

G-HUB Transport Co

Carrier

1828 Thornwood Lane
Mount Prospect, IL 60056

Main Phone: 847-956-6088

Local Phone: 847-956-6088

Fax Number: 847-258-3278

Hours: M-F 8-6, S 8-3 CST

Email: [Click to Send Email to G-HUB Transport Co.](#)

Web Site:

Contact: Bonnie, Greg, Urszula or Henry

Preferred Contact Method: Any

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

ICC-MC#: 504931

View DOT Info for MC# 504931 (If the DOT website is not accessible, please try again later)

Reference Information

Established in: 2004

Company Description: Auto transport anywhere in the United States, door-to-door services.

Business Reference #1: Auto Trade Center 480-556-5235

Business Reference #2: Kiwis Karriers 800-762-7973 Lynn

Business Reference #3: McNutt AutoTrans 800-755-2324

Insurance Information

Cargo Company (Canal, Northland, etc.):
Lloyds of London and National Liability and Fire

Cargo Company (Agent):
Biz, Inc. (Kathy)

Cargo City/State (Agent): Des Plaines IL

Cargo Phone (Agent): 847-952-9120

Cargo Insurance Limit: \$150,000

Cargo Deductible: \$1,000

Equipment and Route Information

Number of Trucks: 2

Equipment Description: Ford F350 Super Duty and Chevy Silverado 3500 with brand new trailers.

Route Description: Anywhere in the United States.




Company Ratings

Ratings Score: 100.0%*

Ratings Received: 30

Member Since: Dec 2004

Ratings History:

	Past Month	Past 6 Months	All-Time
Ratings Score	100.0%	100.0%	100.0%
 Positive	4	19	30
 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 (30)

Ratings Given To Others (22)

Click a tab above to view individual ratings.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/03/2006

PRODUCER

Biz Broker, Inc.
625 W. Golf Rd.
Des Plaines IL 60018
ph: 847-952-1120
fax: 847-952-1121

INSURED

G - HUB TRANSPORT CORP.
1828 THORNWOOD LANE
MT PROSPECT 60056

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.

COMPANIES AFFORDING COVERAGE

- COMPANY A National Liability & Fire
- COMPANY B Lloyds of London
- COMPANY C
- COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X Primary Liability	73TRN344903	11/11/2006	11/11/2007	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
B	CARGO B PHYSICAL DAMAGE	C005738-IL PD400505	11/11/2006 11/11/2006	11/11/2007 11/11/2007	\$150,000 DED \$1,000 DED \$1,000

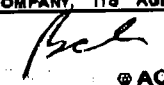
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
2005 CHEVY SILVERADO VIN# 1GCJC3215F930407

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

ACORD 26-S (1/85)

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/06/2006

PRODUCER
Biz Broker, Inc.
625 W. Golf Rd.
Des Plaines IL 60018
ph: 847-952-1120
fax: 847-952-1121

INSURED
G - HUB TRANSPORT CORP.
1828 THORNWOOD LANE
MT PROSPECT 60036

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COMPANIES AFFORDING COVERAGE

COMPANY A	National Liability & Fire
COMPANY B	Lloyds of London
COMPANY C	
COMPANY D	

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	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 <input type="checkbox"/> OWNERS & CONTRACTORS PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
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 <input checked="" type="checkbox"/> Primary Liability	73TRN344903	11/11/2006	11/11/2007	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
B	CARGO PHYSICAL DAMAGE	C005738-IL PD400505	11/11/2006 11/11/2006	11/11/2007 11/11/2007	\$150,000 DED \$1,000 DED \$1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
2005 KAUFMAN TRAILER VIN# 15XFW53375L002046

CERTIFICATE HOLDER
PROOF OF INSURANCE

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREON, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS, OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

ACORD 25-S (1/06)



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
June 7, 2005

DECISION
MC-504931
HENRYK CZYNCZYK
D/B/A G-HUB TRANSPORT COMPANY
MOUNT PROSPECT, IL
REENTITLED
G-HUB TRANSPORT CORP

On May 23, 2005, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as G-HUB TRANSPORT CORP.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 86 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: June 2, 2005

By the Federal Motor Carrier Safety Administration

Angel Sebastian, Chief
Information Systems Division

NC/A