

**Carrier Packet**  
**Revised December 28,**  
**2015**

Stover Transportation, Inc.

**Asset Based**  
**HILLIARD, OHIO**

State of Incorporation: Ohio	Incorporated Date: 1996
Dun & Brad Acct # 140187647	DOT# 993267
Federal Tax ID # 31-1574248	SCAC Code: STVE
PUCO # 144894-P	Carrier MC#: MC-421242
<b><u>Physical Address:</u></b> Stover Transportation 3710 Lacon Rd Hilliard, OH 43026 <b><u>Mailing Address:</u></b> P.O. Box 1328 Hilliard, OH 43026 <b><u>Operations and dispatch Email:</u></b> <a href="mailto:Dispatch@Stovertransportation.com">Dispatch@Stovertransportation.com</a>	<b><u>Key Contacts:</u></b> <b><u>Ray Stover:</u></b> President/Owner Cell # 614-507-9951 <b><u>Rynda Stover:</u></b> Secretary Treasurer / owner Cell # 614-507-9952 <b><u>Dak Goodman:</u></b> Office Manager / Dispatch Cell # 614-406-6027 <b>(Also after hours dispatch)</b>

**Insurance Information**

<b><u>Insurance Carrier:</u></b> Acuity, A Mutual Insurance Co. Policy # F78825 NAIC # 14184 Expires: 12/03/2015	<b><u>Limits:</u></b> \$1 Million General Liability \$1 Million Auto Liability \$250,000 Cargo \$1,000 per occurrence deductible \$50,000 Non Owned trailer coverage.	<b><u>Insurance Agent:</u></b> <b>Community Insurance Group</b> Jamie Mescher 2621 West Michigan Street Sidney, Ohio 45365 P: 937-492-0823 F: 937- 492-1234
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<b><u>Key Phone Numbers:</u></b> Dispatch Phone Toll Free: 866-659-4400 Phone: 614-777-4184 Dispatch Fax: 614-777-4363 After Hours Phone: 614-560-3818 Email: <a href="mailto:dispatch@stovertransportation.com">dispatch@stovertransportation.com</a>	<b><u>FMCSA Carrier Safety Rating Look-up:</u></b> <a href="http://www.safersys.org/">http://www.safersys.org/</a>
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**Bank Reference**

**The Huntington National Bank**  
**3650 Fishinger Blvd.**  
**Hilliard, OH 43026**  
**P: 614-480-0071**  
**F: 614-480-0397**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Community Insurance Group 2621 W Michigan St Sidney OH 45365	CONTACT NAME: Amber Carpenter	
	PHONE (A/C No., Ext): 937-492-0823 FAX (A/C No.): (937) 497-1234 E-MAIL ADDRESS: amber@communityinsurancegroup.com	
INSURED Stover Transportation, Inc 3710 Lacon Rd PO Box 1328 Hilliard OH 43026	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Acuity Mutual Insurance Company	14184
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 539539072 REVISION NUMBER:

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.

INSUR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 <input type="checkbox"/> OTHER		F78825	12/3/2015	12/3/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$		F78825	12/3/2015	12/3/2016	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	F78825	12/3/2015	12/3/2016	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER EMPLOYERS LIA E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<input checked="" type="checkbox"/> MOTOR TRUCK CARGO		F78825	12/3/2015	12/3/2016	\$250,000 \$1,000 LIMIT DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER  To Whom It May Concern XXXXXX XXXXXX XX XXXXX	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



**Bureau of Workers' Compensation**

30 W. Spring St.  
Columbus, OH 43215

**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

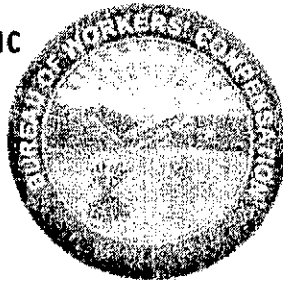
Policy number and employer

**1352933-0**

**STOVER TRANSPORTATION INC  
PO BOX 1328  
HILLIARD, OH 43026-6328**

Period specified below

**07/01/2015 through  
06/30/2016**

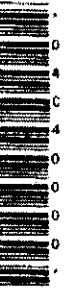


[www.bwc.ohio.gov](http://www.bwc.ohio.gov)

Issued by:

*Stephen Bucher*  
Administrator/CEO

You can reproduce this certificate as needed.



**Ohio Bureau of Workers' Compensation**

**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers' Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation

Stover Transportation, Inc.  
3710 Lacon Rd. Hilliard, OH 43026  
Phone: 614-777-4184 Toll Free: 866-659-4400 Fax: 614-777-4363

### Company Description

We are an S Corporation incorporated in 1996. Our business is a Logistics Company. Our forte consists of regional work hauling general commodities that are non-hazardous within a 300 mile radius of central Ohio. However, we also specialize in brokering freight for our customers with coast to coast capabilities. We handle many specialized types of freight such as food grade products, Reefer loads and Flatbed freight.

Our goal is to build relationships by putting customer service oriented drivers on the road with a focus on safety and timeliness. It is our goal to keep rates affordable while allowing for a rewarding place to work for the employees.

We are a 2.8 million dollar company with **operating ratios consistently at 95%**. In the past, our services have been geared towards mid to large size companies that have overflow product their own fleet can not handle. However, with the change in the economy we look to handle dedicated freight working for and with steady fast companies with a full commitment to their product, freight movements, tracking, scheduling and constant communication with shipping and receiving.

### Services

1. GPS Tracking: <http://telenavtrack.com/>
2. Full logistical trailers to include: E-track, straps, floor tie downs, and load locks.
3. After hours dispatch and safety.
4. **99.7% on time delivery record.**
5. Backup equipment and drivers.
6. Onsite yard and maintenance facility
7. Coast to Coast freight brokering and LTL shipments
8. Stover Website address: [www.stovertransportation.com](http://www.stovertransportation.com)

### Legal Environment

1. Must have W-9 on file
2. Our Insurance requirements are 100,000 cargo, 1,000,000 Liability, 10,000 Brokerage Bond
3. Registered DOT # (993267) and Carrier authority (MC-421242)
4. Registered Broker authority (MC-553913)
5. Register Interstate and Intrastate travel 144894-P
6. Current BWC certificate with adequate coverage's and paid premium.
7. Company Drivers and Owner Operators must meet all Insurance Requirements:
  - a. Can not have three or more moving violations in the past 3 years.
  - b. Can not have a combination of 3 or more at fault accidents and moving violations in the past 3 years.
  - c. Can not have any major violations in the past 3 years.
  - d. Must have at least 2 years driving experience.
  - e. 25 years of age.



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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
December 21, 2001

**PERMIT**  
**MC-421242-P**  
STOVER TRANSPORTATION, INC  
WEST JEFFERSON, 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.

Terry Shelton, Director  
Office of Data Analysis & Information Systems

**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.



U.S. Department  
of Transportation

**Federal Motor  
Carrier Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

DECEMBER 19, 2001

STOVER TRANSPORTATION INC  
774 LARRI COURT  
WEST JEFFERSON OH 43162

614/879-5470

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 993267

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

<http://diy.dot.gov>

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

<http://www.fmcsa.dot.gov>

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

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

200 NORTH HIGH STREET ROOM 328  
COLUMBUS, OHIO 43215-2482  
614 / 280-5657



July 02, 2008

ANDREA MILLS  
STOVER TRANSPORTATION INC  
3700 LACON RD SUITE C  
HILLIARD, OH 43026

**CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL**

The Standard Carrier Alpha Code of **STVE** has been renewed for:

STOVER TRANSPORTATION INC  
3700 LACON RD SUITE C  
HILLIARD, OH 43026  
MC- 421242  
US DOT- 993267

This Alpha Code will apply only to the company name shown above through June 30, 2009. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy of this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV  
Fax 703.650.3650

**NOTICE:** Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



Bob Taft, Governor

Alan R. Schriber, Chairman

Commissioners

Ronda Hartman Fergus

Judy A. Jones

Donald L. Mason

Clarence D. Rogers, Jr.

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
NUMBER 144894-P

Is hereby issued to:

STOVER TRANSPORTATION INC  
774 LARRI COURT  
WEST JEFFERSON OH 43162

an intrastate, motor carrier for hire, transporting under  
the jurisdiction of the Public Utilities Commission of Ohio.

This Certificate of Public Convenience and Necessity authorizes  
the above-named carrier to operate as an intrastate motor carrier  
service in this state in accordance with all effective orders, of  
the Public Utilities Commission of Ohio prescribing the rights of  
said carrier which affect the State of Ohio.

Conditioned that local subdivisions may make reasonable, local  
police regulations within their respective boundaries not  
inconsistent with the provisions of Chapters 4921 and 4923,  
Revised Code of Ohio.

Dated: JANUARY 4 2002

By Order of  
THE PUBLIC UTILITIES COMMISSION OF OHIO

GARY E. VIGORITO,  
Secretary





Stover Transportation, Inc.  
3710 Lacon Rd., PO Box 1328, Hilliard, OH 43026  
Phone: 614-777-4184 Toll Free: 866-659-4400 Fax: 614-777-4363

**Customer Credit References**

**Dr Pepper Snapple Group**

**Attn: Sue**

950 Stelzer Rd.  
Columbus, OH 43219  
P: 614-237-4201 Ext. 2374216

**Fabricated Packaging**

**Attn: Eddie**

296 Quarry St  
Lancaster, OH 43130  
P: (740)687-5934  
Email: [fpm70@att.net](mailto:fpm70@att.net)

**Ohio Machinery/Ohio CAT**

**Attn: Ed Wolfe/Bob Tincher**

4545 Fisher Rd.  
Columbus, OH 43228  
(614)315-1907

**FST**

**Attn: Mike Lieb**

5400 Renner Rd  
Columbus, OH 43228  
P: (614)-351-3333  
[mlieb@fstusa.com](mailto:mlieb@fstusa.com)

**Equipment**

12- Tractors  
35- 53' Vans  
Logistics posts in all trailers.  
Straps  
Load locks  
1- 53' reefer

Form **W-9**  
(Rev. December 2014)  
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.

1 Name (as shown on your income tax return. Name is required on this line; do not leave this line blank.)  
**Stover Transportation Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**3710 Lagoon Rd**

6 City, state, and ZIP code  
**Hilliard OH 43026**

7 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 generally 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

3	1	-	1	5	7	4	2	4	8
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Note. If the account is in more than one name, see the instructions for line 1 and 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

Sign Here      Signature of U.S. person ▶ *[Signature]*      Date ▶ **7/24/15**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
  - Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network int. sections)
  - Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  2. Certify that you are not subject to backup withholding, or
  3. 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, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.