



# OK Auto Carrier, Inc

Carrier

P.O. Box 3516  
Federal Way, WA 98063

**Main Phone:** 253-661-2011  
**Local Phone:** 253-661-2011  
**Fax Number:** 253-661-1585  
**Hours:** M-F 7-4 PST

**Contact:** Dan, Alex,  
**Preferred Contact Method:** Any

**Email:** [Click to Send Email to OK Auto Carrier, Inc](#)  
**Web Site:**

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

**ICC-MC#:** 545565  
[View DOT Info for MC# 545565](#) (If the DOT website is not accessible, please try again later)

## Reference Information

**Established in:** 2003

**Company Description:** We are an auto transporting company who strive to do business in a safe and customer satisfactory manner.

- Business Reference #1:** Accelerated 720-200-3100 Brandon
- Business Reference #2:** AADA Systems 800-929-2773 Cory
- Business Reference #3:** Applied Routing 219-608-0537 Shane

## Broker Bond Information

none  
none

## Insurance Information

**Company (Canal, Northland, etc.):** Ballard & Co. Inc. Insurance  
**Company (Agent):** Truck Insurance Office, Inc  
**City/State (Agent):** Post Falls, ID  
**Phone (Agent):** 208-773-2907

**Liability Insurance:** 1,000,000  
**Cargo Insurance:** 250,000  
**Deductible:** 1,000

## Equipment and Route Information

**Number of Trucks:** 6  
**Equipment Description:** two 9-car haulers three 10-car haulers one 3-4 car hauler  
**Route Description:** Northwest to East coast

## Company Ratings

<b>Ratings Score:</b>	<b>98.9%*</b>	<b>Ratings History:</b>		
<b>Ratings Received:</b>	<b>88</b>	<b>Past Month</b>	<b>Past 6 Months</b>	<b>All-Time</b>
<b>Member Since:</b>	<b>Jul 2003</b>	90.0%	97.0%	98.9%
<b>Ratings Score</b>				
<input type="radio"/> Positive		9	32	87
<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 (88)**   **Ratings Given To Others (126)**

*Click a tab above to view individual ratings.*



Date: 03/01/06 03:49 PM Page: 2

# ACORD CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER**  
 Ballard & Co. Inc. Insurance  
 851 E. Fairview Ave.  
 Meridian ID 83642  
 Phone: 208-323-8214 Fax: 208-322-0273

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.

CSR IS  
OKAUP-1  
DATE 02/27/06

**INSURED**  
 OK Auto Transport, DBA  
 PO Box 3516  
 Federal Way WA 98063

INSURERS AFFORDING COVERAGE		NAC #
INSURER A:	Canal Insurance Company	
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	480688	02/21/06	02/21/07	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROHIBITED PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, see for laws SPECIAL PROVISIONS below OTHER Cargo	MPC345167	02/21/06	02/21/07	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$ Limit 250,000 Ded 1000

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

## CERTIFICATE HOLDER

**PROOF OF INSURANCE**  
 PROOF-1

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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: *[Signature]*

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ACORD 25 (2001/08)



117357763

# ENDORSEMENT

## GENERAL CHANGE

IT IS HEREBY UNDERSTOOD AND AGREED THAT INSURED NAME AND / OR ADDRESS IS AMENDED TO READ AS FOLLOWS:

FROM:  
ALEXANDER DEKHTYAR DBA OK AUTO TRANSPORT  
34419 PACIFIC HWY S  
FEDERAL WAY, WA 98003  
COUNTY OF KING  
INSIDE CITY = N/A

TO:  
OK AUTO CARRIER INC  
34419 PACIFIC HWY S  
FEDERAL WAY, WA 98003  
COUNTY OF KING  
INSIDE CITY = N/A

ENDORSEMENT

Policy Number 460588 Endorsement Effective Time 12:01 AM Endorsement Effective Date 04/05/2006  
Insured OK AUTO CARRIER INC  
Issue Date 04/13/2006 Authorized Signature [Signature] Expiration Date 02/23/2007

CRUMP INSURANCE SERVICES NW INC  
**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**

**Canal Insurance Company**

Greenville, South Carolina

Form E-1

(Rev. 12-1991)

4878878127



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

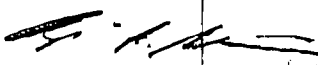
400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
March 02, 2006

**CERTIFICATE**  
**MC-545565-C**  
**ALEXANDER DEKHTYAR**  
**D/B/A OK AUTO TRANSPORT**  
**FEDERAL WAY, WA**

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 365). 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.

  
Angel Sebastian, Chief  
Information Systems Division

**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.**

CMO



Form **W-9**  
(Rev. January 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.

Name (as shown on your income tax return)  
Aleksandr Dekhtyar

Business name, if different from above  
OK Auto Carrier, Inc.

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

Address (number, street, and apt. or suite no.)  
P.O. Box 35116

City, state, and ZIP code  
Federal Way, WA 98063

List account number(s) here (optional)

Requester's name and address (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

2	0	4	8	4	8	6	2	6
---	---	---	---	---	---	---	---	---

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 [Signature] Date 04-01-2006

#### 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.

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.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



117367783

**FORM F**

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No. 480688

issued by Canal Insurance Company, herein called

Company, of Greenville, South Carolina

to OK AUTO CARRIER INC

of 34419 PACIFIC HWY S FEDERAL WAY, WA 98003

Dated at BOTHELL, WA 98021 this 13th day of April 20 06

Countersigned by CRUMP INSURANCE SERVICES NW INC

Authorized Representative

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED.

ALABAMA		HAWAII		MICHIGAN		NORTH CAROLINA		UTAH
ALASKA		IDAHO		MINNESOTA		NORTH DAKOTA		VERMONT
ARIZONA		ILLINOIS		MISSISSIPPI		OHIO		VIRGINIA
ARKANSAS		INDIANA		MISSOURI		OKLAHOMA		WASHINGTON
CALIFORNIA		IOWA		MONTANA		OREGON		WEST VIRGINIA
COLORADO		KANSAS		NEBRASKA		PENNSYLVANIA		WISCONSIN
CONNECTICUT		KENTUCKY		NEVADA		RHODE ISLAND		WYOMING
DELAWARE		LOUISIANA		NEW HAMPSHIRE		SOUTH CAROLINA		
DISTRICT OF COLUMBIA		MAINE		NEW JERSEY		SOUTH DAKOTA		
FLORIDA		MARYLAND		NEW MEXICO		TENNESSEE		
GEORGIA		MASSACHUSETTS		NEW YORK		TEXAS		

MC1032 (Ed. 6-71)

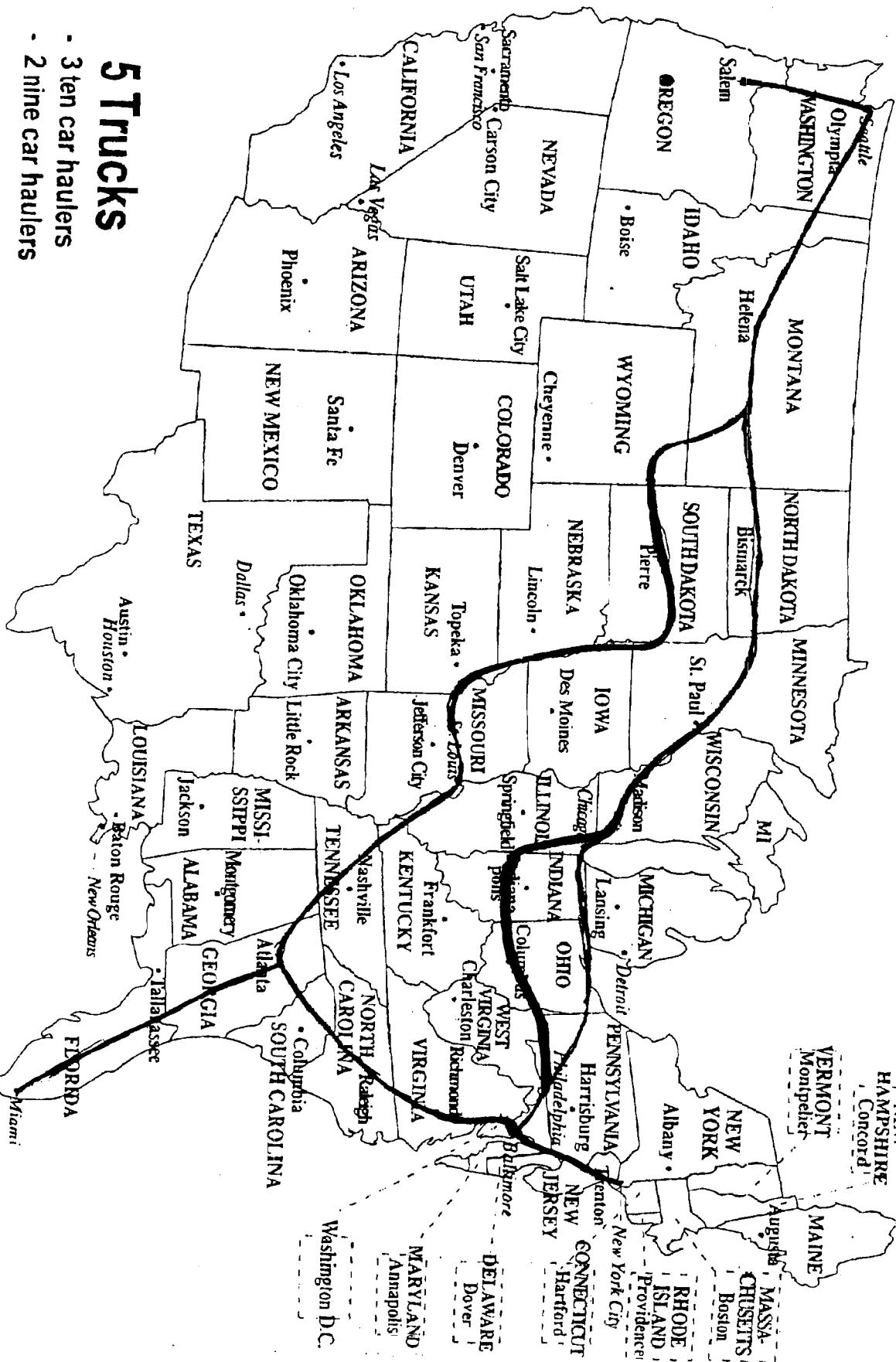
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01 ALABAMA  
02 ALASKA  
03 ARIZONA  
04 ARKANSAS  
05 CALIFORNIA  
06 COLORADO  
07 CONNECTICUT  
08 DELAWARE  
09 DIST. OF COLUMBIA  
10 FLORIDA

11 GEORGIA  
12 IDAHO  
13 ILLINOIS  
14 INDIANA  
15 IOWA  
16 KANSAS  
17 KENTUCKY  
18 LOUISIANA  
19 MAINE  
20 MARYLAND  
21 MASSACHUSETTS  
22 MICHIGAN  
23 MINNESOTA  
24 MISSISSIPPI  
25 MISSOURI  
26 MONTANA  
27 MONTANA  
28 NEBRASKA  
29 NEBRASKA  
30 NEW HAMPSHIRE  
31 NEW JERSEY  
32 NEW YORK  
33 NORTH CAROLINA  
34 NORTH DAKOTA  
35 OHIO  
36 OKLAHOMA  
37 OREGON  
38 PENNSYLVANIA  
39 RHODE ISLAND  
40 SOUTH CAROLINA  
41 SOUTH DAKOTA  
42 TENNESSEE  
43 TEXAS  
44 UTAH  
45 VERMONT  
46 VIRGINIA  
47 WASHINGTON  
48 WEST VIRGINIA  
49 WISCONSIN  
50 WYOMING



# 5 Trucks

- 3 ten car haulers
- 2 nine car haulers

