SBT Group Inc

Business Profile & Credit Application

146 W 29Th St Rm 10W, NY, 10001 US | info@sbtgroupinc.com | www.sbtgroupinc.com | (315) 999-1626

COMPANY AND CONTACT INFORMATION

Company Legal Name: _____ DBA, if any: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Full Name: _____ Title: _____

Phone No.: _____ Email: _____

Parent Company Name (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____ State Incorporated: _____ Dun & Bradstreet: _____

Type of Business: _____ Years in Service: _____

PRINCIPAL OWNERS/OFFICERS INFORMATION

Full Name: _____ Title: _____

Phone No.: _____ Email: _____

Full Name: _____ Title: _____

Phone No.: _____ Email: _____

Required Credit Limit: _____ Payment Terms: _____ Mode of Payment: ☐ Check ☐ Wire ☐ ACH

BANK INFORMATION

Bank Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Full Name: _____ Phone No.: _____ Fax No.: _____

CREDIT REFERENCES (Please provide three active references.)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Full Name: _____ Phone no.: _____ Email: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Full Name: _____ Phone no.: _____ Email: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Full Name: _____ Phone no.: _____ Email: _____

SBT Group Inc

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BILLING GUIDELINES

What charges do you require approval on? Please list all below: _____

Approvals – Primary Contact Info:

Full Name: _____

Phone No.: _____

Email: _____

Approvals – Secondary Contact Info:

Full Name: _____

Phone No.: _____

Email: _____

INVOICING GUIDELINES

What support documents do you require with your invoices (i.e., PO#, signed BOL, POD, etc.)? Please list all below:

Accounts Payable - Primary Contact Info:

Full Name: _____

Phone No.: _____

Email: _____

Accounts Payable – Secondary Contact Info:

Full Name: _____

Phone No.: _____

Email: _____

Are there any additional invoicing guidelines or specific instructions for us when invoicing your account?

Please mention all: _____

Printed Name: _____

Company: _____

Title: _____ Date: _____

Signature:

Upon completion, please return the Credit Application, Terms & Conditions, and the Required Billing Details documents to SBT Group Inc Credit Department **accounting@sbtgroupinc.com**

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

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

SERVICE DATE
June 10, 2025

LICENSE
MC-1718521-B
U.S. DOT No. 4383090
SBT GROUP INC
NEW YORK, NY

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.

Jeffrey L. Secrist, Division Chief
Office of Registration

BPO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/11/2026

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	PFA Transportation Insurance & Surety Services 22601 N. 19th Avenue Suite 202 Phoenix AZ 85027-
CONTACT NAME:	PFA Transportation Insurance & Surety
PHONE (A/C, No, Ext):	(800)595-2615 **FAX (A/C, No):** (623)209-2610
E-MAIL ADDRESS:	cert@pfaprotects.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Hudson Excess Insurance	14484
INSURER B :	QBE Lloyds Syndicate	AA-1127084
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

SBT Group Inc
146 W 29th Street FL 10
New York NY 10001-

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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			GTUL002457-01	06/16/2026	06/16/2027	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 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included $
A	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY X Contingent Auto			GTUL002457-01	06/16/2026	06/16/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Contingent Cargo Liability			V000125-525	06/16/2026	06/16/2027	any one acc / occ	$100,000
A	Contingent Cargo			GTUL002457-01	06/16/2026	06/16/2027	any one occ	$250,000

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

Domestic Freight Broker

CERTIFICATE HOLDER

Master Certificate

-

CANCELLATION

AI 016130

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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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.)

SBT Group Inc

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.

☐ 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.

146 W 29 St, FL 10

Requester's name and address (optional)

6 City, state, and ZIP code

New York, NY 10001

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

3	3	–	4	1	3	2	6	8	8

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** Aanam Goyal **Date** 6/15/2026

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 ASSIGNMENT

For Standard Carrier Alpha Code® (SCAC™)

SCAC	UANG
Assigned Date	Monday, 16 June 2025
Assigned To	SBT GROUP INC 146 W 29TH ST RM 10W NEW YORK, NY USA 10001 USDOT # 4383090 MC # 1718521
Company Contact	AANAM GOYAL
Expiration Date	Wednesday, 16 June 2027

SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to https://scaccode.com.

As of 16 June 2025, the safety record for SBT GROUP INC confirmed identification, as retrieved from the Federal Motor Carrier Safety Administration (FMCSA) Company Snapshot website at https://safer.fmcsa.dot.gov/CompanySnapshot.aspx[1].

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at https://nmfta.org/support.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at https://nmfta.org/support.

Refer to our Terms of Sale at https://nmfta.org/terms-of-sale for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in “U”

SCACs ending with the letter “U” are reserved for the identification of freight containers. If your SCAC ends with the letter “U”, it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: https://www.cbp.gov/trade/automated/getting-started.

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

Ownership of SCACs

NMFTA develops and maintains the Directory of SCACs and owns the entire copyright interest in the SCAC database.

[1]Federal Motor Carrier Safety Administration (FMCSA). 2025. Company Snapshot for SBT GROUP INC. Retrieved from https://safer.fmcsa.dot.gov/CompanySnapshot.aspx.

2026 UCR Registration is VALID!

Receipt # 000-0571-3265

Registered on: 11/04/2025 15:39 EST

Generated: 11/04/2025 15:39 EST

Year: 2026

Paid:

Date	Bracket	UCR Fee	Conv. Fee	Total
11/04/2025	Bracket 1 [0 veh.]	$46.00	$1.37	$47.37

Bracket: 0 to 2 vehicles [0 vehicle(s)]

USDOT #: 4383090

Classifications: Broker

Legal Name: SBT GROUP INC

Base State: New York

Principal: 146 W 29TH ST FL 10
NEW YORK, NY 10001
US

Payor: Aanam Goyal

*** Expires: 12/31/2026 ***

Certificate

OF JCTRANS MEMBERSHIP

Member ID:160452

SBT Group, Inc

has successfully complied with the conditions of JCPremium membership

2026.03 - 2027.03

VALID TERM

Jacy Qiu

Jacy Qiu, Chief Executive Officer

