

T. McCabe Escort Service

Thomas McCabe Jr.

Owner / Operator

544 Third Street, Port Carbon, PA 17965

Phone # 1-(570)-622-1865

Cell # 1-(570)-292-1865

Fax # 1-(570)-624-7569

4 Company Vans / 6 Owner Operators

www.TomsEscorts.Com



CDL Class A Licensed

PA \$ 1,000,000.00 Insured

NY, VA, LA, FL Certified

HIGH POLE, REAR STEERABLES, SURVEYS

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RATES

Rates are subject to change based on national fuel surcharge rates.

FRONT AND REAR ESCORTS		\$1.15/M
REAR STEERABLES		\$1.30/M
HIGH POLE		\$1.30/M
ROUTE SURVEY		\$1.20/M
HIGH POLE ROUTE SURVEY		\$1.25/M
SUPER LOAD HIGH POLE DAY RATE		\$400.00
SUPER LOAD DAY RATE		\$350.00
FRONT AND REAR ESCORT MIN UNDER 150		\$225.00
HIGH POLE ESCOR MIN UNDER 150		\$250.00
NO GOS	\$150.00-	\$200.00
BASED ON MILES DRIVEN		
OVERNIGHT		\$65.00
DOWN TIME		\$15.00/HR
FIRST 2 HOURS FREE		

CDL Class A Licensed
Doubles and Triples Endorsed Medical card Operators
PA \$1,000,000.00 Insured
Certified in All 48 States
Coast to Coast Hauling with no Hassles
HIGH POLE / ROUTE SURVEYS

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) Thomas McCabe Jr.	
	Business name, if different from above T. McCabe Escort Service	
	Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 544 Third Street	
	City, state, and ZIP code Port Carbon, PA 17965	
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.

Social security number
OR
Employer identification number

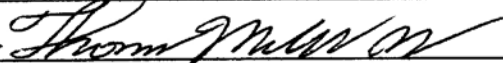
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶ _____
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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:

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.

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,

SELTZER INSURANCE
 PO BOX 219
 ORWIGSBURG, PA 17961
 570-366-0551

Policy number: 03435306-1

Underwritten by:
 United Financial Casualty Company
 March 13, 2008
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
THOMAS MCCABE 544 THIRD ST PORT CARBON, PA 17965	THOMAS MCCABE 544 THIRD ST PORT CARBON, PA 17965	SELTZER INSURANCE PO BOX 219 ORWIGSBURG, PA 17961

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Mar 15, 2007

Policy Expiration Date: Mar 15, 2008

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

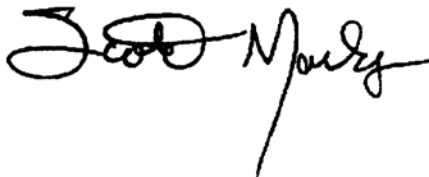
Description of Location/Vehicles/Special Items

Scheduled autos only

Certificate number

07308J9V306

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



SELTZER INSURANCE
PO BOX 219
ORWIGSBURG, PA 17961
570-366-0551

PROGRESSIVE

Policy number: 03435306-2

Underwritten by:
UNITED FINANCIAL CASUALTY COMPANY
March 12, 2008
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured COMMONWEALTH OF PA 400 N ST 6TH FL HARRISBURG, PA 17108	THOMAS MCCABE 544 THIRD ST PORT CARBON, PA 17965	SELTZER INSURANCE PO BOX 219 ORWIGSBURG, PA 17961

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Mar 15, 2008

Policy Expiration Date: Mar 15, 2009

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
HIRED AUTO BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT

Description of Location/Vehicles/Special Items

Scheduled autos only

2002 DODGE GRAND CARAVAN S 2B4GP44352R688315	Stated Amount	\$10,000
1997 DODGE GRAND CARAVAN L 1B4GT54L8VB261991	Stated Amount	\$3,495
1995 CHRYSLER TOWN & COUNTRY 1C4GH54L6SX623111	Stated Amount	\$3,000

Certificate number

07208NET306

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

