

Southern Intermodal Xpress, LLC



To: _____ **Fax:** _____

From: Southern Intermodal Xpress, LLC

Re: Carrier Package **Pages:** _____

CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find attached the paperwork required to set up Southern Intermodal Xpress, LLC.

Thank You.

Phone: 251 438-2749

Fax: 251-438-4749

MC# 593622

USDOT# 1605061

FEDERAL ID# 47-2491803

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	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	jzepeda@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)

1/6/2025

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).

PRODUCER AssuredPartners of Alabama, LLC - TRH 440 U.S. Hwy 231 North Troy, AL 36081	CONTACT NAME: Lacey Ingram		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: Lacey.Ingram@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 : Endurance American Specialty Insurance Company		41718
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			A0177982001	9/1/2024	9/1/2025	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A0177982001	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXT30066504400	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	ATA100-0000259-2025A	1/1/2025	1/1/2026	<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	9/1/2024	9/1/2025	Deductible \$2,500 250,000
A	Physical Damage			A0177982001	9/1/2024	9/1/2025	Comp/Coll Deductible 2,500

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

Trailer Interchange 9/1/24 - 9/1/25 A0177982001 Limit \$65,000 Deductible \$2,500

WC Reinsurance #PRE4061656 1/1/25 - 1/1/26

Reefer Breakdown Included in Cargo Coverage

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage

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

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

SERVICE DATE
February 18, 2015

DECISION

MC-593622

POINT LOGISTICS TRANSPORTATION LLC
D/B/A POINT LOGISTICS EXPRESS
MOBILE, AL
REENTITLED
SOUTHERN INTERMODAL XPRESS, LLC
D/B/A SOUTHERN INTERMODAL XPRESS

On February 11, 2015, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as SOUTHERN INTERMODAL XPRESS, LLC, D/B/A SOUTHERN INTERMODAL XPRESS.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: February 12, 2015

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

19 CFR Part 113

**CBP
USE
ONLY**

17C001LQG

SECTION I - Select Single Transaction **OR** Continuous Bond (not both) and fill in the applicable blank spaces.

CBP Form 301 (06/12)

Broker Filer Code: DIR Surety Reference Number: 30463400

Principal Name: SOUTHERN INTERMODAL XPRESS LLC CBP Identification Number: 47-249180300

CO-PRINCIPAL

Name and Physical Address (including legal description and state of incorporation)	CBP Identification Number:	accordance with 19 CFR 113.25
	Signature	
		<input checked="" type="checkbox"/> Check Box

SECTION III - List below the complete name of all trade names or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their CBP Identification Number(s).

CBP Identification Number	Name	CBP Identification Number	Name
		Total Number of Importer Names listed in Section III: 0	

CO-SURETY

Name and Physical Address (including legal description and state of incorporation)	Surety Number	Agent ID Number	
	Signature		

☐ Check Box

**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.**

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.	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/disregarded entity's name on line 2.) Southern Intermodal Xpress LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: 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)	4 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.)
	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 620 Bay Bridge Road	Requester's name and address (optional)
6 City, state, and ZIP code Mobile, Alabama 36610		
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 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.

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

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.

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 01/08/25
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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.

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

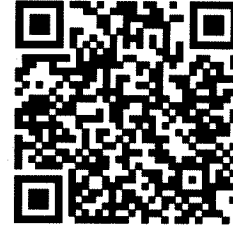
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	SIXP
Assigned Date	Wednesday, 07 July 1999
Assigned To	SOUTHERN INTERMODAL XPRESS LLC PO BOX 929 MOBILE, AL USA 36601 USDOT # 1605061 MC # 593622
Company Contact	ANDRES AVILES
Expiration Date	Saturday, 05 July 2025



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U"

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

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

All SCACs are automatically uploaded to ACE within 24 hours. If participating in the U.S. Customs and Border Protection (CBP) ACE program, contact CBP at AMSSCAC@cbp.dhs.gov if you have an issue when using your SCAC with ACE. To participate in the Automated Export System (AES) program, email AMSSCAC@cbp.dhs.gov and askaes@census.gov with your request and attach a copy of this NMFTA SCAC Certificate. For additional information on CBP's automated programs, go to <https://www.cbp.gov/trade/automated/getting-started>

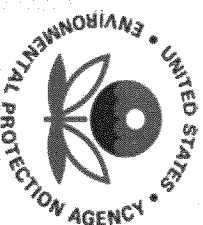
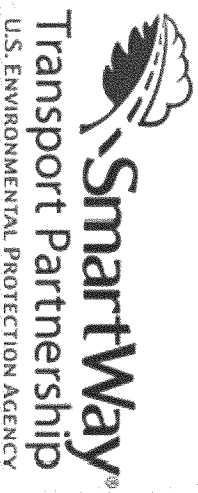
National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.

SOUTHERN INTERMODAL XPRESS, LLC

PHYSICAL ADDRESS(Mobile)	620 Bay Bridge Rd Prichard, AL 36610 (251)438-2749
PHYSICAL ADDRESS(New Orleans)	9575 Old Gentilly Rd New Orleans, LA 70127 (504)241-0749
MAILING ADDRESS:	P.O. Box 929 Mobile, AL 36601
FEDERAL ID#:	47-2491803
MC#:	593622
BANK REFERENCE:	ServisFirst Bank 219 E. Garden St. Suite 100 Pensacola, FL 32502
Contact:	Doug Rehm Ph: (850)266-9129 Fax: (850)266-9119
TRADE REFERENCES:	
	Ward International 2101 Perimeter Rd Mobile, AL 36615
Contact:	Accts. Rec. Ph: (251)433-5616 Fax(251)433-5617
	Empire Truck P.O. Box 54325 Jackson, MS 39288
Contact:	David (601)939-5000 (601)932-1570 Fax
	Davison Fuels, Inc. 8450 Tanner Williams Rd Mobile, AL 36608
Contact:	Accts. Rec. (251)633-4446 (251)639-4755Fax

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: 05/28/2025

A handwritten signature in black ink, appearing to read "Sam Waltzer".

Sam Waltzer

Director, SmartWay Transport Partnership