



# Westlake

## Transportation Group

USDOT: 3284982

MC#: 1039274

SCAC Code: WLKR

CVOR: 197-068-758

### Contacts:

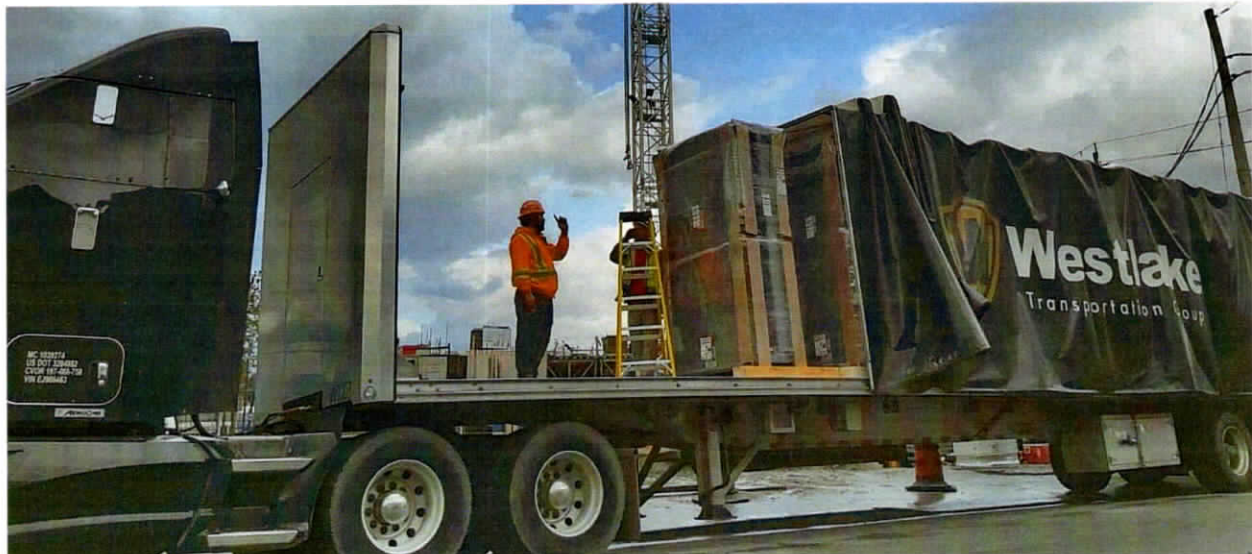
President: Sam Chandi [s.chandi@westlaketg.com](mailto:s.chandi@westlaketg.com)

Safety & Compliance [safety@westlaketg.com](mailto:safety@westlaketg.com)

Accounting: [accounting@westlaketg.com](mailto:accounting@westlaketg.com)

Operations: [operations@westlaketg.com](mailto:operations@westlaketg.com)

Dispatch: [dispatch@westlaketg.com](mailto:dispatch@westlaketg.com)



Westlake Logistics Inc. o/a Westlake Transportation Group  
#202 – 350 Rutherford Road S. Plaza 2, Brampton, ON L6W 3M2



## CERTIFICATE OF INSURANCE

### Insured

Westlake Transportation Group Inc  
2253 County Rd 12, RR 2  
Essex, Ontario, Canada  
N8M 2X6

### Certificate holder

Westlake Transportation Group Inc  
2253 County Rd 12, RR 2  
Essex, Ontario, Canada  
N8M 2X6

### Broker

NFP Canada Corp.  
184 Front Street, Suite 601  
Toronto, Ontario, Canada  
M5A 4N3

### Insurer

Scottish & York Insurance Co. Limited  
2206 Eglinton East Avenue, Suite 160  
Scarborough, Ontario, Canada  
M1L 4S8

Policy number: LX0504  
Effective date (yyyy/mm/dd): 2020/05/10  
Expiry date (yyyy/mm/dd): 2021/05/10

This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability upon the insurer.

This is to certify that policies of insurance as herein described have been issued to the above mentioned insured and are in force at this date.

All limits of insurance are in Canadian currency  
Coverages: Designated Vehicles Only

| Coverages   | Limits       | Deductibles             |
|---|--------------|-------------------------|
| Automobile liability coverage:  | \$ 2 000 000 |                         |
| OPCF 27:  | \$ 150 000   |                         |
| • Maximum amount per occurrence:  |              |                         |
| • Deductible section 7 (Loss or damage)-All Perils:   |              | \$ 5 000                |
| • Type of Vehicles:   |              | Semi-trailers, Trailers |
| Commercial General Liability:   | \$ 2 000 000 | \$ 2 500 (PD)           |
| Motor Truck Cargo - Maximum per Vehicle:  | \$ 250 000   | \$ 5 000                |
| Reefer equipment breakdown:   | \$ 250 000   | \$ 5 000                |
| Any loss arising out of theft of:<br>Aluminium, Copper, Stainless steel, Recreational vehicle, Meat, Seafood. | \$ 250 000   | \$ 10 000               |
| Combined single limit:  | \$ 2 000 000 | \$ 5 000                |

Notice: This is to certify that the insurance policy listed above has 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 policy described herein is subject to all terms, exclusions and conditions of such policy. It is hereby agreed that if the above policy is cancelled or changed during its term in such a manner as to affect this certificate, 30 days prior notice of such change of cancellation will be mailed to the certificate holder at the above address, but no responsibility for failure to do so.

  
senior underwriter

This document was produced electronically 2020/05/08 08:57

[www.mylynx.ca](http://www.mylynx.ca)





January 06, 2021

SUKHWINDER CHANDI  
WEST LAKE TRANSPORTATION GROUP INC  
350 RUTHERFORD ROAD SOUTH  
PLAZA 2 SUITE 202  
BRAMPTON, ON L6W3M2  
CANADA

**CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL**

The Standard Carrier Alpha Code of **WLKR** has been renewed for

WEST LAKE TRANSPORTATION GROUP INC  
350 RUTHERFORD ROAD SOUTH  
PLAZA 2 SUITE 202  
BRAMPTON, ON L6W3M2  
CANADA  
MC-1039274  
US DOT-3284982

This Alpha Code will apply only to the company name shown above through June 30, 2022. 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](mailto: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](mailto: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](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto: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 in connection with freight rates. For participation and membership information, please call (703) 838-1810

Name and Mailing Address / Nom et adresse postale

WESTLAKE TRANSPORTATION GROUP INC.  
O/A:  
2253 COUNTY ROAD 12  
ESSEX ON N8M2A6

ATTENTION: SUKHWINDER CHANDI

The CVOR Certificate or a copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation IUUV ou une copie conforme de celui-ci doit être présentée à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.

Detach here / Détachez ici



Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

**Commercial Vehicle Operator's Registration Certificate**  
**Certificat d'immatriculation d'utilisateur de véhicule utilitaire**

Commercial Vehicle Operator's  
Registration No.  
N° d'immatriculation d'utilisateur  
de véhicule utilitaire

**197-068-758**

Name / Nom  
**WESTLAKE TRANSPORTATION GROUP INC.**

O/A

Expiry Date / Date  
D'expiration

| Y/A  | M  | D/J |
|------|----|-----|
| 2021 | 02 | 06  |

This certificate or a copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For a replacement, of a CVOR Certificate complete and submit a Commercial Vehicle Operator's Registration (CVOR) Replacement Application form. For corrections or information changes, complete and submit a Commercial Motor Vehicle Operator's Registration (CVOR) Update Application form. Application forms are to be submitted to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines. ON L2R 7R4.

Pour le remplacement d'un certificat d'immatriculation IUUV, remplir et soumettre le formulaire de demande de remplacement d'un utilisateur de véhicule utilitaire (IUUV). Pour des corrections ou bien des demandes de mises à jour de l'information, remplir et soumettre un formulaire de demande de mise à jour d'un utilisateur de véhicule utilitaire (IUUV).

Les formulaires de demandes doivent être soumis au: Ministère du transport, Bureau de la sécurité des transporteurs et de l'application des lois, 301 rue St. Paul, 3<sup>ème</sup> étage, St. Catharines On L2R 7R4



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

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

**SERVICE DATE**  
June 04, 2019

**CERTIFICATE**  
**MC-1039274-C**  
U.S. DOT No. 3284982  
**WEST LAKE TRANSPORTATION GROUP INC**  
**ESSEX, ON, 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.

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

# FMCSA Motor Carrier

USDOT Number: 3284982

Docket Number: MC#####

Legal Name: WEST LAKE TRANSPORTATION GROUP INC

DBA (Doing-Business-As) Name



## Addresses

Business Address: 2253 COUNTY ROAD 12  
ESSEX, ON N8M 2A6

Business Phone: 4169012123 Business Fax:

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: NO

## Authorities

Common Authority: ACTIVE

Application Pending: NO

Contract Authority: NONE

Application Pending: NO

Broker Authority: NONE

Application Pending: NO

Property: YES

Passenger: NO

Household Goods: NO

Private: NO

Enterprise: NO

## Insurance Requirements:

BIPD Exempt: NO BIPD Waiver: NO BIPD Required: \$750,000 BIPD on File: \$1,000,000

Cargo Exempt: NO Cargo Required: NO Cargo on File: NO

BOC-3: YES Bond Required: NO Bond on File: NO

Blanket Company: PROCESS AGENT SERVICE COMPANY, INC.

## Comments:

## Active/Pending Insurance:

|                              |                    |                         |
|------------------------------|--------------------|-------------------------|
| Form: 91X                    | Type: BIPD/Primary | Posted Date: 05/29/2019 |
| Policy/Surety Number: LX0504 | Coverage From: \$0 | To: \$1,000,000         |
| Effective Date: 05/10/2019   | Cancellation Date: |                         |

Insurance Carrier: ATLANTIC SPECIALTY INSURANCE COMPANY

Attn: JAN NEWAY

Address: 1051 TEXAS ST  
SALEM, VA 24153 US

Telephone: (781) 332 - 7356 Fax:

## Rejected Insurances:

|                       |           |                    |         |
|-----------------------|-----------|--------------------|---------|
| Form:                 | Type:     | Coverage From: \$0 | To: \$0 |
| Policy/Surety Number: | Received: | Rejected:          |         |
| Rejected Reason:      |           |                    |         |

# FMCSA Motor Carrier

USDOT Number: 3284982

Docket Number: MC#####

Legal Name: WEST LAKE TRANSPORTATION GROUP INC

DBA (Doing-Business-As) Name



## Insurance History:

|                       |       |               |              |     |     |
|-----------------------|-------|---------------|--------------|-----|-----|
| Form:                 | Type: | Coverage From | \$0          | To: | \$0 |
| Policy/Surety Number: |       | To:           | Disposition: |     |     |
| Effective Date From:  |       |               |              |     |     |

Insurance Carrier:

Attn:

Address:

Telephone:

Fax:

## Authority History:

| Sub No. | Authority Type                   | Original Action | Disposition Action |
|---------|----------------------------------|-----------------|--------------------|
|         | MOTOR PROPERTY<br>COMMON CARRIER | GRANTED         | 06/04/2019         |

## Pending Application:

| Authority Type | Filed | Status | Insurance | BOC-3 |
|----------------|-------|--------|-----------|-------|
|                |       |        |           |       |

## Revocation History:

| Authority Type | 1st Serve Date | 2nd Serve Date | Reason |
|----------------|----------------|----------------|--------|
|                |                |                |        |

USDOT Number: 3284982

Date Received: 09/17/20

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

# FORM MCS-90

Issued to Westlake Transportation Group Inc of Ontario  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00 noon on this 29th day of September, 2020

Amending Policy Number: LX0504 Effective Date: 09/01/20

Name of Insurance Company: State National Insurance Company

Countersigned by:   
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000.00 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 800-877-4567.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under \_\_\_\_\_, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at \_\_\_\_\_.

(continued on next page)



**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

## SCHEDULE OF LIMITS — PUBLIC LIABILITY

| Type of carriage   | Commodity transported   | January 1, 1985 |
|--|---|-----------------|
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).   | Property (nonhazardous)   | \$750,000       |
| (2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).  | Hazardous substances, as defined in<br>transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in | \$5,000,000     |
| (3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds). | Oil listed in ; hazardous waste, hazardous materials, and hazardous substances defined in and listed in but not mentioned in (2) above or (4) below.  | \$1,000,000     |
| (4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).   | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in   | \$5,000,000     |

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

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

- For use by individuals. Entities must use Form W-8BEN-E.  
 ► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.  
 ► 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:**

- 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**
- You are a person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

|   |  |
|---|--|
| <b>1</b> Name of individual who is the beneficial owner<br><b>WESTLAKE TRANSPORTATION GROUP INC</b>   | <b>2</b> Country of citizenship<br><b>CANADA</b>           |
| <b>3</b> Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.<br><b>115 ORENDA ROAD</b><br>City or town, state or province. Include postal code where appropriate. <span style="float: right;">Country</span><br><b>BRAMPTON, ONTARIO, L6W 1V7</b> |  |
| <b>4</b> Mailing address (if different from above)<br>City or town, state or province. Include postal code where appropriate. <span style="float: right;">Country</span>  |  |
| <b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)  | <b>6</b> Foreign tax identifying number (see instructions) |
| <b>7</b> Reference number(s) (see instructions)   | <b>8</b> 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 and paragraph **VII** of the treaty identified on line 9 above to claim a **0** % rate of withholding on (specify type of income):  
**FREIGHT SERVICES**  
 Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:  
**AS A RESIDENT OF CANADA THE TAXPAYER IS ENTITLED TO TREATY BENEFITS UNDER THE CANADA / USA INCOME TAX TREATY. THE TAXPAYER DOES NOT HAVE ANY PERMANENT ESTABLISHMENTS IN THE USA.**

**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 for chapter 4 purposes,
- 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**


Signature of beneficial owner (or individual authorized to sign for beneficial owner)

01-29-2021

Date (MM-DD-YYYY)

**SUKHWINDER CHANDI**

Print name of signer

**PRESIDENT**

Capacity in which acting (if form is not signed by beneficial owner)