

Champion of Ohio Inc.
815 S. Main Street SW
Warren, Ohio 44483

330-469-9953
330-469-9954 Fax

***We've Moved Please Note New**
Address and Phone's

CHAMPION
of
Ohio Inc.

Champion of Ohio Inc. Insurance and Carrier
Packet



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
May 18, 2005

PERMIT
MC-522122-P
CHAMPION OF OHIO INC
NILES, OH

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.

A handwritten signature in black ink, appearing to read "Angeli Sebastian", is written over a horizontal line.

Angeli 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

DATE (MM/DD/YY)
7/13/2007

PRODUCER

Brands Insurance Agency, Inc.
P.O. Box 62267
Cincinnati, OH 45262-0267
(513) 777-7775

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.

INSURERS AFFORDING COVERAGE

COMPANY A American Equity Insurance Company
COMPANY B Lloyds London Insurance Company
COMPANY C Maxum Indemnity Company

INSURED

Champion Of Ohio Inc.
815 S. Main Street SW
Warren, Ohio 44483

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
C	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	BDG0009645-03	5/12/2007	5/12/2008	GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COM/OP AG \$2,000,000
					PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$100,000
					MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input checked="" type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS	GT101053	5/12/2007	5/12/2008	COMBINED SINGLE LIMIT \$1,000,000
					BODILY INJURY (Per person)
					BODILY INJURY (Per accident)
					PROPERTY DAMAGE
					AUTO ONLY - EA ACCIDENT
					OTHER THAN AUTO ONLY:
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH ACCIDENT
					AGGREGATE
					EACH OCCURRENCE
					AGGREGATE
					WC STATU- TORY LIMITS
					OTH- ER
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL EACH ACCIDENT
					EL DISEASE - POLICY LIMIT
					EL DISEASE - EACH EMP
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETARY/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	BCM25575	5/12/2007	5/12/2008	Deductible \$5000
	OTHER Cargo Coverage				Limit \$100000
D	Excess Cargo Coverage	BCM25576	5/12/2007	5/12/2008	Limit \$150000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM

FOR VEHICLES ON SCHEDULE WITH INSURING COMPANIES

CERTIFICATE HOLDER

Specific Certificate Issued Upon Request

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

Signature

W-9
Form
(Rev. October 2007)
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)

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.)

City, state, and ZIP code

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

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 ▶

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,

5195

1-877-652-9154
330-469-9953
Fax: 330-469-9954

CHAMPION OF OHIO INC.
815 S. Main Street SW
Warren, Ohio 44483

INSURED
BONDED
CONTRACT CARRIER
COMMON CARRIER
BROKER
PUCO AUTHORITY

Date: 2-5-08
Customer: MAKMA NORTH AMERICA
Address: 85 W. WILMOT ST. #4
City: RICHMOND HILL State: ON Zip: L4B 1K7
Contact Person: CANADA
Telephone Number: 416-834-9505
Fax Number: 647-435-5876
Additional Information:

Origin: RICC ROUSH HONDA
3157 MEDINA RD
MEDINA, OH
800-544-7501 - DAVE
Destination: DIAMOND EXPRESS
2 AVENUE A
CALSTART NJ 07072
201-438-0055

PERSONAL ITEMS LIMITED TO 150 LBS. IN TRUNK AREA ONLY
OR A FEE OF \$100 WILL BE ASSESSED.

Inop charges will apply any time units become inop for any reason of \$100.00

		Charge
1) YEAR <u>06</u> MAKE/MODEL <u>HONDA ELEMENT</u> LICENSE# <u>#003442</u>	Fuel Charge \$	
2) YEAR _____ MAKE/MODEL _____ LICENSE# _____		\$ <u>350.00</u>
	Total \$	<u>350.00</u>

RATES ARE SUBJECT TO CHANGE

Pick-up for the pick-up/delivery date is an anticipated date. A ten (10) day grace period is included in this contract due to unexpected circumstances, ie, weather conditions, etc.

Pick-up is scheduled for 2-4-08 with anticipated delivery of 2-5-08

Note: If a cancellation is made less than six business days before transport date, customer will be subject to a \$100.00 cancellation fee.



All damages listed and noted above were made prior to shipment by Champion of Ohio, Inc.
Sign (origin) _____

I have received and inspected my car, with no transportation damages. Exceptions are noted above and hereby release Champion of Ohio, Inc. from any further claims.
Sign (Destination) _____

**THIS IS A CONTRACT BETWEEN CHAMPION OF OHIO AND
THE ABOVE CUSTOMER TO TRANSPORT THEIR AUTOMOBILES**

1. Claimants Insurance is first.
2. No claims will be accepted for mufflers or exhaust systems on vehicle over 2 years old.
3. No claims will be accepted from Acts of God.
4. No claims on Loading and Unloading Disabled Units.
5. No claims on leaks from units such as Battery Acid, Anti-Freeze, Brake Fluid, and/or oil.
6. No claims on radio antennas - power or manual.
7. We have the right to obtain our own estimate on repairs.
8. We are not responsible for soft tops or vinyl.
9. No claims on after-market items.
10. \$50,000 Liability Insurance per unit.
11. Not responsible for rental cars.
12. Units must be clean for inspection.

Customer Signature _____

NOTE:
ALL DAMAGE CLAIMS MUST
BE REPORTED AT TIME OF
DELIVERY

ALL DAMAGE CLAIMS MUST
HAVE 2 WRITTEN ESTIMATES
AND PHOTOS

SHIPPER NOT
RESPONSIBLE FOR
ITEMS LEFT IN
VEHICLE

All claims, disputes and other matters in question arising out of, or relating to, this contract must be filed in the state of Ohio, Trumbull County.

White Copy = Dispatch

Yellow Copy = Customer

Pink Copy = Driver

Gold Copy = Accounting