9900 Pensacola Blvd
Pensacola,FL 32534
850.999.7800
schedule@xtremefl.com
www.xtremefl.com

Supplier / Contractor Information Update Form

Xtreme Logistics Gulf Coast LLC

Please complete this form in full so we can update your vendor profile and ensure accurate tax reporting.
Return to: Vicky Blackwelder at accountant@xtremefl.com

1. Business Information

Legal Business Name (as shown on tax return): _____

DBA (if applicable): _____

Business Type:

[ ] Individual / Sole Proprietor [ ] LLC – Single Member [ ] LLC – Multi-Member
[ ] Corporation [ ] Partnership [ ] Other:

_____

FEIN or SSN (must match IRS records): _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email (AP): _____

Email for W-9 / Tax Questions: _____

2. Payment Setup

Preferred Payment Method:

[ ] Check [ ] ACH (attach voided check or bank letter)

Remit-To Address (if different): _____

accountant@xtremefl.com **MUST BE COPIED ON ALL INVOICES**

Insurance Requirements Section (Revised)

3. Insurance (attach current certificates for all that apply):

[ ] **General Liability**

- Minimum limits: $1,000,000 per occurrence / $2,000,000 aggregate
- Must list *Xtreme* Logistics Gulf Coast LLC as Certificate Holder

[ ] **Workers' Compensation** *(Required for any contractor providing labor or services)*
- Includes Employer's Liability
- If exempt, provide state-issued exemption certificate

[ ] **Automobile Liability**
- Required if driving onto job sites or transporting materials
- Minimum limits: $1,000,000 combined single limit

[ ] **Other Coverage (if applicable):** _____
- Examples: Umbrella/Excess Liability, Professional Liability, Pollution, Marine

4. Services Provided

Description of services:

_____

_____

5. Authorized Contact

Name: _____ Title: _____

Phone: _____ Email: _____

6. Required Attachment

✓ Completed and signed IRS Form W-9
(MUST match Legal Name & Tax ID to avoid 1099 rejections.)

✓ Updated Certificate of Insurance

Certification

I certify the information provided is accurate and matches our official tax records.

Authorized Signature: _____ Date: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/15/2026

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	CONTACT NAME: Wanda Nodhturft	
Madril Insurance P. O. Box 617 Cantonment FL 32533	PHONE (A/C, No, Ext): (850) 476-2733	FAX (A/C, No): (850) 476-2753
	E-MAIL ADDRESS: wanda@madrilinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2671516232 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

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 [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y				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 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ]	Y	Y				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y				EACH OCCURRENCE AGGREGATE Following Form	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y				[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

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

Xtreme Logistics Gulf Coast LLC is listed as Additional Insured including Products and Completed Operations with resepct to General Liability. General Liability and Auto is Primary and Non-Contributory. A Waiver of Subrogation in favor of the certificate holder applies with respect to General Liability., Auto and Work Compensation. By Endorsement a 30 day notice of cancellation is in favor of Xtreme Logistics Gulf Coast LLC.

CERTIFICATE HOLDER

Xtreme Logistics Gulf Coast LLC
9900 Pensacola Blvd
Pensacola FL 32534

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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