

Operation Classification:

X Auth. For Hire	Priv.	State Gov't
Exempt For Hire	Pass.(Non-business)	Local Gov't
Private(Property)	Migrant	Indian Nation
Priv. Pass.(Business)	U.S. Mail	X UNKNOWN
	Fed. Gov't	

Carrier Operation:

Interstate	Intrastate Only (HM)	X Intrastate Only (Non-HM)
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Cargo Carried:

X General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

Inspection results for 24 months prior to: 05/09/2007

Total inspections: 2

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspection Type	<u>Inspections:</u>		
	Vehicle	Driver	Hazmat
Inspections	2	2	0
Out of Service	0	2	0
Out of Service %	0%	100%	0%
Nat'l Average % (2003)	22.92%	6.78%	5.26%

USDOT Number MC/MX Number Name

Enter Value:

Company Snapshot

SXY MANAGEMENT CORP

USDOT Number:
1097944

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 05/09/2007.

<u>Entity Type</u>	Carrier		
<u>Out of Service (Interstate Only):</u>	No	<u>Out of Service Date:</u>	None
<u>Legal Name</u>	SXY MANAGEMENT CORP		
<u>DBA Name</u>	STATE TRANSPORT		
<u>Physical Address</u>	9848 GRAND VERDE WAY #1116 BOCA RATON, FL 33428		
<u>Phone</u>	(561) 662-8521		
<u>Mailing Address</u>	9848 GRAND VERDE WAY #1116 BOCA RATON, FL 33428		
<u>USDOT Number</u>	1097944	<u>State Carrier ID Number:</u>	
<u>MC or MX Number</u>	451166	<u>DUNS Number:</u>	
<u>Power Units</u>	10	<u>Drivers:</u>	1
<u>MCS-150 Form Date:</u>	02/19/2003	<u>MCS-150 Mileage (Year):</u>	50,000 (2003)

Other Information for this Carrier

- [SafeStat Results](#)
- [Licensing & Insurance](#)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/31/2007

PRODUCER
ATIG
 207B W STATE ROAD 434
 WINTER SPRINGS, FL 32708
 407-327-5850

INSURED
S X Y MANAGEMENT CORPORATION
 DBA STATE TRANSPORT
 2833 EXCHANGE COURT
 WEST PALM BEACH, FL 33409
 561-686-5225

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

INSURER A:	SUA INSURANCE COMPANY	NAIC#
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.

RISK AND LTR. INSD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	10A00TT-100242CA01	07/28/2006	07/25/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AD INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	10A00TT-100242CA01	07/28/2006	07/28/2007	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"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Yes, describe under SPECIAL PROVISIONS below) OTHER				WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO/ON HOOK	10A00TT-110243GL01	07/28/2006	07/28/2007	\$250,000 W\$500 DED

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

VEHICLE SCHEDULE ON FILE WITH COMPANY
 INCLUDES BASIC PIP FL NO FAULT
 INCLUDES PHYSICAL DAMAGE STATED AMOUNT VALUE COMP/ COLLISION \$1000 DED

CERTIFICATE HOLDER

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

