

Stehle Transport

Carrier

23930 Route 66
Lebanon, MO 65536

Main Phone: 417-861-1137
Local Phone: 417-588-2770
Fax Number: 417-532-6854

Contact: Sue Steineke
Preferred Contact Method: Any

Hours:
Email: [Click to Send Email to Stehle Transport](#)
Web Site:

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

ICC-MC#: 422917

[View DOT Info for MC# 422917](#) (If the DOT website is not accessible, please try again later)

Reference Information

Established in: 2002

Business Reference #1: Rick @ American Leasing 816-452-7777
Business Reference #2: Stan Davison @ Mayse Automotive Group 620-421-2702
Business Reference #3: Judy @ Richardson Dealer Transport 417-532-6633

Insurance Information

Cargo Company (Canal, Northland, etc.):

Cargo Insurance Limit: 250,000
Cargo Deductible: 1,000

Cargo Company (Agent):
PJC Ins.

Cargo City/State (Agent): Springfield, Mo.
Cargo Phone (Agent): 417-833-3800

Equipment and Route Information

Number of Trucks: 2

Equipment Description: 99 Kw 98 high mount 89 IH 90 Stinger

Route Description: coast to coast




Company Ratings

Ratings Score: 100.0%*

Ratings Received: 17

Member Since: Oct 2002

Ratings History:

	Past Month	Past 6 Months	All-Time
Ratings Score	100.0%	100.0%	100.0%
 Positive	2	8	17
 Neutral	0	0	0
 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 (17)

Ratings Given To Others (14)

Click a tab above to view individual ratings.

ACORD CERTIFICATE OF LIABILITY INSURANCE		CSR DS STBHDA1	DATE (MM/DD/YYYY) 02/05/07
PRODUCER PJC Insurance P.O. Box 9750 Springfield MO 65801-9750 Phone: 417-833-3800 Fax: 417-833-0801		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 Stehle Transport Dan Stehle dba 23930 Historic Route 66 Lebanon MO 65536		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Northland Insurance Co.	
		INSURER B: Burlington Insurance Co.	23620
		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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	544B000365	02/05/07	02/05/08	EACH OCCURRENCE \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
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	TN524075	02/05/07	02/05/08	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 EA ACC \$ AUTO ONLY AGG \$
		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				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		CARGO-BROAD FORM	TN524075	02/05/07	02/05/08	\$1000 DED \$250,000
A		PHYSICAL DAMAGE	TN524075	02/05/07	02/05/08	\$1000COMP \$1000COLL

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

CERTIFICATE HOLDER

CANCELLATION

SAMPL01 <p style="text-align: center;">SAMPLE CERTIFICATE FOR INSURANCE PURPOSES ONLY</p>	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 Lisa Schmidt
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U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

JANUARY 07, 2002

417/532-6854

DAN STEHLE
STEHLE TRANSPORT
23930 HISTORIC ROUTE 66
LEBANON MO 65536

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 996340

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

<http://diy.dot.gov>

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

<http://www.fmcsa.dot.gov>

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

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

209 ADAMS STREET
JEFFERSON CITY, MISSOURI 65101
573 / 636-3246, 3870

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)
Daniel C Stehle

Business name, if different from above
Stehle Transport

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

Address (number, street, and apt. or suite no.)
23930 Route 66

City, state, and ZIP code
Lebanon, Mo 65536

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
465742419

or

Employer identification number
+ | | | | | | |

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 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 ▶ **Daniel C. Stehle** Date ▶ **2-20-07**

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:

- 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,