



N.E.D.S. Auto Trans
Carrier

500 Canyon Road
Smithfield, UT 84335

Main Phone: 435-994-0865
Local Phone: 951-712-1120
Fax Number: 435-563-6733 or 951-789-0611
Hours: 24/7 MST
Email: [Click to Send Email to N.E.D.S. Auto Trans](#)
Web Site:

Operating Authority and Document Packet (Authority, Insurance, W-9, etc.)

ICC-MC#: 470666
View DOT Info for MC# 470666 (If the DOT website is not accessible, please try again later)

Reference Information

Established in: 2003
Company Description: One man show, with numerous contacts within the industry! I have eight years experience with the last five years as an O/O. One call does it all!
Business Reference #1: Deals on Wheels, Brian 435-753-1033
Business Reference #2: Accelerated Services, Brandon 720-200-3100
Business Reference #3: Crossborder Trading, Angie 801-975-8111

Insurance Information

Cargo Company (Canal, Northland, etc.): Great Western Casulity
Cargo Company (Agent): Kaufman & Kaufman
Cargo City/State (Agent): Salt Lake City, Utah
Cargo Phone (Agent): 801-365-0625
Cargo Insurance Limit: 250,000
Cargo Deductible: 2,500

Equipment and Route Information

Number of Trucks: 1
Equipment Description: 1995 Freightliner (3-car headrack) with 1995 Boydston (7-car)trailer.
Route Description: Licenced in 48 states. Main route is I-15 from S.L.C.,UT to L.A.,CA and back.

Company Ratings

Ratings Score:	100.0%*	Ratings History:		
Ratings Received:	10	Past Month	Past 6 Months	All-Time
Member Since:	Oct 2003	100.0%	100.0%	100.0%
* Ratings Score: Positive ratings receive ONE point. Neutral ratings receive ONE-HALF point. Negative ratings receive ZERO points. Points are combined and computed into an overall Ratings Score PERCENTAGE.	Ratings Score			
	<input checked="" type="radio"/> Positive	1	4	10
	<input checked="" type="radio"/> Neutral	0	0	0
	<input checked="" type="radio"/> Negative	0	0	0

» Hide All « | **Ratings Received (10)** | **Ratings Given To Others [N/A]**

Click a tab above to view individual ratings.



N.E.D.S. Auto Transport L.L.C.
500 Canyon Road
Smithfield, Utah 84335

No Equal Delivery Service!

Ned Purser, Managing member.

(435) 994-0865 or (435) 770-2627

For the fax number please ask for it each time.

References:

Deals on wheels, Brian @ (435) 753-1033


Crossroads West, Jeff @ (800) 628-6580

Accelerated Auto Transport, Brandon @ (720) 200-3100

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PH
NEDSAU1

DATE (MM/DD/YYYY)
04/02/07

PRODUCER Hub/Kaufman Insurance P. O. Box 17346 Salt Lake City UT 84117 Phone: 801-943-2600 Fax: 801-943-3889		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 Ned Purser NEDS Auto Transport 500 Canyon Road Smithfield UT 84335		INSURERS AFFORDING COVERAGE	
		INSURER A	Great West Casualty Co. 11371
		INSURER B	Fireman's Fund Insurance Co. 21873
		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	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GWP24949C	10/03/06	10/03/07	EACH OCCURRENCE	\$ \$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$ 50,000
						MED EXP (Any one person)	\$ \$ 5,000
						PERSONAL & ADV INJURY	\$ \$1,000,000
						GENERAL AGGREGATE	\$ \$2,000,000
						PRODUCTS - COM/OF ACC	\$ \$2,000,000
A	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	GWP24949C	10/03/06	10/03/07	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 RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH ER
						E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
B		OTHER Cargo	MXI98469974	10/03/06	10/03/07	Limit	\$250,000
						Ded.	\$ 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A Schedule of vehicles on file with company.

CERTIFICATE HOLDER

TOWHOM1

To Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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



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

Request for Taxpayer Identification Number and Certification

Print or type
See Specific Instructions on page 2.

Name: **Ned PURSER**

Business name, if different from above: **N.E.D.S. Auto Transport LLC**

Check appropriate box: Individual Sole proprietor Corporation Partnership Other **LLC** Exempt from backup withholding

Address (number, street, and apt. or suite no.): **500 CANNON Rd.**

City, state, and ZIP code: **Smithfield, Ut. 84335**

List account number(s) here (optional):

Requester's name and address (optional):

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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
01-1145718139

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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Caution: Certification instructions. You must cross out item 1 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 1 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, as you must provide your correct TIN. (See the instructions on page 4.)

Sign Here | Signature of U.S. person

Date: **01/01/07**

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.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



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

400 7th Street SW
Washington, DC 20550

SERVICE DATE
October 24, 2003

PERMIT

MC-470666-P

NED PURSER

D/B/A NEDS AUTO TRANSPORT
SMITHFIELD, UT

This Permit is evidence of the carrier's authority to engage in transportation as a contract 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 385). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Angel Sebastian, 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.