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

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

SERVICE DATE
January 09, 2026

CERTIFICATE

MC-1630776-C
U.S. DOT No. 4219639
KBD TRUCKING LLC
MEDINA, TN

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, Division Chief
Office of Registration

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/06/2026

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 SAFER HAUL INC 2093 PHL PIKE #8725, CLAYMONT, DE 09703	**CONTACT NAME:** Progressive Commercial Lines Customer and Agent Servicing **PHONE (A/C, No, Ext):** 1-800-444-4487 **FAX (A/C, No):** **E-MAIL ADDRESS:** progressivecommercial@email.progressive.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #**
INSURED KBD TRUCKING LLC 42 KEY SENTER RD MEDINA, TN 38355	**INSURER A :** Progressive Hawaii Insurance Corp — 10067 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 858449587473180747D070626T155303 **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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $
A	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	N	N	867756243	01/05/2026	01/05/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$1,000,000 $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT 	$ $ $
A	See ACORD 101 for additional coverage details.	N	N	867756243	01/05/2026	01/05/2027	$	

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

CERTIFICATE HOLDER

KBD TRUCKING LLC
42 KEY SENTER RD
MEDINA, TN 38355

CANCELLATION

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

Mark Pace

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
SAFER HAUL INC	KBD TRUCKING LLC 42 KEY SENTER RD MEDINA, TN 38355
POLICY NUMBER 867756243	
CARRIER / **NAIC CODE** Progressive Hawaii Insurance Corp / 10067	**EFFECTIVE DATE:** 01/05/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	$100,000 w/$2,500 Ded
Uninsured Motorist Bodily Injury	$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2021 FREIGHTLINER CASCADIA 126 1FUJHHDV9MLMJ1203

Medical Payments $5,000 each person

2010 Utility Trailer 1UYFS2488BA048702

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RXO
Extra | Factoring

Date: **7/9/2026**

TO:

Re: **NOTICE OF ASSIGNMENT OF ACCOUNTS**

In order to serve you better, **KBD TRUCKING LLC**, **MC- 1630776** (our "Client"), has partnered with **TBK Bank, SSB d/b/a RXO Extra Factoring** ("RXO EXTRA FACTORING") for the financing, management and collections of its accounts receivable. Effective immediately, under the terms of its agreement with RXO EXTRA FACTORING, all amounts due or to become due ("Accounts") to Client have been assigned to RXO EXTRA FACTORING and all payments on the Accounts are payable to and only to RXO EXTRA FACTORING. This Notice of Assignment may only be rescinded by a notarized letter to you from an officer of RXO EXTRA FACTORING.

If you receive copies of Company's invoices from RXO EXTRA FACTORING or a statement without invoices, the originals have previously been mailed to you. Please direct any and all payments to:

RXO Extra Factoring P.O.
Box 931770
Atlanta, GA 31193-1770

Alternatively, you may remit payment electronically, either by ACH or wire transfer, to:

RXO Extra Factoring c/o TBK
Bank, SSB Dallas, TX ABA
Nbr: 111909579
Account Nbr: 5004117
Remittance Advice to: remittance@RXO.faasbytriumph.io

Please make the appropriate changes to your accounting and accounts payable systems to reflect the new remittance information. For questions on paperwork please email remittance@RXO.faasbytriumph.io. For any other questions, please contact us at 704-259-4843.

Sincerely,

TBK BANK D/B/A RXO EXTRA FACTORING



Kimberly Fisk President