

U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE June 11, 2021

LICENSE MC-1251531-B

U.S. DOT No. 3641548 BRILLIANT SHIPPING LLC UNION, NJ

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker**, **arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant 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

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Information Technology Operations Division

BPO

**FORM BMC-84** Revised 05/19/2017

USDOT Number:	Date Received:

OMB No.: 2126-0017

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 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 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.

<b>(2)</b>	United States Department of Transportation Federal Motor Carrier Safety Administration
Batales Chaff	receral motor Carrier Safety Administration

Bond Number: 3740277 MC# and/or FF#: MC01251531

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

# **FORM BMC-84**

	-		
KNOW ALL MEN BY THESE PRESENTS, that we,	BRILLIANT S	SHIPPING LLC	
of 934 STUYVESANT AVE STE 3	(Name of Broker or Freight Forwarder) UNION (City)	New Jersey (State)	07083
as PRINCIPAL (hereinafter called Principal), and	(Name of Surety) Great American I	Insurance Company	
a corporation, or a Risk Retention Group establ		of 1986, Pub. L. 99-563, create	ed and existing
under the laws of the State of Ohio (State)	(hereinafter called Surety), are held	d and firmly bound unto the U	Jnited States of
America in the sum of \$75,000 for a broker or fine heirs, executors, administrators, successors, and			ourselves and ou
WHEREAS, the Principal is or intends to become the rules and regulations of the Federal Motor of motor carriers and shippers, and has elected financial responsibility and the supplying of transgreements, or arrangements therefore, and	Carrier Safety Administration relating to insu d to file with the Federal Motor Carrier Safety	urance or other security for thy Administration such a bond	e protection as will ensure
WHEREAS, this bond is written to assure compl of Transportation by motor vehicle with 49 U.S. Administration, relating to insurance or other sany and all motor carriers or shippers to whom	. <u>C. 13906(b)</u> , and the rules and regulations o security for the protection of motor carriers a	of the Federal Motor Carrier Sa and shippers, and shall inure t	ifety to the benefit of
NOW, THEREFORE, the condition of this obligat by motor vehicle any sum or sums for which th perform, fulfill, and carry out all contracts, agre supplying of transportation subject to the ICC Safety Administration, then this obligation sha	ne Principal may be held legally liable by reas eements, and arrangements made by the Pri Termination Act of 1995 under license issued	son of the Principal's failure fa incipal while this bond is in efl d to the Principal by the Fedel	ithfully to fect for the
The liability of the Surety shall not be discharge or payments shall amount in the aggregate to the amount of said penalty. The Surety agrees to suits filed, judgements rendered, and payment	the penalty of the bond, but in no event sha to furnish written notice to the Federal Moto	all the Surety's obligation here	eunder exceed
This bond is effective the <u>26th</u> day of _Principal as stated herein and shall continue in cancel this bond by written notice to the Feder become effective thirty (30) days after actual re Motor Carrier and Broker Surety Bond. The Sure which arise as the result of any contracts, agree transportation after the termination of this bor hereunder for the payment of any such damag for the supplying of transportation prior to the	force until terminated as hereinafter provideral Motor Carrier Safety Administration at its eceipt of said notice by the FMCSA on the prety shall not be liable hereunder for the payrements, undertakings, or arrangements madered as herein provided, but such termination ges arising as the result of contracts, agreements	office in Washington, DC, suc rescribed Form BMC-36, Notic ment of any damages herein I de by the Principal for the sup shall not affect the liability of	y may at any time th cancellation to e of Cancellation before described plying of the Surety

such company is qualified to make this filing under <u>Section 387.315 of Title 49</u> of the Code of Federal Regulations.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that

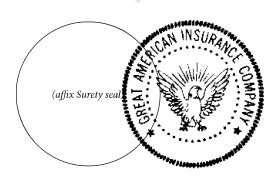
Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

**FORM BMC-84** Revised 05/19/2017

OMB No.: 2126-0017

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the  $\underline{26th}$  day of  $\underline{May}$ ,  $\underline{2021}$ .

PRINCIPAL			SURETY						
BRILLIANT SHIPPING LLC			Great American Insurance Company						
COMPANY NAME			COMPANY NAME						
934 STUYVESANT AVE	STE 3	UNION	301 E 4t	h Street	CINCINNATI				
STREET ADDRESS		CITY	STREET ADDRESS		CITY				
New Jersey	07083	(973) 517-1959	Ohio	45202	(215) 766-1990				
STATE	ZIP CODE	TELEPHONE NUMBER	STATE	ZIP CODE	TELEPHONE NUMBER				
			John D. W	eisbrot , Attor	ney-in-Fact				
(type or pr	rint Principal officer's	name and title)	(type or print Principal officer's name and title)						
(.	Principal officer's sigr	nature)	(Principal officer's signature)						
(1	type or print witness's	name)	(type or print witness's name)						
	(witness's signatur	re)	(witness's signature)						



Filings must be transmitted online via the Internet at <a href="http://www.fmcsa.dot.gov/urs">http://www.fmcsa.dot.gov/urs</a>.

#### GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET ● CINCINNATI, OHIO 45202 ● 513-369-5000 ● FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than THREE

No. 0 21243

#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

JOHN D. WEISBROT MELISSA L. MCDADE STEVEN M. VARGA

Address ALL OF PIPERSVILLE, PENNSYLVANIA Limit of Power ALL \$10,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate 19TH officers and its corporate seal hereunto affixed this day of OCTOBER 2020

Attest

Name

Assistant Secretary

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

day of On this

OCTOBER

MARK VICARIO (877-377-2405)

GREAT AMERICAN INSURANCE COMPAN

2020 , before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST Notary Public State of Ohio My Comm. Expires May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

#### **CERTIFICATION**

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 26th

day of

May







301 East 4th Street Cincinnati, OH 45202

GAIG.com

#### **GREAT AMERICAN INSURANCE COMPANY**

# STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS AS OF DECEMBER 31, 2020

#### **ADMITTED ASSETS**

#### LIABILITIES, CAPITAL AND SURPLUS

Bonds.,	4,386,347,507	Unpaid losses and loss expenses\$	4 495 981 334
Stocks	1,201,868,403	Reserve for underwriting expenses	314,467,440
Mortgage loans on real estate	486,472,365	Federal income taxes	2,109,834
Real estate (net of encumbrances)	37,886,932	Reserve for unearned premiums	1,583,390,092
Cash and short-term investments	1,049,550,643	Ceded reinsurance premiums payable	178,445,021
Other invested assets	926,866,836	Funds held under reinsurance treaties	571,592,513
Receivable for securities	5,990,812	Retroactive reinsurance ceded	(107,661,905)
Investment income due and accrued	36,502,562	Other liabilities.	228,061,621
Agents' and premium balances	728,740,997	Total liabilities	7,266,385,950
Reinsurance recoverable on loss payments	126,954,023		7,200,000,000
Net deferred tax asset	149,581,575		
Receivable from affiliates	13,340,599		
Receivable from Federal Crop Insurance Corporation	398,733,386		
Company owned life insurance	191,104,977	Capital stock\$ 15,440,600	
Funds held as collateral	6,358,281	Paid in surplus	
Funded deductibles	30,751,380	Special surplus funds	
Other admitted assets	45,245,180	Unassigned funds	
DESIGN SERVICE DESCRIPTION OF THE PROPERTY OF	1012101100	Policyholders' surplus	2,555,910,508
		1 olioyiloldolo odipida	2,333,810,300
Totals	9 822 296 458	Totals	9.822.296.458
			3,022,280,430

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

#### STATE OF OHIO

#### COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company Is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2020.

Subscribed and sworn to before me

this 2nd day of March, 2021.

Notary Public, State of Ohio

My Commission Expires April 28, 2025

My C B

Assistant Secretary

# Form (Rev. October 2018) Department of the Treasury

# Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Brilliant Shipping LLC											
	2 Business name/disregarded entity name, if different from above											
	Brilliant Shipping LLC											
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cher following seven boxes.	ck only o	ne (	of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
e. ns on	X       Individual/sole proprietor or single-member LLC       C Corporation       □ S Corporation       □ Partnership       □ Trust/estate						Exempt payee code (if any)					
typ ctio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners	ship) ▶										
Print or type. See Specific Instructions on page	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	wner of th	he L	LC is		nption fro e (if any)	m FAT	CA rep	orting			
eci	☐ Other (see instructions) ▶				(Applie	es to account	s maintai	ned outsid	e the U.S.	:.)		
See Sp	934 Stuvesant Ave Suite 3 Lower Level	Request	er's	name a	nd ad	idress (op	tional					
•,	6 City, state, and ZIP code Union, NJ 07083											
	7 List account number(s) here (optional)									_		
Par	Taxpayer Identification Number (TIN)									_		
backu reside	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo by withholding. For individuals, this is generally your social security number (SSN). However, for it alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other in, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> er.	ora [	Soc	cial sec	urity	number	] -[					
0.154 30 <b>5</b> 1 313	f the account is in more than one name, see the instructions for line 1. Also see What Name a			ployer	r identification number							
Numb	er To Give the Requester for guidelines on whose number to enter.		8	6	- 3	9 3	8	3 1	1			
Part	Certification											
Under	penalties of perjury, I certify that:											
<ol> <li>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</li> <li>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</li> </ol>								ım				
3. I an	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	g is corr	ect.									
you ha acquis	eation instructions. You must cross out item 2 above if you have been notified by the IRS that you re failed to report all interest and dividends on your tax return. For real estate transactions, item 2 of tion or abandonment of secured property, cancellation of debt, contributions to an individual retire tan interest and dividends, you are not required to sign the certification, but you must provide your	does no	t ap	ply. Fo	r mor	tgage in	erest nerall	paid, y, payn	nents	ıse		
Sign Here	Signature of U.S. person ► Ruck Wutter	ate ▶	(	6/14/	21							

#### **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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### **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.



January 12, 2022

RICK DUBOIS BRILLIANT SHIPPING LLC 934 STUYVESANT AVE STE 3 UNION, NJ 07083

#### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **BSLE** has been assigned to:

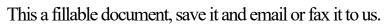
BRILLIANT SHIPPING LLC 934 STUYVESANT AVE STE 3 UNION, NJ 07083 MC-1251531 US DOT- 3641548

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 an invoice for renewal 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 <a href="mailto:customerservice@nmfta.org">customerservice@nmfta.org</a>.

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.

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, tariffs, etc.

NOTICE: Assignment 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.





## **Brilliant Shipping LLC**

934 Stuyvesant Ave., Ste 3 Lower Level, Union, NJ 07083 **P** 973.494.5652 | **F** 973.494.5675

www.shipbrilliant.com credit@shipbrilliant.com

### **Information Sheet**

Company Name		Email address					
Street Address (or Billing Address ifdifferent)		Phone Number					
City, State, Zip Code		Fax Number	r				
<b>Business Information</b>							
Nature of Business:  Is Business Seasonal? If Yes, indicate peak sea Business Organization (Please check one only): Sole Proprie		In Busine	ss Since:				
Is Business Seasonal? If Yes, indicate peak sea	son:						
Business Organization (Please check one only): Sole Proprie <b>Payment Information</b>	etor PartnershipC	Corporation Limited I	Liability Co				
Payment Contact:	Payment Em	ail·					
Payment Phone (if different than above):	1 ayıncını Em	Fax:					
Is Bill of Lading/POD required for freight bill paymen							
Special Billing Instructions:							
Banking Information							
Name of Bank:	Con	tactName:					
Name of Bank: Street Address:	Pho	ne/Fax:	/				
City, State, Zip:	Acc	ount Number:					
Transportation References (Attach additional pages if ne	ecessary)						
1. Name of Company							
Name of Company	Contact	Phone	Fax				
2. Name of Company	Contact	Phone	Fax				
ESTIMATED MONTHLY VOLUME: \$	ESTIMATED	DATE OF FIRST LO	AD:				
Applicant herein certifies that the information contained herein of the entity named above ("Applicant"). Applicant hereby auth from the bank, trade, transportation and credit references listed applicants payment history and to report credit information to due within thirty (30) days from the date of an invoice. You agre days from the date of an invoice shall accrue interest at a rate o expenses, including, but not limited to, attorney fees and court whether any such attorney fees or expenses are incurred with, v prior to or after entry of a judgment. All transactions and dealin and where applicable, federal law. Applicant further waives and forum, lack of personal jurisdiction, or similar doctrine for action Applicant further agrees not to back solicit or tender loads diredirectly for the Applicant. Applicant agrees that any and all clair freight, will be directed to and asserted directly to the Carrier ar contract Carriers will have a minimum of \$100,000 cargo insura will offer additional cargo claim coverage up to ten thousand dactions while they have care, custody and control of the Applicas specified in writing and accepted by both parties. BS liability is I Delay claims, in any event, shall be limited to a maximum of an event premium on-time service is required, Applicant will provide the load, that details the costs to the shipper of any late delivered.	orizes Brilliant Shipping LL d above and credit reportin others. It is understood and to set to settle invoices within f 1.0% per month. It is furtle costs that may become newithout, before or after congs between BS and Applicagrees not to assert any dons commenced by BS in suctly to the carriers that BS are so loss or damage to carranged by BS. BS will facilitance. BS, who is acting in all ollars, on top of the Carrier ant's freight. The Carrier's limited to fifty cents per polamount equal to one hunced written notice of Forese	C ("BS") or any of its agent g companies as BS deems d agreed that all freight or 30 days. Any such charges her agreed that the Applicacessary to effectively collemencement of formal properties based upon jurisdicth courts. Applicant further argo or theft of cargo and attended and actions or the state all claims and actions or respects pertaining hereto's \$100,000 cargo in surance ability for cargo is \$100,000 und up to a maximum liable and collars per day by whiteable Expenses to both BS	s to obtain credit information necessary to determine other charges billed by BS are not paid to BS within thirty (30) ant shall pay any collection ct payment from Applicant, occedings or any lawsuit incurred ne laws of the State of New Jersey ction, venue, inconvenience of or waives any right to a jury trial. such carriers to haul freight any claims for delay in delivery of on behalf of Applicant. BS of as an interstate property broker ce. Carrier is fully liable for its 10, or other pre-arranged amount of the pre-arranged amount of the control of the pre-arranged amount of the pr				
Sign:	Title:	Da	ate:				
Your Name:	Agent No	ame:					
What are your shipping hours?							



# 2022 UCR Registration is VALID!



Confirmation # 000-0321-5282

Generated: 03/10/2022 23:21 EST

Registered on: 03/10/2022 23:21 EST

**Year:** 2022

UCR Fee: \$59.00

Paid: Convenience Fee: \$1.75

Total: \$60.75

**Bracket:** 0 to 2 vehicles [0 vehicle(s)]

**USDOT** #: 3641548

**Classifications:** Broker

Legal Name: BRILLIANT SHIPPING LLC

Base State: US\_NY

934 STUYVESANT AVE STE 3

Principal: UNION, NJ 07083

US

Payor: Rick dubois

\*\*\* Expires: 12/31/2022 \*\*\*