



# Company Profile Packet

PO Box 18, Zeeland, MI 49464

Phone: 616-396-5200

Fax: 616-239-1440



## Moving freight forward

### WHO WE ARE

We are a technology-forward, full-service 3PL that has built a reputation on trust and partnership with our carriers and clients. We would value the opportunity to discuss your transportation needs to determine how our expertise could be of advantage to your business.

### YOUR 24/7 TRANSPORTATION SERVICE INCLUDES

- Full & Partial Truckload
- LTL
- Expedited
- Drop Trailer
- Power Only
- Drayage
- Temporary Storage
- Cross-Docking
- Temperature Controlled Services
- Fully Bonded & Insured

### AUTHORITIES

Brokerage MC # 566217 | Fed ID: 20-497-5244 | DOT: 2336717 |  
SCAC: WMCI | DUNS # 064114125

# Windmill Transport Leadership Team



Steve McIsaac  
President / CEO



Luke Brower  
Controller



Andrew Stover  
Director of Sales



Dan McGregor  
Director of Operations



Melissa VandenBerg  
Talent & Human Resources

## Our locations

### MAILING ADDRESS

Windmill Transport  
PO Box 18, Zeeland, MI 49464

### HEADQUARTERS

Windmill Transport  
2350 112<sup>th</sup> Ave, Holland, MI 49424

### GRAND RAPIDS

Windmill Transport  
5222 33<sup>rd</sup> St SE, Grand Rapids, MI 49512

## Contact us

### HEADQUARTERS

Phone: 616-396-5200  
Fax: 616-239-1440

### GRAND RAPIDS

Phone: 616-290-1999  
Fax: 616-239-1440

# References

## INSURANCE REFERENCE

### Roanoke Insurance Group Inc.

Contact: Alexandra Theunissen

Phone (Direct): 847-969-7082

Phone (Main): 800-762-6653

## BANK REFERENCE

### West Michigan Community Bank

Contact: Kim Tinholt

Phone: 616-393-4913

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## CUSTOMER REFERENCES

### Gordon Food Service

Contact: Josh Saagman & Michael Coyne

Phone: 616-717-6829

### LG Energy Solution

Contact: Robert Brooks

Phone: 616-494-7187

### Westrock

Contact: Steve Newcomb

Phone: 678-291-7366

### Vitro Automotive Glass

Contact: Randy Potter

Phone: 814-684-7051

### Magna Mirrors

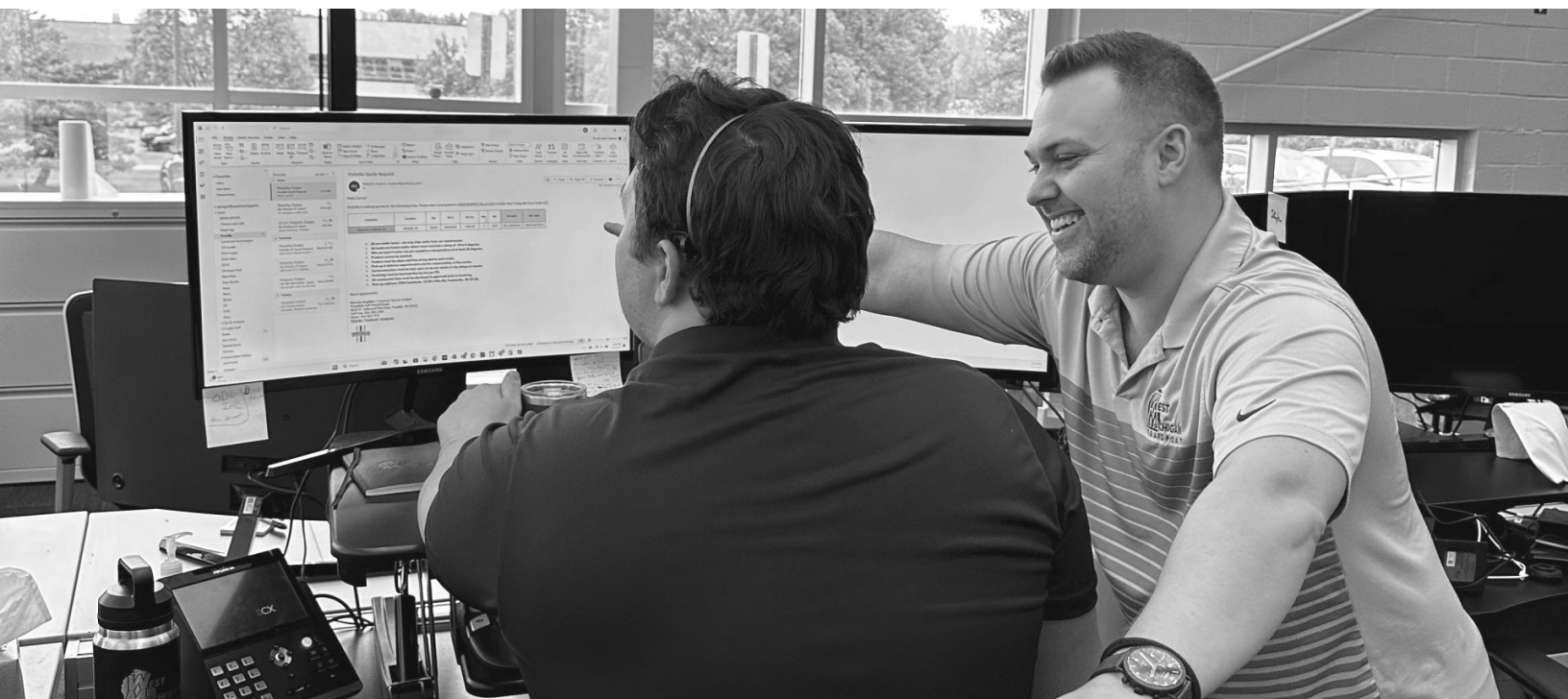
Contact: Cathy DeFouw

Phone: 616-656-8730

### Rohlig Logistics

Contact: Clayton Lang

Phone: 248-535-5620





**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>West Michigan Transport LLC</b>	
	<b>2</b> Business name/disregarded entity name, if different from above. <b>Windmill Transport Group</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>2350 112th Avenue</b> <b>6</b> City, state, and ZIP code <b>Holland, MI 49424</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<div></div>	<div></div>
<b>or</b>	
<b>Employer identification number</b>	
<div>20</div>	<div>4975244</div>

**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); and
- 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.

<b>Sign Here</b>	<b>Signature of U.S. person</b> <i>Ben Timmerman</i>	<b>Date</b> <i>5/1/2025</i>
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**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

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).

<b>PRODUCER</b> Roanoke Insurance Group IL 1501 East Woodfield Road Suite 400W Schaumburg IL 60173	<b>CONTACT</b> NAME: Jake Howard PHONE (A/C, No. Ext): E-MAIL ADDRESS: jacob.howard@roanokegroup.com	<b>FAX</b> (A/C, No):
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A : CNA - Freight Forwarder Program		20443
INSURER B : LOGISTIQ INSURANCE SOLUTIONS		39217
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 904215482

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			7038727338	3/14/2025	3/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7064368113	3/14/2025	3/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6020039452	3/14/2025	3/14/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	7038727341	3/14/2025	3/14/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Contingent Cargo			MC24000-459	3/14/2025	3/14/2026	Limit 250,000
B	Truck Broker Liability			MC24000-459	3/14/2025	3/14/2026	Limit/Agg 5,000,000

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

Evidence of coverage currently in force.

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Coverage

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

*Stacy Damer*

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

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

SERVICE DATE  
September 4, 2009

DECISION  
MC-566217  
WEST MICHIGAN TRANSPORT INC.  
MUSKEGON, MI  
REENTITLED  
WEST MICHIGAN TRANSPORT,  
LLC

On August 31, 2009, 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 WEST MICHIGAN TRANSPORT, 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 (BMC 91 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: September 1, 2009  
By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief  
Information Systems Division

NC/A

# Customer Profile Form



## Customer Information

NAME OF BUSINESS\*

DBA

PHYSICAL ADDRESS\*

CITY\*

STATE\*

ZIP CODE\*

WEBSITE URL

# OF LOCATIONS

## Accounts Payable Contact

AP CONTACT NAME\*

AP EMAIL ADDRESS\*

ALTERNATIVE INVOICING EMAIL ADDRESS

AP PHONE\*

(EXT)

AP FAX

## Business Descriptions

FEDERAL TAX ID\*

DUNS NUMBER

BUSINESS TYPE

COMMODITIES TO BE HAULED

MONTHLY PROJECTED VOLUME

REQUESTED CREDIT LIMIT: \$10,000 / \$25,000 / \$100,000

## Traffic Manager Contact

TRAFFIC MANAGER NAME

EMAIL ADDRESS

TRAFFIC PHONE

TRAFFIC FAX

## Billing Information *\*Required*

BILLING ADDRESS\*

CITY\*

STATE\*

ZIP CODE\*

### NET Terms *\*Required*

Please select one of the below:

NET 10  
NET 20  
NET 30 (DEFAULT)  
OTHER \_\_\_\_\_

### POD Required? *\*Required*

Please select one of the below:

YES  
NO

### Invoice Method *\*Required*

Please select one of the below:

EMAIL (DEFAULT)  
SYSTEM ENTRY (SEE BELOW)

### Payment Method *\*Required*

Please select one of the below:

CHECK  
ACH  
OTHER \_\_\_\_\_

### Payment Frequency *\*Required*

Please select payment processing frequency:

DAILY  
WEEKLY  
OTHER \_\_\_\_\_

If 'System Entry' is selected above for 'Invoice Method' please complete the following:

SYSTEM NAME:

POINT OF CONTACT (NAME, EMAIL):

DIRECTIONS TO GET SETUP ON SYSTEM (PROVIDE USER GUIDE IF AVAILABLE):

## CREDIT REFERENCES

(Providing references will speed up the approval process and potentially allow a higher credit limit in the future)

	COMPANY NAME	CONTACT NAME	CONTACT PHONE	EMAIL ADDRESS
1.				
2.				
3.				

Our fleet, along with motor carriers under contract with Windmill Transport are required to provide proof of, and maintain a cargo loss and damage liability insurance of \$100,000.00 per shipment. Please sign below acknowledging that loads valued in excess of \$100,000.00 will not be tendered without enough prior written notification to Windmill Transport to allow us and our carriers the opportunity to arrange for increased insurance limits. Failure to provide timely written notice will result in your loads not being insured to the extent the value exceeds \$100,000.00.

WMT carries \$10,000 per shipment in LTL insurance coverage. Failure to provide timely written notice of LTL shipment value will result in loads not having proper coverage in the extent the value exceeds \$10,000.

NAME (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Email this completed form to: [credit@shipwmt.com](mailto:credit@shipwmt.com)

Remittance Address: [AR@shipwmt.com](mailto:AR@shipwmt.com) | Mailing Address: PO Box 18, Zeeland, MI 49464