



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

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

SERVICE DATE
March 24, 2008

CERTIFICATE

MC-638111-C

JEFF GOTZ

**D/B/A HILL ROAD 4X4 & CUSTOM
CHILI, WI**

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 387) and the designation of agents upon whom process may be served (49 CFR 366). 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.

A handwritten signature in cursive script that reads "Kathy A. Weiner".

Kathy Welner, Chief
Information Systems Division

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.

CMO

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID KL HILLR-3	DATE (MM/DD/YYYY) 05/26/09
PRODUCER Marshfield Insurance Agency 208 West 5th Street Marshfield WI 54449 Phone: 715-387-4443 Fax: 715-389-2662		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
HILL ROAD 4X4 & CUSTOM W425 HILL ROAD CHILI WI 54420		INSURER A: Canal Insurance Company	
		INSURER B: LLOYDS OF LONDON	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PIA03496102	03/17/09	03/17/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATU-TORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER Motor Truck Cargo Excess Cargo	CK08034A09 RK02311A08	03/17/09 09/11/08	03/17/10 09/11/09	Cargo \$150,000.* Excess \$100,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Insured Units: 1996 Freightliner Tractor #2028; 2003 Kaufman Trlr #1090; 2000 Kenworth Tractor #3911; 1998 Contrell Trlr #8781
\$1000. Deductible - Specified Perils, \$1000. Deductible - Collision
***Cargo Ded \$1000. or 1% of Load Value, Whichever is Greater**

CERTIFICATE HOLDER <div style="text-align: center;">DOMES-1</div> DOMESTIC AUTO TRANSPORT 4607 SE 88TH PORTLAND OR 97266	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Kathy Leader <i>Kathy Leader</i>
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**STATE OF WISCONSIN
DEPARTMENT OF TRANSPORTATION
INTRASTATE MOTOR CARRIER AUTHORITY**

LC83601

GOTZ JEFFREY M
W425 HILL RD
CHILI, WI 54420
US DOT 1739958
WI-555958

The above-named carrier is fit, willing and able to engage in intrastate transportation of property for hire by motor vehicle over regular or irregular routes on the highways of this state.

ISSUED: April 1, 2008



8. Correspondent: Robert A. Schneider Agency, A Division of Risk Placement Services Inc., 5620 Smetana Drive, Suite 225, Minnetonka, MN 55343, U. S. A.

In witness whereof this certificate has been signed in London this 9th day

of April 2009 by Kate Ash (Authorised Signatory)

for and on behalf of the Intermediary

This contract of insurance is based upon the information and representations you provided in your application. Depending on the type of information and representations that you provided, the proposed contract of insurance includes certain conditions and/or warranties. Kindly review all the contract of insurance documentation, including any binder, declarations page, policy forms, and endorsements, to familiarize yourself with any conditions and/or warranties included in the contract of insurance. These conditions and/or warranties may require you to take specific actions, to refrain from taking specific actions, to fulfil certain requirements, and/or to verify specific facts. Please be advised that strict compliance with the conditions and/or warranties contained in the contract of insurance is required. If you do not strictly comply with the conditions and/or warranties contained within the contract of insurance, then the insurer, Certain Underwriters at Lloyds, London, may deny or limit coverage for any claim submitted by you under the contract of insurance.

This Declaration Page is attached to and forms part of Certificate Provisions.			
Previous #	BCM29238	Authority #	B0759CP07500A09 - 100% Certificate # CK08034A09
1. Name and address of the Assured:	Jeff Gotz doing business as Hill Road 4 x 4 & Custom, W. 425 Hill Road, Chilo, Clark, W1 54420, U. S. A.		
2. Effective from	17 th March, 2009	to	17 th March, 2010
both days at 12.01a.m. Local Standard Time		Percentage 100%	
3. Insurance is effective with certain Underwriters at Lloyd's, London			
4. Limits	Coverage	Premium	
1 st Loss Limit	MOTOR TRUCK CARGO LEGAL LIABILITY (ALL RISKS OF DIRECT PHYSICAL LOSS OR DAMAGE)	USD5,000.00	
USD150,000 Any One Truck		25% Minimum Earned Premium	
USD150,000 Any One Loss			
Deductible USD1,000 or 1% of the load value whichever the greater each and every loss.			
5. London Broad Form Wording (15) - Amended by deleting the Co-Insurance Clause and allowing for Excess Placement	<p>Earned Freight Endorsement Unattended Truck Endorsement - Limit USD100,000 Debris Removal Endorsement - Limit USD5,000 In Full Premium Endorsement - 1 Truck as specified on schedule NMA 2915 Electronic Data Endorsement B (25/01/01) NMA 2920 Terrorism Exclusion Endorsement LMA 5092 U. S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause 2001 AML00001 Chemical, Biological and Nuclear Explosion, Pollution or Contamination Exclusion Clause LSW 1001 (Insurance) - Several Liability Notice BCM 32 Minimum Earned Premium Clause Proposal Form dated : 11th September, 2008</p>		
		<p>This insurance contract is with an insurer which has not Obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus lines coverage pursuant to s618.41 of the Wisconsin Statutes. Section 618.43(1). Wisconsin Statutes. requires payment by the policyholder of 3% tax on gross premium.</p>	
6. Service of Suit Designee:-	MENDES & MOUNT, 750 SEVENTH AVE, NEW YORK, N.Y. 10019 6829		
7. The Intermediary negotiating this insurance on behalf of the Correspondent is	<p>BELL & CLEMENTS LIMITED, 55 King William Street, London, EC4R 9AD Lloyd's Brokers</p> <p>Any enquiries or disputes relating to this insurance should be forwarded to the intermediary, in writing at this address.</p>		

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
Jeffrey M. Gotz DBA Hill Road 4x4 & Custom

Business name if different from above

Check appropriate box: Individual/sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (Disregarded entity, C-corporation, P-partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
W425 Hill Road

City, state, and ZIP code
Chili, WI 54420

Requester's name and address (optional)

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
32-028197

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 and 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).

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 on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.