



Menu



Motor Carrier Details

US DOT:	852240	Docket Number:	MC381701		
Legal Name:	COVAL TRANSPORT, INC.				
Doing-Business-As Name:					
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail	
1244 DENNERY ROAD #107 SAN DIEGO CA 92154	(818) 968-8393			NO	
Authority Type	Authority Status		Application Pending		
Common	ACTIVE		NO		
Contract	NONE		NO		
Broker	NONE		NO		
Property	Passenger	Household Goods	Private	Enterprise	
YES	NO	NO	NO	NO	
Insurance Type	Insurance Required		Insurance on File		
BIPD	\$750,000		\$750,000		
Cargo	YES		YES		
Bond	NO		NO		

BOC-3: YES
 Blanket Company: EVILSIZOR TRANSPORTATION SERVICES
 Web Site Content and BOC-3 Information Clarification

| [Active/Pending Insurance](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Tuesday, April 29, 2008 at 14:31:24

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United States Department of Transportation - Federal Motor Carrier Safety Administration

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2009

PRODUCER (909)390-0035 FAX (909)390-0030
 Transit Insurance Services Inc.
 1155 S. Milliken Ave. Suite B
 Ontario, CA 91761-8157
 Jeff Hyde

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 Coval Transport Inc
 1244 Dennery Rd. #107
 San Diego, CA 92154

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Wilshire Insurance Company	13234
INSURER B:	Firemans Fund Ins. Co.	
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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						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	BA2503597	04/17/2008	Continuous Until Cancelled	COMBINED SINGLE LIMIT (Per 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"/> CLAIMS MADE DEDUCTIBLE 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	\$
B		OTHER Motor Truck Cargo	TBD	04/17/2009	04/17/2010	Limit \$250,000 \$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 2007 Peterbilt S#1NP5DB9X07N699285 / 2007 Cottrell S#5E0AK14447G150101

CERTIFICATE HOLDER

For Information Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Annette Webb

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)

Coval Transport, Inc

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
 Other (see instructions) ▶

Exempt payee

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

1244 Denner Rd #107

City, state, and ZIP code

San Diego, Ca 92154

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.

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
20 : 0319757

Part II Certification

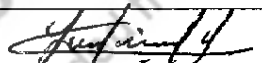
Under penalties of perjury, I certify that:

- 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. citizen or other U.S. person (defined below).

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 ▶ **APR 17 2009**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.



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

LUIS CONTRERAS
PRESIDENT
COVAL TRANSPORT INC
1244 DENNERY ROAD #107
SAN DIEGO, CA 92154

1200 New Jersey Ave., S.E.
Washington, DC 20590
April 25, 2008

In reply refer to:
USDOT Number: 852240
MC Number: MC381701
PIN: 7E30LD20

Dear LUIS CONTRERAS:

As you requested, the Federal Motor Carrier Safety Administration (FMCSA) is providing you with a personal identification number (PIN) to update your carrier record electronically on the FMCSA Website, at <http://safer.fmcsa.dot.gov>. Your USDOT number and PIN are:

USDOT Number: 852240
PIN: 7E30LD20

FMCSA requires that you file an updated motor carrier registration form, the form MCS-150 (Motor Carrier Identification Report), every two years. A copy of this regulation is enclosed.

You will need your USDOT number, PIN, and a valid credit card to file on-line. The processing of your credit card will simply serve to provide the cardholder's digital signature as a proactive measure to ensure greater security in maintaining your company's information. There will be no charge assessed to your credit card. You can use this process any time your carrier operation needs to be updated such as: name and address change, equipment, and driver information, etc. This option is not available for carriers domiciled in Mexico.

Your PIN is your personal identifier and should not be shared with anyone.

Carriers domiciled outside of the United States should only include information for drivers and equipment operated in the United States.

If you need technical assistance, please contact FMCSA support services at 1-800-832-5660.

If this letter is received at a location other than your principal office (e.g., terminal or an area office), the letter should be forwarded to your principal office.

Thank you for your cooperation.

Sincerely,

Mary Powers-King
Director, Office of Information Technology

Enclosure



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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
April 29, 2008

DECISION
MC-381701-C
COVAL TRANSPORT, INC.
SAN DIEGO, CA

REINSTATEMENT OF AUTHORITY

On December 17, 2001, COVAL TRANSPORT, INC., was notified that its certificate was revoked by the Federal Motor Carrier Safety Administration.

COVAL TRANSPORT, INC., has now filed a written request for reinstatement of the authority and has submitted evidence of compliance with 49 U.S.C § 13906 and 49 CFR 387.

It is ordered:

The certificate evidenced in Docket No. MC-381701-C is reactivated. The effective date of the reinstatement of this authority is shown below.

Decided: April 29, 2008
By the Federal Motor Carrier Safety Administration

Loretta Bitner, Chief
Commercial Enforcement Division

REI