Shram
LOGISTICS SOLUTIONS

Navigating with trust, delivering with confidence

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Shipping Contract

Agreement, dated _____, between Shram Logistics Solutions, a registered brokerage company with a place of business at 101 Bradley Drive Nicholasville, KY and (shipper) _____, a shipper with a place of business at _____.

I Purpose and duration of this agreement

This agreement will serve as a Shipping Contract between the two parties listed above. The shipper hereby states that it is their intention to initiate a series of shipments with Shram Logistics Solutions.
It is further understood that the signing of this agreement, by the shipper, is not to be constructed as a guarantee of volume or frequency of shipments. The shipper, without penalty may terminate this agreement, by providing a written cancellation notification to Shram Logistics Solutions.

We at Shram Logistics Solutions do not share shippers personal information with anyone except to comply with the law, develop our products, provide our services, or protect our rights.
We don't store personal information on our servers unless required for the on-going operation of one of our services

II Payment

All services provided by Shram Logistics Solutions will be invoiced to the shipper according to a mutually agreed upon tariff. Our standard terms are net 30.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed as of the date specified above.

Shipper: _____ Shram Logistics Solutions

By: _____ By: _____

Title: _____ Title: _____

Customer Information

Full Legal Business Name: _____

Address: _____

Phone: _____

Fax: _____

Website: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Mailing Address: _____

Secondary Contact: _____

Secondary Email: _____

Secondary Phone: _____

Billing Information

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Billing Address: _____

Email for Invoicing & Statements: _____

Originals Required?: _____

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

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

SERVICE DATE
March 06, 2008

LICENSE

MC-636302-B
SHRAM BROKERS LLC
FRANKFORT, NY

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.

Kathy A. Weiner

Kathy Weiner, Chief
Information Systems Division

BPO

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

LAOO
0802058.06
Elaine N. Walker
Secretary of State
Received and Filed
10/4/2011 11:13:29 AM
Fee receipt: $40.00

KLC

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Articles of Organization
Limited Liability Company

For the purposes of forming a limited liability company in Kentucky pursuant to KRS Chapter 275, the undersigned organizer hereby submits the following Articles of Organization to the Office of the Secretary of State for filing:

Article I: The name of the company is

SHRAM BROKERS LLC

Article II: The street address of the company's initial registered office in Kentucky is

207 Colonial Drive, Versailles, KY 40383

and the name of the initial registered agent at that address is Ruslan Shramovich

Article III: The mailing address of the company's initial principal office is

207 Colonial Drive, Versailles, KY 40383

Article IV: The limited liability company is to be managed by Members

Executed by the Organizer on Tuesday, October 04, 2011

Name of Organizer: Ruslan Shramovich
Signature of individual signing on behalf of Organizer: Ruslan Shramovich

I, Ruslan Shramovich, consent to serve as the Registered Agent on behalf of the limited liability company.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Ruslan Shramovich

Date: July 17, 2026

Obligee Name: Federal Motor Carrier Safety Administration

Address: 1200 New Jersey Ave SE, Licensing & Insurance

City State Zip: Washington DC 20590-0001

VERIFICATION LETTER – CONTINUOUS BOND

RE: Bond Number: LICX3001184

Surety Company: Lexon Insurance Company

Principal: Shram Brokers LLC DBA Shram Logistics Solutions

Penalty/Bond Amount: $75,000.00

Original Effective Date of Bond: May 18, 2022

The current renewal term is effective from 5/18/2026 to 05/18/2027. The referenced Bond remains in full force and effect, until cancellation by the terms and conditions of the bond.

Regards,

Attorney-in-Fact, Traci Durkee

Agent:
Frontier Bonding Service, LLC DBA: The
Surety Group
12890 Lebanon
Mount Juliet TN 37122

SHRABRO-02 KDEVI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2026

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	CONTACT NAME:	
Reliance Partners, LLC PO BOX 11227 Chattanooga, TN 37401	PHONE (A/C, No, Ext): (877) 668-1704	FAX (A/C, No): (866) 553-6202
	E-MAIL ADDRESS: certificates@reliancepartners.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SHRAM BROKERS LLC DBA SHRAM LOGISTICS SOLUTIONS 101 BRADLEY DR NICHOLASVILLE, KY 40356	INSURER A : Accelerant Specialty Insurance Company	16890
	INSURER B : TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674
	INSURER C :	
	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	X COMMERCIAL GENERAL LIABILITY			S0301FB000002-00	7/24/2026	7/24/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			S0301FB000002-00	7/24/2026	7/24/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X *FBAL							$
A	UMBRELLA LIAB X OCCUR			S0301XS000002-00	7/24/2026	7/24/2027	EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED / RETENTION $						Deductible	$ 25,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Cargo Legal			QT-660-B4323305-TIL-26	7/27/2026	7/27/2027	Ded $10,000	250,000
A	Professional E&O			S0301FB000002-00	7/24/2026	7/24/2027	Ded $25,000	1,000,000

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

* Freight Broker Auto Liability - per policy form

REFRIGERATION BREAKDOWN COVERAGE LIMIT: $250,000 & DED $10,000

Excess Policy applied to the General Liability policy ONLY The Excess Policy DOES NOT apply to any other lines

CERTIFICATE HOLDER	CANCELLATION
SHRAM BROKERS LLC DBA SHRAM LOGISTICS SOLUTIONS 101 BRADLEY DR NICHOLASVILLE, KY 40356	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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Shram Brokers LLC

2 Business name/disregarded entity name, if different from above

Shram Logistics Solutions

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) ▶

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.

101 Bradley Dr

Requester's name and address (optional)

6 City, state, and ZIP code

Nicholasville KY 40356

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.

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

8	3	–	0	4	9	7	0	8	2

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** ▶ *Rostislav Leskiv* | **Date** ▶ 1/20/26

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.*

Company Information

Company Name

Shram Logistics Solutions
101 Bradley Drive
Nicholasville, KY 40356

Identifier Numbers

Motor Carrier	MC 636302
Federal ID	83-0497082
DOT	2241552
SCAC	SBBJ
DUNS	83-408-8655

Contact Information

Phone	(859) 963-3019
Fax	(888) 343-7329
Email	shipping@shramlogistics.com
Website	www.shramlogistics.com

Insurance Carrier

Energy Insurance Agency
P.O. Box 55268
Lexington, KY 40555
P: (859) 273-1549
F: (859) 272-0075

Surety Bond Information

Lexon Insurance Company
10002 Shelbyville Rd Suite 100
Louisville, KY 40223
P: (615) 553-9500
#: LICX3001184

Bank Information

Chase Bank
201 East Main Street
Lexington, KY 40507
Contact: Gary McKale
P: (859) 231-2739

TRADE REFERENCES

Wakefern Food Corp

5000 Riverside Drive
Keasbey, NJ 08832
P: (908) 527-3899
Attn: Zach Furrer

COMMONWEALTH DAIRY LLC

3 Omega Drive
Brattleboro, VT 05301
P: (802) 251-2301
Attn: Anna

NORTH AMERICAN STAINLESS

6870 Highway 42 East
Ghent, KY 41045
P: (502) 347-6539
Attn: Scott Risch