Welcome to ODYSSEY LOGISTICS!

With a broad network of services, it is likely that you may already have an account within the Odyssey network. If that's the case, we will gather as many details as possible from our sister companies to make onboarding with the Integrated Marine Logistics (IML) division as seamless as possible.

For the Caribbean trade lane, we can move your cargo with only a signed Freight Forwarding contract or a Rate Agreement, and a USPPI Written Authorization to file AES.

You'll find all the information to set up Caribbean Shipping Services, Inc. / Odyssey Logistics as a forwarder in this packet including insurance, authorities, references and banking information.

Included in this packet:

- Client Profile
- W9
- Certificate of Insurance
- FF Authority
- Hazmat Certificate
- Payment Options
- Credit Card Authorization
- Terminal Information
- AES Written Authorization
- Bill of Lading – Terms & Conditions

Please complete and return all applicable forms to us at your earliest convenience.

Please do not hesitate to reach out to us if you have any questions.

We look forward to a partnering with you for your logistics needs.

Sincerely,

Your Odyssey Team

Client Profile

Trade Lanes: ☐ Alaska ☐ Hawaii ☐ Guam ☐ Puerto Rico ☐ International

I. BUSINESS INFORMATION

Full Name of Organization _____ Federal Tax ID# _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Main Line Phone _____ Website _____

Account Payable Contact _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

II. SERVICE PROFILE

☐ Domestic Trucking	☐ Ocean Import	☐ Ocean Export	☐ Customs Clearance
☐ Air Freight	☐ Transload	☐ Sort/Seg	☐ Distribution
☐ Jones Act Ocean	☐ Hazmat	☐ Tank/Flexi Tank	

Other _____

Commodities _____

Billing Method *(backup documentation required)* _____

Other Requirements _____

_____

_____

_____

Odyssey Sales Person _____

Thank you for your business!

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.)

Caribbean Shipping Services, Inc.

2 Business name/disregarded entity name, if different from above.

Odyssey

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.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

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.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

2550 Cabot Commerce Drive, Suite 100

Requester's name and address (optional)

6 City, state, and ZIP code

Jacksonville, FL 32226

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

5	9	–	3	3	7	6	3	5	4

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** [signature] **Date** 4/22/2025

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*.

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

4/30/2027

DATE (MM/DD/YYYY)
4/28/2026

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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste. 2010 New York NY 10036 (646) 572-7300	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED 1540975 Caribbean Shipping Services, Inc. 7400 45th Street CT E Fife, WA 98424	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** AIU Insurance Company — 19399 **INSURER B :** National Union Fire Ins Co Pitts. PA — 19445 **INSURER C :** TT Club Mutual Insurance Limited — 84975 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 21391789 **REVISION NUMBER:** XXXXXXX

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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR X SIR: $50,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N	N	9952712	5/1/2026	5/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 50,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	9812747	5/1/2026	5/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N / N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	020396080 (AOS) 012320612 (WI)	5/1/2026 5/1/2026	5/1/2027 5/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B B C	MTC Warehouse&Cargo Legal Trailer Interchange	N	N	4577604 4577604 28772/2025/001	5/1/2026 5/1/2026 5/1/2025	5/1/2027 5/1/2027 4/30/2027	Limit: $1,000,000 Limit: $1,000,000 See attached	

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

$50K Self-Insured Retention applies to the above referenced General Liability policy; $950,000 each occurrence limit attaches at $50K for up to $1M in total each occurrence limit.

CERTIFICATE HOLDER

21391789
Evidence of Insurance

CANCELLATION See Attachment

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

Trailer Interchange Limit	
Policy#: 28772/2025/001	
Policy Term: 5/01/25 - 4/30/2027	
Issuing Co.: TT CLUB MUTUAL INSURANCE LTD	
Each Occurence	$25,000.00
Each Occurrence for Pasha Hawaii Holdings LLC	$45,000.00
Deductible	$2,500.00

JUN 19 1995

Mark Cole
CBSP

PM-26
(Rev. 1/95)

SERVICE DATE
June 17, 1996

FEDERAL HIGHWAY ADMINISTRATION

CERTIFICATE

MC 303813 SUB 0 C

CARIBBEAN SHIPPING SERVICES, INC.
Jacksonville, FL

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), and the designation of agents upon whom process may be served (49 CFR 1044). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

JOHN F. GRIMM
Director, Office of Motor Carrier
Information Analysis

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION

HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION FOR REGISTRATION YEAR(S) 2026-2027

Registrant: CARIBBEAN SHIPPING SERVICES
ATTN: SANDY STEPHENS
7400 45TH ST CT E
FIFE, WA 98424

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 0608265506191 Effective: July 1, 2026 Expires: June 30, 2027

HM Company ID: 31757

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

(1) A copy of the registration statement filed with PHMSA; and

(2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Payment Options

Dear Valued Customer:

We provide several options for payment for your convenience. Please note that unless credit is established, all payment is due prior to delivery. We no longer offer COD as a payment option.

Credit: If you'd like to apply for credit, please complete the information here: https://www.odysseylogistics.com/credit-application. We will provide a response within 48 hours of receiving the online application.

Payment by mail: Please mail all payments along with remittance details to the following:
Odyssey Logistics – Caribbean Shipping
P.O. Box 7333436
Dallas, TX, 75373

ACH payments: please remit your ACH (in CTX format) or EFT transactions as follows. Please kindly send your remittance to IMLremit@odysseylogistics.com so that we may apply your payment properly.

Bank Name: JPMorgan Chase Bank, N.A.
ABA/Routing Number: 25070760
Swift Code: CHASUS33
Location: New York, N.Y.
Credit to the Account of: Caribbean Shipping Services, Inc.
Account Number: 86557G333

Credit Card: If you prefer to pay via credit card, please complete the Credit Card Authorization form included in this packet. We accept Visa and MasterCard. If you pay with a credit card, it will increase your cost by 3%.

Please feel free to contact one of our team members at HI_Credit@odysseylogistics.com should you have any questions.

Thank you for your business.

Regards,

Michelle Achondo CICP CBA
Director Credit & Collections
Odyssey Logistics

Credit Card Payment Authorization Form

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for ☐ single or ☐ ongoing transactions.

I _____ authorize Odyssey Logistics to charge my credit card account indicated below for _____. I agree to pay a 3% processing fee _____ for grand total charge _____on or after _____.

This payment is for invoice/lot: _____.

Billing Address:_____ Phone:_____

City, State, Zip _____Email: _____

Account Type: ☐ Visa ☐MasterCard

Cardholder name:_____

Account Number: _____Expiration:_____CCV#: _____

Email Address for receipt: _____

Signature: _____Date: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. By providing this form I am aware I am providing my personal financial information at my own discretion.

Please email completed form to: HI_credit@odysseylogistics.com

Odyssey Logistics Terminal Information – Caribbean Tradelane

Odyssey Logistics strives to provide as much flexibility for your deliveries as we can while still ensuring we make the carrier cutoffs. Below please find information and specific details for the Caribbean Trade Lane.

Appointments: -

- No appointment is necessary, unless special handling is required or over 11 pallets.
- All cargo is received on a first come, first served basis.

Required Info to Book an Appointment:

- Contact person and information
- Dry/Reefer/Flatbed
- Piece(s), Pallet(s), Drum(s), etc. count & weight
- Requested times
- Consignee information when available
- Vendor
- Inbound carrier (Pro# is a plus)

To receive the driver must have a Bill of Lading with these required fields complete, including:

- Origin/Shipper Company, Bill to and Consignee
- Names, Addresses, Cities, States, Zips & Phone numbers
- Notify Upon Arrival Party (if applies)
- Names, Addresses, Cities, States, Zips & Phone numbers
- Charges: Prepaid, collect, 3rd party. Please note we do not accept COD shipments.
- Quote number and/or Odyssey Bill number (prefixed by an "A" and followed with 7 digits)
- PO/Order/Shipper number if applicable for reference on our invoice
- Shipment Details
    - Number of units I.E Pallets, pieces, etc.
    - Description and class
    - Weight (Odyssey may verify and/or reweigh packages to verify stated weights)
- Hazardous Information as per www.fmcsa.dot.gov/regulartions/hazardous-materials
- Signature

Cut-offs:

- Please note specific cutoff information for each terminal below. In the event a shipment is not received by the cutoff, we will do our best to include it in the sailing by requesting a top stow from the water carrier, but we can't guarantee the carrier will grant our request.

Hot/Expedited shipments:

- Any "HOT" shipment requested will be flagged as such in our system and with the water carrier. We will do our best to prioritize the movement of that container.

Chill/Reefer Shipments:

- Odyssey Logistics must be notified of any unique temperature requirements on a *unique bill of lading* per item/shipment.

Related Documents/Forms Needed Before Sailing:

- Commercial Invoice
- Shipper EIN and Contact Information
- Consignee EIN along with contact Information for tax and delivery purpose on Island.
- Hazmat Documentation – IMO / SDS
- If Customer COD- Payment of Shipment is under the following: Credit Card, ACH, Check / Money Order upon arrival at PR before freight is released.

Documentation Cut-off

- Tuesday Sail: by 10am Tuesday
- Friday Sail: by 10am Friday

Sailing Schedule Jacksonville:

- Vessel: Tuesdays and Fridays
- Barge: Wednesday

Sailing Schedule New Jersey

- Barge: Thursday, Every week, once a week.

Sailing Schedule Houston

- Vessel: Wednesday, Every other week

Jacksonville Terminal: (dry and reefer)

1. Address: Odyssey Logistics, 2550 Cabot Commerce Dr Suite 100, Jacksonville, FL 32226 (904)247-0031
2. Appointments
   Dry: No appt necessary Unless over 11plts
   Reefer: Appt needed
3. Hours for Appointments and Delivery
   Monday – Friday: 7:00am-3:30pm
4. Jacksonville Cut-off
   Dry Cargo:
   2PM Monday for Tuesday Sail (Vessel) **Subject to Volume / Availability*
   2PM Thursday for Friday Sail (Vessel) Weekly 2PM Tuesday for Wednesday Sail (Barge)
   Reefer Cargo:
   12PM Monday for Tuesday Sail (Vessel)
   12PM Thursday for Friday sail (Vessel)
   3PM Tuesday for Wednesday Sail (Barge)
5. **Contacts:**
   Receiving: caribbeanshippingreceiving@odysseylogistics.com
   Customer Service: csslogistics@odysseylogistics.com
   Pricing: csspricing@odysseylogistics.com

New Jersey Terminal: **(Dry Cargo Only)**

1. Address: DRT Cold Storage c/o CSS, 112 Spruce St, Elizabethville, PA 17023 (717) 274-2871
2. Hours for appointments and deliveries: Monday – Friday: 8am-3:30pm
3. Cut off: 3:30pm Wednesday for Thursday sailing
4. Contacts: cssnj@odysseylogistics.com

Puerto Rico Terminal (Dry Only)

1. Address: Odyssey Logistics, Palmas Industrial Park Street #4 Bo. Palmas, Cataño, PR 00962 (787) 275-2233
2. Hours for appointments and deliveries: Monday - Friday: 7:30am-3:30pm
3. Cut off:
   12PM Monday for Tuesday Sail (Vessel) **Subject to Volume / Availability*
   12PM Thursday for Friday Sail (Vessel) Weekly Sail
4. Contacts: pr_team@odysseylogistics.com

Caribbean Shipping Services, Inc.

WRITTEN AUTHORIZATION TO PREPARE OR TRANSMIT ELECTRONIC EXPORT INFORMATION (EEI)

Exporter (U.S. Principal Party in Interest) _____

EIN/SS Number _____

Address _____

City Country Zip _____

Phone/Email _____

Corporate Official/Contact Person _____

authorize to act as forwarding agent (**FA**) **CARIBBEAN SHIPPING SERVICES, INC.** for export control and customs purposes and to file any Electronic Export Information (**EEI**) thru the Automated Export System (**AES**) to the US Census Bureau Department (**USCBD**), which may be required by law or regulation in connection with the exportation or transportation of any merchandise on behalf of said U.S. Principal Party in Interest (**USPPI**). The **USPPI** certifies that necessary and proper documentation to accurately complete the EEI is and will be provided to the said **FA**. The **USPPI** further understands that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any United States laws or regulations on exportation and agrees to be bound by all statements of said **FA** based upon verbal information or documentation provided by exporter or **USPPI** to said **FA**.

Signature: _____

AUTHORIZED PERSON (U.S. Principal Party in Interest)

Position: _____

Date: _____

Email: csslogistics@odysseylogistics.com

FMC # 14107N