

Quality Produce Shippers, Inc.

Quality Produce Shippers, Inc. is a third party logistics company handling over the road service throughout the US, Canada and Mexico.

Refrigerated and Dry Freight, Truckload and LTL. Hazardous, dry, fresh and frozen.

Long standing Diamond Broker Program member at the Internet Truck Stop and 75,000.00 surety bond.



In Business and Trusted Since 1975



Quality Produce Shippers, Inc.

CONTACT:

Email: Todd.Pollard@QualityProduceShippers.com

www.QualityProduceShippers.com

Phone: 847-478-0634

Fax: 847-821-7312

After hours: 847-530-8578

MC#: 387613

“Take care of the drivers and they’ll take care of the loads.”

ADDRESS: P.O. Box 592 Lincolnshire, IL. 60069

A Tradition of Trust

Quality Produce Shippers was founded in 1975 by Al Armstrong. In 2000, the company was bought by Todd Pollard, his most valued and senior employee. Al made Todd promise to keep and respect the values that he had held dear for so many years. With that promise and a handshake Todd purchased the company. Since then, the company has thrived utilizing old school values (and modern technology).

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PO Box 592
Lincolnshire, IL 60069
847.478.0634
Fax 847.821.7312

Established 1975

MC 387613

Federal ID # 36-2819764

Credit References

Mika Logistics
1311 Howard Dr.
West Chicago, IL 60185
630.628.3501

Quality Cartage
10120 Virginia Ave.
Chicago Ridge, IL 60415
708.514.3386

Wicker Services
2956 Tucker St.
Burlington, NC 27216
336.227.1436

Midos Trucking, LLC
9250 Riverview Dr.
Saint Louis, MO 63137
314.867.3205

JP Morgan Chase
Tim Nuss
847.279.3810



**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: HOUSURETY
TRANSMISSION NUMBER: WEB53374
TRANSMITTED ON: 09/28/2018 10:34:34
COMPANY NAME: UNITED STATES FIRE INSURANCE CO.
SUMMITTED BY: UNITED STATES FIRE INSURANCE CO. (05230-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-387613	BMC-84/SURETY	615997207	10/01/2018	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: QUALITY PRODUCE SHIPPERS, INC.
Address: 125 SCHELTER
LINCOLNSHIRE IL US 60069
PO BOX 323
MORTON GROVE IL US 60053-0323

91X Coverage(Type/Max/Underlying):



PM-25
(Rev. 1/95)

SERVICE DATE
August 23, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

LICENSE

MC 387613 B

QUALITY PRODUCE SHIPPERS, INC.
NORTHBROOK, IL, US

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). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Acting Director
Office Data Analysis & Information

Systems





December 11, 2018

TODD POLLARD
QUALITY PRODUCE SHIPPERS INC
PO BOX 592
LINCOLNSHIRE, IL 60069

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

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

QUALITY PRODUCE SHIPPERS INC
PO BOX 592
LINCOLNSHIRE, IL 60069
MC-387613
US DOT- 889659

This Alpha Code will apply only to the company name shown above through June 30, 2019. 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 customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

AMS.SCAC@DHS.GOV
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-105-3
1801 N. Beauregard Street
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMS.SCAC@DHS.GOV [and askaes@census.gov] a request to enable your SCAC for AES. All SCACs are automatically uploaded to ACE within 24 hours.

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.





QUALI-3

OP ID: SA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2019

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 King-Forman Insurance Agency 2604 E. Dempster St., #501 Park Ridge, IL 60068 Salvatore A. Marino	847-298-0100	CONTACT Salvatore A. Marino PHONE 847-298-0100 FAX 847-298-0108 E-MAIL ADDRESS: salmarino@kingforman.com
INSURED Quality Produce Shippers, Inc. Po Box 592 Lincolnshire, IL 60069	INSURER(S) AFFORDING COVERAGE INSURER A : Lloyds, of London INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC #


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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Contingent Cargo			IRPI-MCC-18-530	05/15/2019	05/15/2020	Limits 250,000 Ded 1,000

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

Refer Breakdown Ded \$2,500

CERTIFICATE HOLDER Insured Copy	INSURED	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 
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ACORD 25 (2016/03)

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Business Credit Application

Contact Information	
Name	Title
Email	Phone

Business Information		
Company Name		
Address		
City	State	Zip
Phone	Date Established	
Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
State of Organization	DUNS#	

Name of Principals or Officers	
Name	Phone
Name	Phone
Name	Phone
Credit Limit Request \$	
Accounts Payable Contact	Phone
Email	Fax

Bank Information		
Bank Name		
Address		
City	State	Zip
Contact	Phone	
Type of Account	Account Number	
Savings		
Checking		
Other		
Financial Statements		
Most Recent Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please explain)

