

# FMCSA Motor Carrier



USDOT Number:  
Docket Number: **MC197161**  
Legal Name: **ASSOCIATED TRANSPORTATION SYSTEMS, INC.**

DBA (Doing-Business-As) Name

### Addresses

Business Address: **(See Original)**

Business Phone: **(909) 599-9930** Business Fax: **Fax: (909) 599-9980**  
Mail Address: **PO BOX 4129**  
**COVINA, CA 91723**

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

### Authorities:

Common Authority: <b>NONE</b>	Application Pending: <b>NO</b>	
Contract Authority: <b>NONE</b>	Application Pending: <b>NO</b>	
Broker Authority: <b>ACTIVE</b>	Application Pending: <b>NO</b>	
Property: <b>YES</b>	Passenger: <b>NO</b>	Household Goods: <b>NO</b>

### Insurance Requirements:

BIPD Exempt: <b>NO</b>	BIPD Waiver: <b>NO</b>	BIPD Required: <b>\$0</b>	BIPD on File: <b>\$0</b>
Cargo Exempt: <b>NO</b>		Cargo Required: <b>NO</b>	Cargo on File: <b>NO</b>
BOC-3: <b>YES</b>		Bond Required: <b>YES</b>	Bond on File: <b>YES</b>

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

### Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>		
Policy/Surety Number: <b>171484</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000*</b>	
Effective Date <b>04/08/2004</b>	Cancellation Date:		

Insurance Carrier: **AMERICAN CONTRACTORS INDEMNITY COMPANY**  
Attn: **JENNIFER WAYNE**  
Address: **9841 AIRPORT BLVD., NINTH FL.**  
**LOS ANGELES, CA 90045 US**  
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0416**

### Note:

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

### Rejected Insurances:

Form:	Type:		
Policy/Surety Number:	Coverage From: <b>\$0</b>	To: <b>\$0</b>	
Received:	Rejected:		
Rejected Reason:			

Insurance Carrier:  
Address:

Telephone: Fax:

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## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>9325385</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000*</b>	
Effective Date From: <b>03/19/1993</b>	To: <b>03/25/1995</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: AMERICAN BONDING COMPANY  
 Attn:  
 Address: 6245 E. BROADWAY BLVD., #600  
 TUCSON, AZ 85711 US  
 Telephone: Fax:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>SA1205507</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000*</b>	
Effective Date From: <b>03/19/1995</b>	To: <b>03/19/2003</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: STAR INSURANCE COMPANY  
 Attn:  
 Address: 26600 TELEGRAPH RD, PO BOX 2054  
 SOUTHFIELD, MI 48034 US  
 Telephone: (248) 358 - 4020 Fax: (248) 358 - 1614

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>40036032</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000*</b>	
Effective Date From: <b>03/19/2003</b>	To: <b>04/08/2004</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: PLATTE RIVER INSURANCE COMPANY  
 Attn: DONNA HOLLIS  
 Address: 4610 UNIVERSITY., POBOX 5900  
 MADISON, WI 53705-0900 US  
 Telephone: (608) 231 - 4450 Fax: (608) 231 - 2029

## Note:

\*If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	BROKER	GRANTED	04/22/1993

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

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**Revocation History:**

Authority Type	1st Serve Date	2nd Serve Date	Reason