

# Papa's Transport Inc

Carrier

82 N Main Street  
Centerville, UT 84014

**Main Phone:** 801-809-5368

**Local Phone:** 801-809-5368

**Fax Number:** 801-397-0007

**Hours:** M-F 9-F,S P-12 MST

**Email:** [Click to Send Email to Papa's Transport Inc](#)

**Web Site:**

**Contact:** Kent Wallace  
**Preferred Contact Method:** Any

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

**ICC-MC#:** 559507

View DOT Info for MC# 559507 (If the DOT website is not accessible, please try again later)

## Reference Information

**Established in:** 2006

**Company Description:** Auto Transport company.

**Business Reference #1:** Best Buy Auto Inc. 801-397-0005 Jim

**Business Reference #2:** Brashers Auto Auction 801-322-1234

**Business Reference #3:** Low Book Sales 800-LOW-BOOK

## Insurance Information

**Cargo Company (Canal, Northland, etc.):**  
Canal Insurance Co.

**Cargo Insurance Limit:** 1,000,000.00

**Cargo Deductible:** 2,500.00

**Cargo Company (Agent):**  
HUB Transportation

**Cargo City/State (Agent):** Salt Lake City, Utah

**Cargo Phone (Agent):** 801-943-2600

## Equipment and Route Information

**Number of Trucks:** 4

**Equipment Description:** Ten car-haulers.

**Route Description:** Los Angeles,CA to Chicago,IL through Salt Lake City,UT on I-15 and I-80

## Company Ratings

**Ratings Score:** 100.0%\*

**Ratings Received:** 1

**Member Since:** Jun 2007

Ratings History:

Past Month

Past 6 Months

All-Time

**Ratings Score**

100.0%

100.0%

100.0%

\* **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.



Positive

1

1

1



Neutral

0

0

0



Negative

0

0

0

» Hide All «

Ratings Received (1)

Ratings Given To Others [N/A]

Click a tab above to view individual ratings.

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID AB PAPPAS2	DATE (MM/DD/YYYY) 06/15/07
<b>PRODUCER</b>  HUB Transportation (UT) P. O. Box 17346 Salt Lake City UT 84117 Phone: 801-943-2600 Fax: 801-943-3889	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.		
<b>INSURED</b>  Papa's Transport Inc Kent Wallace 773 S. Signal Hill Fruit Heights UT 84037	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A	Canal Insurance Co (BWL)	
	INSURER B	Fireman's Fund Insurance Co.	21873
	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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PIA01078201	04/21/07	04/21/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PIA01078201	04/21/07	04/21/08	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 AUTO ONLY EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> 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 \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER Motor Truck Cargo	PIA01078201	04/21/07	04/21/08	Limit \$250,000 Deduc \$2,500

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

A list of scheduled vehicles on file with the company, 708-596-2900

<b>CERTIFICATE HOLDER</b>  AUTOT.C  Auto Transport 773 772-9555 3950 W. 150 5th st. Markham IL 60428	<b>CANCELLATION</b>  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 
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U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
May 09, 2006

**PERMIT**  
**MC-559507-P**  
**PAPA'S TRANSPORT INC**  
**FRUIT HEIGHTS, UT**

This Permit is evidence of the carrier's authority to engage in transportation as a **contract 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 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Angell 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.

PMO

05/11/2006 11:11 FAX

001



State of Utah

DEPARTMENT OF TRANSPORTATION

JOHN R. NJORD, P.E.  
Executive Director

CARLOS M. BRACERAS, P.E.  
Deputy Director

JON M. HUNTSMAN, JR.  
Governor

GARY R. HERBERT  
Lieutenant Governor

REGISTRATION RECEIPT - Truck

UT Dept of Trans/Motor Carrier  
4501 SO 2700 W / PO Box 141210  
Salt Lake City, UT 84114-1210  
(801) 965-4279

Effective: 05/11/2006 Expires: 12/31/2006  
Receipt No: TRM030216 (Initial Order)

This receipt authorizes this motor carrier  
to operate in the following states:

In accordance with Public Law 102-240,  
this receipt (evidencing registration of  
Fed. Hwy Admin permit) must be carried  
in the cab of the vehicle and may not  
be altered. Alteration will result in  
confiscation and penalties.

\*\*\*\*\*AL(00001), AR(00001), CA(00001),  
CO(00001), CT(00001), GA(00001), IA(00001),  
ID(00001), IL(00001), IN(00001), KS(00001),  
KY(00001), LA(00001), MA(00001), ME(00001),  
MI(00001), MN(00001), MO(00001), MS(00001),  
MT(00001), NC(00001), ND(00001), NE(00001),  
NH(00001), NM(00001), NY(00001), OH(00001),  
OK(00001), RI(00001), SC(00001), SD(00001),  
TN(00001), TX(00001), UT(00001), VA(00001),  
WA(00001), WI(00001), WV(00001), \*\*\*\*\*

ICC Nbr: 559507  
PAPA'S TRANSPORT INC  
PAPA'S TRANSPORT INC  
773 SOUTH SIGNAL HILL  
FRUIT HEIGHTS, UT 84037

Form RS-3

Mail to:  
PAPA'S TRANSPORT INC  
PAPA'S TRANSPORT INC  
PO BOX 26453  
SALT LAKE CITY, UT 84126

AAIS  
IM 7264 04 04This endorsement changes  
the policy  
-- PLEASE READ THIS CAREFULLY --

1SI0483001

**SCHEDULED VEHICLE ENDORSEMENT**(The entries required to complete this endorsement  
will be shown below or on the "schedule of coverages".)**ADDITIONAL CONDITIONS**

**Scheduled Vehicles** -- "We" only cover loss to covered property on or in an "owned vehicle" if the vehicle is described on the Vehicle Schedule. The most "we" pay for loss to covered property on or in an "owned vehicle" is the "limit" indicated on the schedule for the vehicle that is involved in the loss.

**VEHICLE SCHEDULE**

Vehicle No.	Vehicle Description	Limit \$
1	2000 FREIGHTLINER S#G39140	\$300,000
2	2000 FREIGHTLINER S#G39141	\$300,000
3	1998 FREIGHTLINER S#935262	\$300,000

IM 7264 04 04

Copyright, American Association of Insurance Services, Inc., 2004  
 Client: UT-7001587 Policy: 1SI0483001 Effective: 12/15/2006 Agent: UT000350 Printed: BATCH 12/20/06 01:51  
 Insured: PAPPAS TRANSPORT INC Address: 82 N. MAIN CENTERVILLE, UT 84014

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) **PAPA'S TRANSPORT INC.**

Business name, if different from above

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

Address (number, street, and apt. or suite no.) **82 N MAIN ST.**

City, state, and ZIP code **CENTERVILLE, UTAH 84014**

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.

**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

**20-5636610**

#### 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

Date **7-12-07**

#### 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,