

# RAGING WOLF SOLUTIONS

**Fax:** 330-963-0068

**Toll Free:** 855-965-3725

**Local:** 330-425-1400

**Mailing Address**

P.O. Box 729  
Twinsburg, OH 44087

**Operations Email**

[support@ragingwolfsolutions.com](mailto:support@ragingwolfsolutions.com)

**MC**  
770930

**Federal ID**  
45-4082736

**CEO**

Scott Brownfield  
[scottb@ragingwolfsolutions.com](mailto:scottb@ragingwolfsolutions.com)

**President**

Brandon Brownfield  
[brandon@ragingwolfsolutions.com](mailto:brandon@ragingwolfsolutions.com)

**Ops Lead**

Rich Metz  
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RAGING WOLF SOLUTIONS

Request for Taxpayer  
Identification Number and CertificationGo 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.	1 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>Raging Wolf Solutions LLC</b>					
	2 Business name/disregarded entity name, if different from above.					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one 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>S</b> <small>Note: 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.</small> <input type="checkbox"/> Other (see instructions) _____					
	3b 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 . . . . .					
	4 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) _____ <small>(Applies to accounts maintained outside the United States.)</small>					
5 Address (number, street, and apt, or suite no.). See instructions.	Requester's name and address (optional)					
2458 Edison Blvd						
6 City, state, and ZIP code						
Twinsburg, OH 44087						
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
4	5			4	0	8	2	7	3	6

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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	<i>Sean Brownfield</i>	Date	JAN 5, 2026				
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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)  
06/06/2025

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).

PRODUCER	Nixon-Lauriante Insurance Agency Inc. 830 E. Aurora Rd. Macedonia, Ohio 44056	CONTACT NAME:	Eric Nixon	
		PHONE (A/C, No, Ext):	330-468-0918	FAX (A/C, No):
INSURED	Raging Wolf Solutions, LLC P.O. Box 729 Twinsburg, Ohio 44087	E-MAIL ADDRESS:	Eric@nixonlauriante.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Cincinnati Indemnity Co.		23280
		INSURER B : Underwriters at Lloyd's, London		AA1122000
		INSURER C :		
		INSURER D :		
INSURER E :				
INSURER F :				

## 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	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR      <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC   <b>OTHER:</b> <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 			ENP 0128335	02/27/2024	02/27/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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
	\$							
						COMBINED SINGLE LIMIT (Ea accident)	\$	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
						EACH OCCURRENCE	\$	
						AGGREGATE	\$	
							\$	
							\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	ENP 0128335 Ohio Stop Gap	02/27/2024	02/27/2027	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Freight Brokers Contingent Cargo Liability			IRPI-MCC-24-014	06/07/2025	06/07/2026	Any One Loss Deductible	\$150,000 \$1,000

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

## CERTIFICATE HOLDER

## CANCELLATION

\*\*\*SAMPLE COI\*\*\*

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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## Motor Carrier Details

US DOT:	2264415	Docket Number:	MC00770930	
Legal Name:	RAGING WOLF SOLUTIONS, LLC			
Doing-Business-As Name:				
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
2458 EDISON BLVD TWINSBURG OH 44087	(330) 425-1400	PO BOX 729 TWINSBURG OH 44087	(330) 425-1400	NO
Authority Type	Authority Status		Application Pending	
Common	NONE		NO	
Contract	NONE		NO	
Broker	ACTIVE		NO	
Property	Passenger	Household Goods	Private	Enterprise
YES	NO	NO	NO	NO
Insurance Type	Insurance Required		Insurance on File	
BIPD	\$0		\$0	
Cargo	NO		NO	
Bond	YES		YES	

BOC-3: YES

Blanket Company: [TRUCK PROCESS AGENTS OF AMERICA, INC](#)

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

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

May 25, 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](#)



LICENSE  
MC-  
770930-B  
U.S. DOT No. 2264415  
RAGING WOLF SOLUTIONS, LLC

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). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

//for

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO

\*201134801251\*

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/15/2011	201134801251	RESTATEMENT/ARTICLES OF ORGANIZATION LLC (LRA)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

JERALD MOSS  
2806 PAYNE AVE.  
CLEVELAND, OH 44114

STATE OF OHIO  
CERTIFICATE  
Ohio Secretary of State, Jon Husted

1672319

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
RAGING WOLF SOLUTIONS, LLC

and, that said business records show the filing and recording of:

Document(s)

RESTATEMENT/ARTICLES OF ORGANIZATION LLC

Document No(s):

201134801251



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 12th day of December, A.D. 2011.

A handwritten signature in black ink that reads "Jon Husted".

Ohio Secretary of State



## Raging Wolf Solutions, LLC

MC# 770930 · DOT# 2264415

2458 Edison Blvd.  
Twinsburg, OH 44087

(855) 965 - 3725  
ragingwolfsolutions.com

## BROKER/CARRIER AGREEMENT

This Agreement shall govern the services provided by \_\_\_\_\_ a licensed motor carrier pursuant to Docket No. MC-\_\_\_\_\_ (hereinafter referred to as "Carrier"), and Raging Wolf Solutions pursuant to Docket No. MC- **770930** (hereinafter referred to as "Broker").

- 1) Broker is an agent authorized by its customers to negotiate and arrange for transportation of their shipments in interstate commerce.
- 2) Carrier shall transport a series of interstate shipments arranged by Broker pursuant to carrier load confirmation sheet(s) included herewith or subsequently incorporated by reference.
- 3) Broker shall pay Carrier for services rendered in an amount equal to the rates and accessorial charges agreed to on Broker's load confirmation sheet or other signed writing upon receipt of payment from Shipper. Carrier must submit Proof of Delivery with Invoice(s) to Broker as agent for the Shipper, payment terms shall be thirty (30) days from receipt, without offsets.
- 4) Carrier warrants to Broker (and its Shipper's principals) that it meets the following criteria:
  - a) Carrier shall maintain all risk Cargo Insurance in the amount of not less than [\$100,000] per shipment;
  - b) Carrier shall maintain public Liability Insurance in the amount of not less than [\$1,000,000] as required by federal regulation (BMC-91 on file);
  - c) Carrier shall maintain Worker's Compensation Insurance as required by state law;
  - d) Carrier shall agree to provide Certificates of Insurance upon request;
  - e) Carrier shall maintain satisfactory U.S. DOT safety rating and is otherwise authorized to provide the proposed services; and
  - f) Carrier shall be following all applicable laws.
- 5) **Governing Rules:** The following rules shall apply:
  - a) The terms of the Standard Truckload Bill of Lading;
  - b) Standard claims rules otherwise applicable to common carriers (49 C.F.R. §370 and Carrier's service conditions, (see [www.ecfr.gov.com](http://www.ecfr.gov.com)));
  - c) Cargo claims liability as set forth in the Carmack Amendment (49 U.S.C. §);
  - d) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement;
  - e) Claims will be files with Carrier by Shipper; and
  - f) Broker's customer is third party beneficiary of the Agreement.
- 6) **Released Rates:** All Shipments shall be subject to a maximum Cargo Liability of [\$5.00] per pound, subject to a [\$200,000] per truckload maximum, unless by special written agreement.
- 7) **Shipping Document Execution:** Carriers are to be named on the Bill of Lading as the "Carrier of Record."
- 8) **Indemnification:** Carrier agrees to indemnify and hold harmless Broker and its customer from any loss, damage or claim for which carrier is adjudged legally liable.
- 9) **Law and Integration:** This written Agreement, together with any load confirmation, contains the entire agreement between the parties and may only be modified by signed, written agreement. General principles of federal transportation law apply.
- 10) This Agreement shall be for the period of one (1) year and shall be automatically renewed unless canceled. Either party may terminate the Agreement upon a fifteen (15) day written notice.
- 11) **Automated Updates:** Carrier agrees to receive automated SMS messages sent on behalf of Raging Wolf Solutions to the shipment(s) driver. The driver may opt out at any time by directly contacting Raging Wolf Solutions.
- 12) **[Carrier agrees to not back solicit any customer of Broker, either directly or indirectly. As liquidated damages, Carrier agrees to pay back a ten (10%) percent commission on all traffic handled for customers first introduced to Carrier by Broker for a period of one (1) year following cancellation of this Agreement.]**

CARRIER: \_\_\_\_\_

BROKER: RAGING WOLF SOLUTIONS

SIGNED: \_\_\_\_\_

SIGNED: Scott Brownfield

PRINTED NAME: \_\_\_\_\_

PRINTED NAME: SCOTT BROWNFIELD

TITLE: \_\_\_\_\_

TITLE: CEO

DATE: \_\_\_\_\_

DATE: 11/1/2022