOBILE, AL 36601

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **SIXP** has been renewed for:

SOUTHERN INTERMODAL XPRESS LLC
PO BOX 929
MOBILE, AL 36601
MC-593622
US DOT-1605061

This Alpha Code will apply only to the company name shown above through June 30, 2023. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconNECTION with freight rates. For participation and membership information, please call (703) 838-1810.



Registration Document



The U.S. Environmental Protection Agency recognizes
Southern Intermodal Xpress, LLC.

As a Registered

SmartWay® Transport Partner

Partnership Date: 03/11/2010

SmartWay ID: 12274047

Expires: 05/03/2023

A handwritten signature in cursive script, appearing to read "Cheryl Bynum", written over a horizontal line.

Cheryl Bynum

Center Director, SmartWay Transport Partnership