

MC: 1472994 DOT: 3954790

HEAD OFFICE:

108 W Sims Ave, Albertville Alabama,35950

Toll Free: 8887997712

Fax 8882770811

Email: info@skyradiant.com

MAILING ADDRESS:

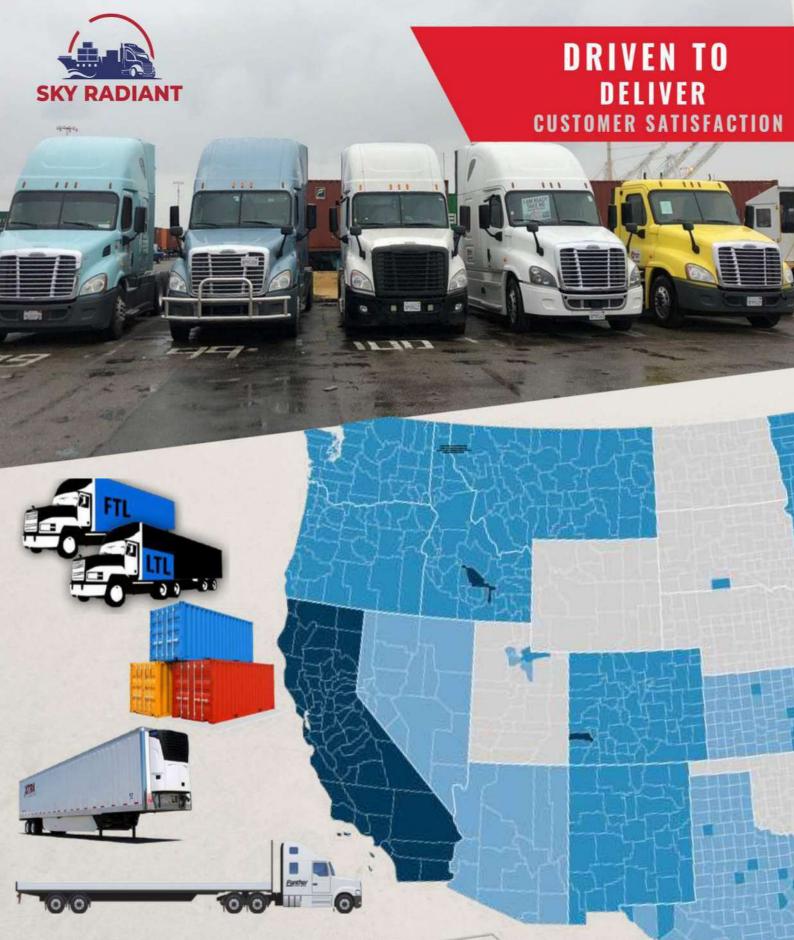
108 W Sims Ave, Albertville Alabama,35950

BILLING INQUIRES :

Billing@skyradiant.com

WE DELIVER ON TIME ANY WHERE





OUR MISSION IS TO BE THE INDUSTRY LEADER IN TRANSPORTATION AND DISTRIBUTION SOLUTIONS WITH A COMMITMENT TO EXCELLENCE. WITH OUR TEAM OF DEDICATED EMPLOYEES AND CORE VALUES AS OUR FOUNDATION, WE ARE A BUSINESS PARTNER THAT DELIVERS SAFE, RELIABLE AND DIVERSE SOLUTIONS.

Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

			10702 10000							
	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.								
Print or type. See Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above									
	3 Check appropriate box for federal tax classification of the person whose name following seven boxes. Individual/sole proprietor or C C Corporation S Corporation single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)								
	Limited liability company. Enter the tax classification (C=C corporation, S=	Exempt payer code (if ally)								
	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fro another LLC that is not disregarded from the owner for U.S. federal tax pur is disregarded from the owner should check the appropriate box for the tax	Exemption from FATCA reporting code (if any)								
ecifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)							
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	uester's name a	e and address (optional)							
See	108 W Sims Ave	S 50								
٠,	6 City, state, and ZIP code									
	ALBERTVILLE ALABAMA 35950									
	7 List account number(s) here (optional)									
Par	t I Taxpayer Identification Number (TIN)			- William Control Control						
backu reside entitie	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>									
TIN, I		A Paradam and LA Dr. Cap. And a second of the	or	identification number						
Numb	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	Also see what Name and	-0291856							
Par	t II Certification	- Interdance								
Unde	penalties of perjury, I certify that:			200-2777						
2. I ar Ser	number shown on this form is my correct taxpayer identification number n not subject to backup withholding because: (a) I am exempt from bact vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	kup withholding, or (b) I ha	ve not been n	otified by the Internal Revenue						
3. I ar	n a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting is	correct.							
you ha	ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real estabilition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 does ns to an individual retiremer	not apply. Fo	r mortgage interest paid, (IRA), and generally, payments						
Sign Here		Date I	4/	28/2023						
Ge	neral Instructions	Form 1099-DIV (divider funds)	ds, including	those from stocks or mutual						
Section	on references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (vario	us types of in	come, prizes, awards, or gross						

noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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)

- 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 transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-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, later.

Details

US DOT : 399	54790			Docket Number:	Docket Number: MC01472994					
Legal Name: SKY RADIANT INC										
Doing-Business-As Name:										
Business Address Tel		Busines Telephone a		Mail Address	Mail Telephone and	Undeliverable Mail				
		(888) 799-7 Fax: (888) 27		108 W SIMS AVE ALBERTVILLE AL 35950	-2638		NO			
Autho	ority Type		Authority Status			Application Pending				
Co	ommon		NONE			NO				
Co	ontract		NONE			NO				
В	Broker		ACTIVE			NO				
Property	Property Passenger		r Household Goods			Private		Enterprise		
YES NO				NO	NO NO					
Insura	ance Type		Insurance Required			Insurance on File				
BIPD			\$0			\$0				
Cargo			NO			NO				
E	Bond		YES			YES				

BOC-3: YES

Blanket Company: <u>INTERSTATE AUTHORITY LLC</u>

Web Site Content and BOC-3 Information Clarification

Active/Pending Insurance Rejected Insurance Insurance History Authority History Pending Application Revocation

May 19, 2023



FMCSA Home | DOT Home | Feedback | Privacy Policy | USA.gov | Freedom of Information Act (FOIA) | Accessibility | OIG Hotline | Web Policies and Important Links | Plug-ins | Related Sites | Help

Federal Motor Carrier Safety Administration 1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/10/2024

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROD	DUCER	•				CONTACT Timothy Maze						
Holloway Hunt Insurance Agency							PHONE (256) 586-6688 FAX (A/C, No, Ext): (256) 586-7333 E-MAIL ADDRESS: tim@hollowayhunt.com					
P.O. Box 467						E-MAIL ADDRESS: tim@hollowayhunt.com						
. !						INSURER(S) AFFORDING COVERAGE					NAIC#	
Arab AL 35016						INSURER A: Southern General Agency, Inc						
INSURED					INSURER B: Crum & Forster Specialty Insurance							
Sky Radiant Inc.						INSURER C:						
		507 Howard Street									:	
<u></u>						INSURER D:						
		Albertville			AL 35950	INSURER E :						
					01.010/00/10	INSURER F:						
	/ERA				TOMBER.		TO THE INCHE		REVISION NUMBER:	100		
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.												
INSR LTR		TYPE OF INSURANCE	ADDL SUBR			POLICYEFF POLICYEXP (MM/DD/YYYY) LIMITS						
E111	X	COMMERCIAL GENERAL LIABILITY	INSD WVD POŁICY NUMBER				(WINDD/1111)	(MINIDE/TTTT)	EACH OCCURRENCE \$ 1,000,00		0,000	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000	
									MED EXP (Any one person)	\$ 5,00	0	
A/B					BAS-40479-1		06/06/2024	06/06/2025	PERSONAL & ADV INJURY	§ Excluded		
	GENI	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,00	0,000	
		POLICY PRO- LOC		-					PRODUCTS - COMP/OP AGG	•	uded	
	HÌ.	OTHER:						-	TROBUSTO - COMITION ACC	\$		
	_	DMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	ANY AUTO					ļ	ł	(Ea accident) BODILY INJURY (Per person)	\$		
	\vdash	OWNED SCHEDULED							BODILY INJURY (Per accident)	 \$		
	<u> </u>	AUTOS ONLY AUTOS NON-OWNED			•				PROPERTY DAMAGE	\$ \$		
		AÛTÔS ONLY AÛTÔS ONLY						ŀ	(Per accident)			
		UMBRELLA LIAB OCCUP							EAGL COOLIDEENGE	\$		
	\vdash	EXCESS LIAB							EACH OCCURRENCE	\$		
		CLAIIVIS-IVIADE	+]		}	AGGREGATE	\$		
	DED RETENTION \$								PER OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									PER OTH- STATUTE ER			
			N/A						E.L. EACH ACCIDENT	\$		
									E.L. DISEASE - EA EMPLOYEE	\$		
		RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	<u> </u>		<u> </u>								•••	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER												
CER	CHEIC	*SAMPLE SAMPLE 123 SAMPLE STREET				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						
SAMPLE AL 35016							Liebackenders					
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2024 UCR Registration is VALID!



Confirmation # 000-0426-0427

Registered on: 10/27/2023 15:13 EST

Generated: 03/18/2024 11:19 EST

Year: 2024

Paid: Date Bracket UCR Fee Conv. Fee Total 10/27/2023 Bracket 1 [0 veh.] \$37.00 \$1.00 \$38.00

Bracket: 0 to 2 vehicles [0 vehicle(s)]

USDOT #: 3954790

Classifications: Broker

Legal Name: SKY RADIANT INC

Base State: Alabama

108 W SIMS AVE

Principal: ALBERTVILLE, AL 35950

US

Payor: Interstate Authority LLC

*** Expires: 12/31/2024 ***