



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

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

SERVICE DATE
March 6, 2008

DECISION
MC-477554
MIKE BIONDI
D/B/A MIKE BIONDI TRANSPORT
MOSCOW, PA
REENTITLED
TEAM BIONDI, LLC

On February 29, 2008, 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 TEAM BIONDI, LLC.

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 property 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: March 3, 2008

By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief
Information Systems Division

NCA



SENTRY SELECT INSURANCE COMPANY

ISSUE DATE(4/5/2013):

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
TEAM BIONDI, LLC
33 PARRY ROAD
MOSCOW PA 18444


PRODUCER
Sentry Insurance – Pennsylvania Agency Mailing Address
PO Box 8036
Stevens Point, WI 54481-8036
Phone: 877-832-1835 Fax: 888-295-6919

COVERAGE

THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE. 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. **NOTE: COVERAGE(S) AND LIMIT(S) SHOWN BELOW ARE AS OF THE ISSUE DATE OF THE CERTIFICATE.**

COVERAGE PROVIDED	POLICY NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF COVERAGE	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY OCCURRENCE BASIS – "TRUCKER – INCLUDING PRODUCTS – COMPLETED OPERATIONS"	CT778626002	4/13/2013	4/13/2014	GENERAL AGGREGATE	\$2,000,000
				PRODUCTS AGGREGATE	NOT COVERED
				PERSONAL/ADVERTISING INJURY	\$1,000,000
				EACH OCCURRENCE	\$1,000,000
				PREMISES DAMAGE Any one premises	\$100,000
				MED. EXPENSE Any one person	\$5,000
WORKERS COMPENSATION <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY	25-23061-01-00-131	3/15/2013	3/15/2014	Workers Compensation Statutory Limits - Other	
				EL Each Accident	\$100,000
				EL Disease – EA Employee	\$100,000
				EL Disease – Policy Limit	\$500,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ANY AUTO EXCL. PRIV. PASS. <input type="checkbox"/> ANY AUTO EXCL. PRIV. PASS. & SERVICE UNITS <input type="checkbox"/> SPECIFICALLY DESCRIBED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> NON-TRUCKING LIABILITY	CT778626002	4/13/2013	4/13/2014	COMBINED SINGLE LIMIT	\$1,000,000
				DEDUCTIBLES: COMP: \$500 COLL: \$500	
				LIMIT: \$100,000 DEDUCTIBLE: \$1,000	
				VALUE: DEDUCTIBLE:	
OTHER <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> MOTOR TRUCK CARGO <input type="checkbox"/> TRAILER INTERCHANGE <input type="checkbox"/> <input type="checkbox"/>	CT778626002	4/13/2013	4/13/2014		
	CT778626002	4/13/2013	4/13/2014		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Reefer breakdown is included in policy. SEAFOOD IS A COVERED COMMODITY.

CERTIFICATE HOLDER Fax: 570-689-3406 Phone: Email: Team Biondi, LLC 33 Parry Road Moscow, PA 18444	CANCELLATION IF ANY OF THE ABOVE-LISTED POLICIES CANCEL PRIOR TO THE EXPIRATION DATE, SENTRY SELECT INSURANCE COMPANY WILL ISSUE NOTICE AS PROVIDED IN THE POLICY.
	AUTHORIZED REPRESENTATIVE 

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) Team Biondi LLC	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 248 Easton Turnpike	Requester's name and address (optional)
City, state, and ZIP code Lake Ariel, PA 18436	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
2 6 - 2 0 8 3 6 7 3	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here	Signature of U.S. person ▶ <i>Michael J Biondi</i>	Date ▶ <i>6-25-13</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.