

Bald Hill Auto

Carrier

8739 Main St.
Honeoye, NY 14471

Contact: Eric Lang
Preferred Contact Method: Any

Main Phone: (585)229-4220
Local Phone: (585)229-4220
Fax Number: (585)229-5546
Hours: 24/7 EST
Email: [Click to Send Email to Bald Hill Auto](#)
Web Site:



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

ICC-MC#: 415119

[View DOT Info for MC# 415119](#) (If the DOT website is not accessible, please try again later)

Reference Information

Established in: 1980

Company Description: Towing and transport. Light and heavy duty. We also pick up vehicles and hold them in our lot for a small fee. We have 24/7 pickup hours, too.

Business Reference #1: McNutt Auto Transport 800-755-2324
Business Reference #2: Express Auto Transport 800-405-0914
Business Reference #3: Able Auto Transport 800-340-1426

Insurance Information

Cargo Company (Canal, Northland, etc.):
Progressive

Cargo Insurance Limit: 150,000
Cargo Deductible: 250.00

Cargo Company (Agent):
Chanler Agency

Cargo City/State (Agent): Livonia, NY
Cargo Phone (Agent): (585)346-3118

Equipment and Route Information

Number of Trucks: 5

Equipment Description: Tow trucks, rollbacks, car hauler trailer. Inops are our specialty.

Route Description: We will pick up and hold vehicles in the Rochester, NY area and hold them at a very reasonable cost. We transport in the Northeast, Midwest and Mid-Atlantic States only.

Company Ratings

Ratings Score: 91.7%*

Ratings Received: 12

Member Since: Sep 2002

Ratings History:

	Past Month	Past 6 Months	All-Time
Ratings Score	75.0%	93.8%	91.7%
Positive	1	7	10
Neutral	1	1	2
Negative	0	0	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.

» Hide All « **Ratings Received (12)** **Ratings Given To Others (3)**

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
November 19, 2002

CERTIFICATE
MC-415119-C
LANGSON CORP
D/B/A BALD HILL AUTOMOTIVE
HONEOYE, NY

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 black ink that reads "Terry Shelton".

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.



ALD0011

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/02/2006
PRODUCER Lovullo Associates, Inc 6450 Transit Road Depew, NY 14043		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 Eric Lang, Langson Corp dba Bald Hill Automotive 8739 Main Street Honeoye NY 14471		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Underwriters at Lloyd's		0
INSURER B:		
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.

INSURANCE LINE NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIED PER POLICY <input type="checkbox"/> PROTECTIVE <input type="checkbox"/> ECG				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per Occurrence) \$ MED EXP (Anyone injured) \$ PERSONAL AND ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per Person) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Occurrence) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY CA ACC \$ AUTO ONLY ACC \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> REDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POLICY NUMBER (INCLUDE POLICY NUMBER IN ENDDATE) If yes, describe worker compensation coverage below				WC STATEMENT LIMIT \$ OTHER LIMIT \$ EL EACH ACCIDENT \$ F1 DISEASE - EA EMPLOYEE \$ F1 DISEASE - POLICY LIMIT \$
A	OTHER Cargo Liability Deductible	LRM063133	10/16/06	10/15/07	\$150,000 \$ 5,000

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

CERTIFICATE HOLDER	CANCELLATION
Pinder Transport 3420 S. Fort Rd Indianapolis IN 46239	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. FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Jonathan V. Sovello</i>



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)

Brid Hill Automotive a Division of Langson Corp.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other

Exempt from backup withholding

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

2739 Main St.

Requestor's name and address (optional)

City, state, and ZIP code

Hempstead, NY 11471

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
16-15730110

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

Date 11-2-06

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 requestor) 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 requestor gives you a form other than Form W-9 to request your TIN, you must use the requestor'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,