



# Premier Hot Shot

Carrier

19211 P. C. Beach Pkwy #202  
Panama City Beach, FL 32413

**Main Phone:** 850-867-0302  
**Local Phone:** 8508670546  
**Fax Number:** 850-249-9019  
**Hours:** m-sat 8-6 sun 12-5 CST  
**Email:** [Click to Send Email to Premier Hot Shot](#)  
**Web Site:**

**Contact:** Walter Rainey  
**Preferred Contact Method:** Any

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

**ICC-MC#:** 437963-c  
View DOT Info for MC# 437963 (If the DOT website is not accessible, please try again later)

## Reference Information

**Established in:** 2002  
**Member of CentralDispatch.com Since:** Dec 2005  
**Company Description:** We specialize in the delivery of cars, trucks and motorcycles using two car enclosed trailers

**Business Reference #1:** Express Auto 513-870-6670  
**Business Reference #2:** CSL Auto Transport 626-771-3294  
**Business Reference #3:** DAS 800-826-1083

## Broker Bond Information

none  
none

## Insurance Information

**Company (Canal, Northland, etc.):** Acord-Canal Indemnity Co.      **Liability Insurance:** 1,000,000  
**Company (Agent):** Insurance Underwriters Ltd.      **Cargo Insurance:** 100,000  
**City/State (Agent):** P.O. Box 6738      **Deductible:** 1,000  
**Phone (Agent):** 504-883-2500

## Equipment and Route Information

**Number of Trucks:** 5  
**Equipment Description:** Dodge, Chevrolet, Ford dually . We use 44 foot enclosed two car trailers..  
**Route Description:** We do not deliver to set routes. We are a specialty company. We cover undefined routes, we go where the loads demand.

## Company Ratings

|  |                 |                         |                      |                 |
|--|-----------------|-------------------------|----------------------|-----------------|
| <b>Ratings Score:</b>  | <b>100.0%*</b>  | <b>Ratings History:</b> |                      |                 |
| <b>Ratings Received:</b>   | <b>30</b>       | <b>Past Month</b>       | <b>Past 6 Months</b> | <b>All-Time</b> |
| <b>Member Since:</b>   | <b>Dec 2005</b> | 100.0%                  | 100.0%               | 100.0%          |
| <b>* Ratings Score:</b> 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. |                 |                         |                      |                 |
| <b>Positive</b>  |                 | 6                       | 22                   | 30              |
| <b>Neutral</b>   |                 | 0                       | 0                    | 0               |
| <b>Negative</b>  |                 | 0                       | 0                    | 0               |

» Hide All «    **Ratings Received (30)**    **Ratings Given To Others (27)**

*Click a tab above to view individual ratings.*



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



400 7th Street SW  
Washington, DC 20590

SERVICE DATE  
December 30, 2002

**CERTIFICATE**  
**MC-437983-C**  
**PREMIER HOT SHOT, L. L. C**  
**BATON ROUGE, LA**


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.

Terry Shelton, Director  
Office of Data Analysis & Information Systems

**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

|   |                               |  |                               |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
|---|-------------------------------|--|-------------------------------|-----------|-----------------------------|--------|-------|-----------|-------------------------|--|-------|-----------|------------------------------|--|-------|-----------|-------------------------------|--|--|-----------|-------------------------|--|-------|
| <b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>   |                               | OP ID KR<br>PREMI-3  | DATE (MM/DD/YYYY)<br>09/01/06 |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
| PRODUCER<br>Insurance Underwriters Ltd.<br>P.O. Box 6738<br>Metairie LA 70009-6738<br>Phone: 504-883-2500 Fax: 504-883-2535 |                               |  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<br>Premier Hot Shot, LLC<br>Mr. Carlton Quick<br>P.O. Box 1042<br>Prairieville LA 70769-1042                        |                               | INSURERS AFFORDING COVERAGE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>INSURER A</td> <td>Fireman's Fund Insurance Co</td> <td>NAIC #</td> <td>21873</td> </tr> <tr> <td>INSURER B</td> <td>Canal Indemnity Company</td> <td></td> <td>27790</td> </tr> <tr> <td>INSURER C</td> <td>Scottsdale Insurance Company</td> <td></td> <td>41297</td> </tr> <tr> <td>INSURER D</td> <td>National Fire &amp; Marine Ins Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td>Canal Indemnity Company</td> <td></td> <td>27790</td> </tr> </table> |                               | INSURER A | Fireman's Fund Insurance Co | NAIC # | 21873 | INSURER B | Canal Indemnity Company |  | 27790 | INSURER C | Scottsdale Insurance Company |  | 41297 | INSURER D | National Fire & Marine Ins Co |  |  | INSURER E | Canal Indemnity Company |  | 27790 |
| INSURER A   | Fireman's Fund Insurance Co   | NAIC #   | 21873                         |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
| INSURER B   | Canal Indemnity Company       |  | 27790                         |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
| INSURER C   | Scottsdale Insurance Company  |  | 41297                         |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
| INSURER D   | National Fire & Marine Ins Co |  |                               |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |
| INSURER E   | Canal Indemnity Company       |  | 27790                         |           |                             |        |       |           |                         |  |       |           |                              |  |       |           |                               |  |  |           |                         |  |       |

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE POLICIES FURNISH THE REQUIREMENTS, LIMITS AND CONDITIONS OF EACH CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED. YOU MUST READ THE POLICIES AFFORDED BY THE POLICIES DESCRIBED HEREIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. SEPARATE LIMITS OR AMOUNTS HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADDL LTR | INSRD | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|---------------|-------|---|---------------|----------------------------------|-----------------------------------|---|
| C             | X     | GENERAL LIABILITY<br><input checked="" type="checkbox"/> Combined Single Limit<br><input type="checkbox"/> Claims Made<br><input checked="" type="checkbox"/> Occur<br>(E) IL ADDRESSEES LIMIT APPLIES PER POLICY: <input type="checkbox"/> FULLY <input type="checkbox"/> PART <input type="checkbox"/> NONE | CLS1035532    | 07/28/06                         | 07/12/07                          | EACH OCCURRENCE \$ 1000000<br>DAMAGE TO RENTED PREMISES (Each Occurrence) \$ 50000<br>MED EXP (Any one person) \$ 5000<br>PERSONAL & ADV INJURY \$ EXCLUDED<br>GENERAL AGGREGATE \$ 1000000<br>PRODUCTS - COMPLETED \$ EXCLUDED |
| E             |       | AUTOMOBILE LIABILITY<br><input type="checkbox"/> RENTALS<br><input type="checkbox"/> RENTED AUTOS<br><input checked="" type="checkbox"/> SHARED AUTOS<br><input type="checkbox"/> RENTED AUTOS<br><input type="checkbox"/> OWNED AUTOS  | L046129       | 07/12/06                         | 07/12/07                          | COMBINED SINGLE LIMIT (Per accident) \$ 1000000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>ADDITIONAL EXCESS LIMIT \$<br>OTHER THAN AUTOMOBILE \$              |
|               |       | GARAGE LIABILITY<br><input type="checkbox"/> OWNED AUTOS  |               |                                  |                                   | ADDITIONAL EXCESS LIMIT \$<br>OTHER THAN AUTOMOBILE \$  |
|               |       | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$   |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>DEDUCTIBLE \$<br>RETENTION \$   |
|               |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ALL PROPERTY PARTNERS AND OFFICER MEMBERS EXCLUDED<br>If applicable, work SPECIAL PROVISIONS apply   |               |                                  |                                   | MEDICAL LIMITS PER<br>\$ EACH ACCIDENT<br>\$ DISEASE - EMPLOYEE<br>\$ DISEASE - PROPERTY INJURY   |
| A             |       | Transportation  | MXI97852390   | 07/12/06                         | 07/12/07                          | Cargo 100000  |
| D             |       | Physical Damage   | 7D2TRN441519  | 07/12/06                         | 07/12/07                          | Deductibl 1000/1000   |

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

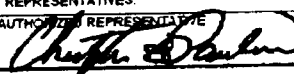
**CERTIFICATE HOLDER**

**CANCELLATION**

PROOF-1

Proof of Coverage

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. November 2005)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Print or type  
See Specific  
Instructions on page 2.

Name (as shown on your income tax return)  
Walter Ramsey DBA

Business name, if different from above  
Premier Hot Shot

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

Address (number, street, and apt. or suite no.)  
1926 P.C. Blvd. PKwy # 202

City, state, and ZIP code  
Kanona City, Mo., 64601

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. 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  
41394721649

or

Employer identification number  
+ | | | | | | | | | |

#### 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).

**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

Walter Ramsey

Date

1/31/06

#### 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:

- 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**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,

2 8 796094

Jan 9 2007 11:51