



# Marks Logistics Broker Documents



Legal Name:	Lincoln & Sumner, LLC
DBA:	Marks Logistics
Street Address:	226 Lowell St   Wilmington, MA 01887
Mailing Address:	PO Box 2760   Woburn, MA 01888
Phone:	800-322-0000 (24/7/365)
Fax:	781-933-1040
DOT:	224153
MC:	636163
SCAC:	MKQT
EIN:	86-1136032
DUNS	783699338
Operations Hours:	07:00-17:30 est. M-F
Operations Email:	ops@markslogistics.com
Accounting Email:	admin@markslogistics.com
Emails Monitored:	07:00 to 17:30 est M-F
Website	markslogistics.com



## Key Contacts

### President

Richard Marks

[richard.marks@truckcourier.com](mailto:richard.marks@truckcourier.com)

M: 508-254-5239

### Accounting & Finance

[admin@markslogistics.com](mailto:admin@markslogistics.com)

### Operations

[ops@markslogistics.com](mailto:ops@markslogistics.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2022

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> Risk Strategies Company P.O. Box 360017 Cleveland OH 44136	<b>CONTACT</b> NAME: Jean McNamara PHONE (A/C, No, Ext): 440-26-01012 E-MAIL ADDRESS: jmcnamara@risk-strategies.com FAX (A/C, No): 440-260-0218
<b>INSURED</b> Lincoln & Sumner, LLC dba Marks Logistics P.O. Box 634 Southborough MA 01772	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Berkley Specialty Insurance Company INSURER B: United National Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 857995676

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
B	<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 type="checkbox"/> LOC OTHER:			PAC7218951	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			QTH000033111	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cargo Deductibles			PAC7218951	11/1/2021	11/1/2022	Limit General Freight Pharma & Elect \$100,000 \$1,000 \$2,500

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

\*\*\* The auto policies listed on this certificate do not provide coverage for unscheduled short-term rental vehicles\*\*\*  
Evidence of Insurance Only

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of insurance

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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# 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.

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. <b>LINCOLN &amp; SUMNER, LLC</b>	
2 Business name/disregarded entity name, if different from above <b>MARKS LOGISTICS</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> 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 <b>not</b> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>226 LOWELL STREET</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>WILMINGTON, MA 01887</b>	
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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></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.

Sign Here	Signature of U.S. person ►	Date ►
		2/15/22

## 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).

## 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.



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration  
Licensing and Insurance Public

Menu Choose Menu Option ▾



## Motor Carrier Details

<b>US DOT:</b>	2241538	<b>Docket Number:</b>	MC00636163	
<b>Legal Name:</b>	LINCOLN & SUMNER, LLC			
<b>Doing-Business-As Name:</b>	MARKS LOGISTICS			
<b>Business Address</b>	<b>Business Telephone and Fax</b>	<b>Mail Address</b>	<b>Mail Telephone and Fax</b>	<b>Undeliverable Mail</b>
205 TURNPIKE RD SOUTHBOROUGH MA 01772	(508) 254-5239	PO BOX 634 SOUTHBOROUGH MA 01772		NO
<b>Authority Type</b>	<b>Authority Status</b>		<b>Application Pending</b>	
<b>Common</b>	NONE		NO	
<b>Contract</b>	NONE		NO	
<b>Broker</b>	ACTIVE		NO	
<b>Property</b>	<b>Passenger</b>	<b>Household Goods</b>	<b>Private</b>	<b>Enterprise</b>
YES	NO	NO	NO	NO
<b>Insurance Type</b>	<b>Insurance Required</b>		<b>Insurance on File</b>	
<b>BIPD</b>	\$0		\$0	
<b>Cargo</b>	NO		NO	
<b>Bond</b>	YES		YES	

**BOC-3:** YES

**Blanket Company:** [LOGISTEC/TTS RESIDENT AGENTS SERVICE](#)

[Web Site Content and BOC-3 Information Clarification](#)

[Active/Pending Insurance](#) [Rejected Insurance](#) [Insurance History](#) [Authority History](#) [Pending Application](#) [Revocation](#)

March 2, 2021



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Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts



May 17, 2021

RICHARD MARKS  
MARKS LOGISTICS  
PO BOX 634  
SOUTHBOROUGH, MA 01772

#### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MKQT** has been renewed for:

MARKS LOGISTICS  
PO BOX 634  
SOUTHBOROUGH, MA 01772  
MC-636163  
US DOT-2241538

This Alpha Code will apply only to the company name shown above through June 30, 2022. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice 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](mailto:customerservice@nmfta.org).

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, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov). All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal 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.

Current  
Credit Score

95

Current  
Days to Pay™

26



Transportation Credit Score™ Risk Factor:

90-Above = Lowest

76-89 = Moderate

60-75 = High

1-59 = Extreme

0 = Too new to rate

Business Profile:

Registered Name: Lincoln & Sumner Llc

DBA: Marks Logistics

<b>Address:</b>	<b>Mailing Address:</b>	<b>Phone:</b>	(508) 254-5239
226 Lowell Street	Po Box 2760	<b>Fax:</b>	(508) 302-0516
Wilmington MA	Woburn MA	<b>Toll Free:</b>	(800) 322-0000
01887 USA	01888	<b>Website:</b>	
<b>This location is:</b>	Headquarters	<b>Other Offices:</b>	No
		<b>E-mail:</b>	rich@markslogistics.com

Company History:

**Business Established:** 04/13/2004  
**Years in Business:** 16 Years  
**Annual Sales:** 5-10 million  
**Company Organized as:** LLC  
**Federal Tax ID# or SSN:** 86-1136032  
**Number of Employees:** 0-20  
**Corporate officer/owner:** Richard Marks

**This company is primarily engaged in the business of:**  
Freight Broker

**Payment Instructions:**  
Original Sign Bill of Lading and Invoices

**PublicFilings:**

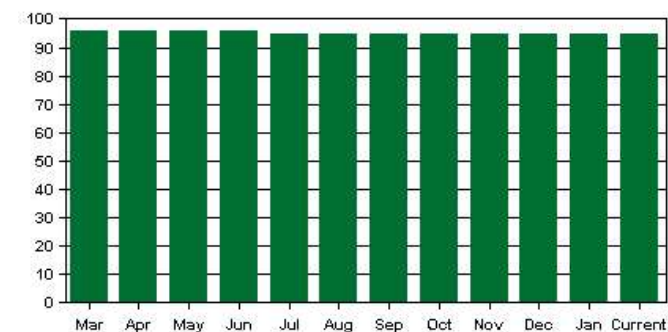
Credit Score® History

Report Date: 02/22/2021

Applicant Updated: 02/17/2021

Transportation Credit Score™ 95

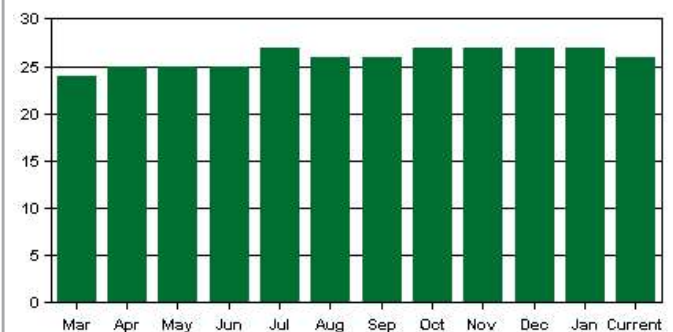
The following graph contains the CREDIT SCORE for the last 12 months.



Notes : NH - No History Available

Average Days to Pay™ 26

The following graph contains the pay trend for the last 12 months.



Notes : NH - No History Available





If you ever have a question or concern we are  
always available at 800-322-0000