Motor Vehicle Division
ADOT
46-3401 R0705 www.azdot.gov

ARIZONA APPORTIONED REGISTRATION CAB CARD

Void If Altered (Only Duplicate By Facsimile Is Acceptable)

Plate	Tab
AE61020	AE61020 PERM
Date Registered	Expires
10/10/12	9/30/13

BING'S BIG TRUCKING LLC
10681 NW 107 TH ST
YUKON OK 73099

Account Number	
040974	
Fleet Number	Supplement Number
001	000

Owner/Lessor Name			
WILLIAM KONKOL AND BINGS BIG TRUCKING LLC			
Operator/Lessee Name			
BING'S BIG TRUCKING LLC			
Street Address	City	State	Zip
7900 E LARKSPUR DRIVE	KINGMAN	AZ	86401

Vehicle Identification Number	Vehicle Type	Year	Make	Fuel	Axles	Seats
1FUJBBCG26LU70114	TT	06	FREI	D	3	

Combined GVW	GVW	Unladen Weight	Unit Number	USDOT OF CARRIER RESPONSIBLE FOR SAFETY	AZ Percentage
0080000	0080000	17500	01	1419483	.187440

The vehicle above has been proportionally registered in Arizona and the other jurisdictions shown below.
Registration must be surrendered upon removal from the fleet.
Void If Any Jurisdictions Are Listed After The Row Of Asterisks.

AL	080000	AR	080000	CA	080000	CO	080000	CT	080000	DC	080000
DE	080000	FL	080000	GA	080000	IA	080000	ID	080000	IL	080000
IN	080000	KS	080000	KY	080000	LA	080000	MA	080000	MD	080000
ME	080000	MI	080000	MN	080000	MO	080000	MS	080000	MT	080000
NC	080000	ND	080000	NE	080000	NH	080000	NJ	080000	NM	080000
NV	080000	NY	080000	OH	080000	OK	080000	OR	080000	PA	080000
RI	080000	SC	080000	SD	080000	TN	080000	TX	080000	UT	080000
VA	080000	VT	080000	WA	080000	WI	080000	WV	080000	WY	080000
**	******	**	******	**	******	**	******	**	******	**	******
**	******	**	******	**	******	**	******	**	******	**	******
**	******	**	******	**	******	**	******	**	******	**	******

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2012

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
BIBA INSURANCESERVICES
17908 MURPHY PARK WAY
LATHROP, CA 95330
0B94142

CONTACT NAME:
PHONE (A/C, No, Ext): 209 858 9656 FAX (A/C, No): (209) 858 9650
E-MAIL ADDRESS: JAS@BIBAINS.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: GENERALI INS CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
KONKOL WILLIAM ALLEN

7900 E LARKSPUR DR
KINGMAN, AZ 86401
928-279-0358

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE / OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY / PRO-JECT / LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PHYSICAL DAMAGE			TBA	08-18-12	08-18-13	$AS STATED VALUE DED $1000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE ABOVE COVERAGE APPLIES TO 2006 FRT VIN #1FUJBBCGH26LU70114 VALUE $ 27K

CERTIFICATE HOLDER
BANK OF OZARKS
P O BOX 242208
LITTLE ROCK, AR 72223-2008
ABOVE NAMED IS ALSO ADDED AS LOSS

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

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ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
36113	01
DATE 8/26/12	

MOTOR CARRIER OPERATOR: BINGS BIG TRUCKING	INSPECTOR'S NAME (PRINT OR TYPE): DAVID BROOKS
ADDRESS: 7900 E. LARKSPUR	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. ☒ YES
CITY, STATE, ZIP CODE: KINGMAN AZ. 86401	VEHICLE IDENTIFICATION (✓ AND COMPLETE) ☐ LIC. PLATE NO. ☒ VIN ☐ OTHER: 1FUJBBCG2GLU70114
VEHICLE TYPE ☒ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS ☐ (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL): Sierra Freightliner

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM
✓	X	8/23	a. Service Brakes
✓			b. Parking Brake System
✓			c. Brake Drums or Rotors
✓			d. Brake Hose
✓			e. Brake Tubing
✓			f. Low Pressure Warning Device
✓			g. Tractor Protection Valve
✓			h. Air Compressor
NA			i. Electric Brakes
NA			j. Hydraulic Brakes
NA			k. Vacuum Systems
			2. COUPLING DEVICES
✓			a. Fifth Wheels
NA			b. Pintle Hooks
NA			c. Drawbar/Towbar Eye
NA			d. Drawbar/Towbar Tongue
✓			e. Safety Devices
✓			f. Saddle-Mounts
			3. EXHAUST SYSTEM
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.
NA			b. Bus exhaust system leaking or discharging in violation of standard.
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.
			4. FUEL SYSTEM
✓			a. Visible leak.
✓			b. Fuel tank filler cap missing.
✓			c. Fuel tank securely attached.
			5. LIGHTING DEVICES
✓	X	8/23	All lighting devices and reflectors required by Part 393 shall be operable.

OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			6. SAFE LOADING
✓			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.
✓			b. Protection against shifting cargo.
NA			c. Container securement devices on intermodal equipment.
			7. STEERING MECHANISM
✓			a. Steering Wheel Free Play
✓			b. Steering Column
✓			c. Front Axle Beam and All Steering Components Other Than Steering Column
✓			d. Steering Gear Box
✓			e. Pitman Arm
✓			f. Power Steering
✓			g. Ball and Socket Joints
✓			h. Tie Rods and Drag Links
✓			i. Nuts
✓			j. Steering System
			8. SUSPENSION
✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.
✓			b. Spring Assembly
✓			c. Torque, Radius or Tracking Components
			9. FRAME
✓			a. Frame Members
✓			b. Tire and Wheel Clearance
NA			c. Adjustable Axle Assemblies (Sliding Subframes)

OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			10. TIRES
✓			a. Tires on any steering axle of a power unit.
✓			b. All other tires.
			11. WHEELS AND RIMS
NA			a. Lock or Side Ring
✓			b. Wheels and Rims
✓			c. Fasteners
NA			d. Welds
			12. WINDSHIELD GLAZING
✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
			13. WINDSHIELD WIPERS
✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			14. OTHER
✓		8/23	List any other condition(s) which may prevent safe operation of this vehicle. City horn Ina

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

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VEHICLE COPY