



**Safe Way Auto Trans**  
Carrier and Broker

642 Tanner Avenue (Mailing)  
Eddyville, KY 42038

Contact: Linda, Lola, Barbara, Frank, Kelli  
Preferred Contact Method: Any

Main Phone: 270-388-4657  
Local Phone: 270-388-4657  
Fax Number: 270-388-5436  
Hours: M-F 8-6 CST  
Email: [Click to Send Email to Safe Way Auto Trans](#)  
Web Site: <http://safewayautotransport.com>

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

ICC-MC#: 445941/482236  
View DOT Info for MC# 445941 (If the DOT website is not accessible, please try again later)  
View DOT Info for MC# 482236

**Reference Information**

Established in: 1990  
Company Description: 7 trucks - All 48 states  
Business Reference #1: Fed Ex Auto Trans (866)277-6327x2400  
Business Reference #2: McNutt (800)755-2324  
Business Reference #3: Reindeer (800)428-0589 Brent

**Broker Bond Information**

Pacific Financial - Sandy  
480-905-1818

**Insurance Information**

Company (Canal, Northland, etc.): Lincoln General / Travelers  
Company (Agent): Cottingham & Butler Inc.  
City/State (Agent): Dubuque IA  
Phone (Agent): 563-587-5000  
Liability Insurance: 1,000,000  
Cargo Insurance: 250,000  
Deductible: 1,000

**Equipment and Route Information**

Number of Trucks: 6  
Equipment Description: 4/ 8-9 Car 2/ 10 Car  
Route Description: East to West North to South

**Company Ratings**


Ratings Score: **98.9%\***  
Ratings Received: **89**  
Member Since: **Jan 2004**

		Ratings History:		
		Past Month	Past 6 Months	All-Time
Ratings Score		85.7%	98.1%	98.9%
<input checked="" type="radio"/> Positive		6	51	88
<input type="radio"/> Neutral		0	0	0
<input type="radio"/> Negative		1	1	1

\* 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 (89)    Ratings Given To Others (96)

*Click a tab above to view individual ratings.*

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID ME <b>SAFWAY1</b>	DATE (MM/DD/YYYY) <b>12/14/06</b>
PRODUCER <b>Cottingham &amp; Butler, Inc.</b> 300 SECURITY BUILDING PO BX 28 DUBUQUE IA 52001 Phone: 563-587-5000 Fax: 563-583-7339			
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.		INSURERS AFFORDING COVERAGE	
INSURED  <b>Safe Way Auto Transport LLC</b> 642 Tanner Ave Eddyville KY 42038		INSURER A: <b>Lincoln General Insurance Co</b>	NAIC # <b>33855</b>
		INSURER B: <b>Travelers Prop &amp; Cas Co of Am</b>	<b>25674</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.

INSR	ADD'L	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	LLT100550	12/19/06	12/19/07	EACH OCCURRENCE \$ <b>\$1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>\$100,000</b>				
		MED EXP (Any one person) \$ <b>\$5,000</b>				
		PERSONAL & ADV INJURY \$ <b>\$1,000,000</b>				
		GENERAL AGGREGATE \$ <b>\$2,000,000</b>				
		PRODUCTS - COMP/OP AGG \$				
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	LLT100550	12/19/06	12/19/07	COMBINED SINGLE LIMIT (Ea accident) \$ <b>\$1,000,000</b>
		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 \$				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
		AGGREGATE \$				
		\$				
		\$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER
		E.L. EACH ACCIDENT \$				
		E.L. DISEASE - EA EMPLOYEE \$				
		E.L. DISEASE - POLICY LIMIT \$				
B		OTHER <b>Cargo</b>	QT-660-2872C306-TXL-06	12/19/06	12/19/07	Limit \$250,000 Ded \$1,000

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

**CERTIFICATE HOLDER**

**CANCELLATION**

SAMPLE  SAMPLE	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 <b>Mark R. Roling</b>
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Received Time Dec.14. 6:20PM  
 No. 9650 P. 3/4

1-270-388-5436  
 Dec. 18. 2006 2:23PM



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



400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
January 14, 2003

**CERTIFICATE**  
**MC-445941-C**  
**SAFE WAY AUTO TRANSPORT LLC**  
**TUCSON, AZ**

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.



Form **W-9**  
(Rev. November 2005)  
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.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**SAFE WAY AUTO TRANSPORT, LLC**

Business name, if different from above

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

Address (number, street, and apt. or suite no.)  
**642 TANNER AVENUE**

City, state, and ZIP code  
**EDDYVILLE KY 42038**

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.

Social security number								
or								
Employer identification number								
3	8	3	6	6	0	7	7	4

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

#### 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. 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 *Linda L. Kuchline* Date ▶ *2/15/06*

#### 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,