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United States Department of Transportation  
Federal Motor Carrier Safety Administration

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

# FORM BMC-84

Filer FMCSA Account Number: MC-277504

Sudden Service Expediting, Inc.

KNOW ALL MEN BY THESE PRESENTS, that we, (Name of Broker or Freight Forwarder)  
315 South Main Street West Unity Ohio 43570  
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and LEXON INSURANCE COMPANY  
(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of Kentucky (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements thereto; and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the 1st day of October, 2013, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

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

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 1st day of October 2013

**PRINCIPAL**

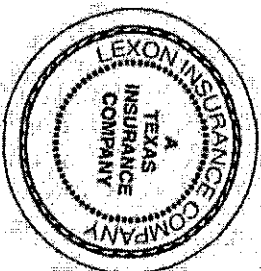
Sudden Service Expediting, Inc.

COMPANY NAME  
 315 South Main Street  
 STREET ADDRESS  
 Ohio 43570  
 STATE ZIP CODE  
 West Unity  
 CITY  
 (614) 929-2700  
 TELEPHONE NUMBER  
 Nathan Sanders - President  
 (Type or print Principal officer's name and title)  
 [Signature]  
 (Principal officer's signature)  
 Jessica Axford  
 (Type or print witness name)  
 [Signature]  
 (Witness's signature)

**SURETY**

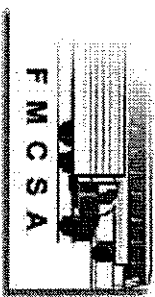
Lexon Insurance Company

COMPANY NAME  
 19992 Shelbyville Rd. Suite 100  
 STREET ADDRESS  
 Kentucky 40223  
 STATE ZIP CODE  
 Louisville  
 CITY  
 502-253-6500  
 TELEPHONE NUMBER  
 Carol L. Fritz  
 (Type or print Principal officer's name and title)  
 [Signature]  
 (Principal officer's signature)  
 Jalege Brown  
 (Type or print witness name)  
 [Signature]  
 (Witness's signature)



# FMCSA Motor Carrier

USDOT Number: 571693  
Docket Number: MC277504  
Legal Name: SUDDEN SERVICE EXPEDITING, INC.  
DBA (Doing-Business-As) Name



## Addresses

Business Address: 315 SOUTH MAIN STREET  
WEST UNITY, OH 43570  
Business Phone: (419) 924-2700 Business Fax: Fax: (419) 924-2799  
Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: NO

## Authorities:

Common Authority:	ACTIVE	Application Pending:	NO
Contract Authority:	ACTIVE	Application Pending:	NO
Broker Authority:	ACTIVE	Application Pending:	NO
Property:	YES	Passenger:	NO
Private:	NO	Enterprise:	NO
		Household Goods:	NO

## Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$1,000,000	BIPD on File:	\$1,000,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	YES
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES

Blanket Company: TRUCK PROCESS AGENTS OF AMERICA, INC

Comments: MCF-20599 FILED 6/17/94. FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 0

## Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 03/01/2012
Policy/Surety Number: 33283544	Coverage From: \$0	To: \$1,000,000
Effective Date: 03/01/2012	Cancellation Date:	

Insurance Carrier MOTORISTS MUTUAL INSURANCE CO.

Attn: JASON M. EPPLEY  
Address: 471 EAST BROAD STREET  
COLUMBUS, OH 43215 US  
Telephone: (614) 220 - 6953 Fax: (866) 831 - 3605

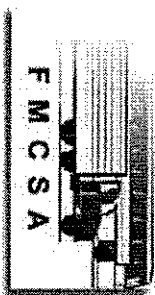
Form: 34	Type: CARGO	Posted Date: 03/07/2011
Policy/Surety Number: QT-660-6708M58A	Coverage From: \$0	To: \$5,000*
Effective Date: 03/01/2011	Cancellation Date:	

Insurance Carrier TRAVELERS PROPERTY CASUALTY CO. OF AMERICA

Attn: PLEASE CONTACT YOUR LOCAL AGENT  
Address: 1 TOWER SQUARE, 5GS  
HARTFORD, CT 06183 US  
Telephone: Fax:

# FMCSA Motor Carrier

USDOT Number: 571693  
Docket Number: MC277504  
Legal Name: SUDDEN SERVICE EXPEDITING, INC.  
DBA (Doing-Business-As) Name



## Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 10/01/2013
Policy/Surety Number: 1096729	Coverage From: \$0	To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: LEXON INSURANCE COMPANY  
Attn: TAMMY HENKLE  
Address: 12890 LEBANON RD  
MT. JULIET, TN 37122 US  
Telephone: (615) 553 - 9500 Fax: (615) 553 - 9502

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

## Rejected Insurances:

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