

FMCSA Motor Carrier



USDOT Number:
Docket Number: **MC267635**
Legal Name: **MOE-MENTUM TRANSPORTATION, INC.**
DBA (Doing-Business-As) Name

Addresses

Business Address: **77 ACCESS ROAD UNIT #3
NORWOOD, MA 02062**
Business Phone: **(781) 762-1966** Business Fax: **Fax: (781) 551-8299**
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	NONE	Application Pending:	NO		
Contract Authority:	NONE	Application Pending:	NO		
Broker Authority:	ACTIVE	Application Pending:	NO		
Property:	YES	Passenger:	NO	Household Goods:	NO
Private:	NO	Enterprise:	NO		

Insurance Requirements:

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

Blanket Company: **LOGISTEC/TTS RESIDENT AGENTS SERVICE**

Comments: **NME. CHGE. DECISION SERVED 2/12/96.**

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 01/19/2007
Policy/Surety Number: 76717	Coverage From: \$0	To: \$10,000 *
Effective Date: 02/01/2007	Cancellation Date:	

Insurance Carrier: **NOVA CASUALTY COMPANY**
Attn: **ALISSA J WOLF**
Address: **726 EXCHANGE STREE., STE: 1020
BUFFALO, NY 14210 US**
Telephone: **(716) 856 - 3722** Fax: **(716) 852 - 5590**

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.

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Rejected Insurances:

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

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Insurance History:

Form: 84	Type: SURETY				
Policy/Surety Number: 176801	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 02/01/2003	To: 02/01/2007	Disposition: Cancelled			

Insurance Carrier AMERICAN CONTRACTORS INDEMNITY COMPANY
Attn: CARLA CUADROS
Address: 9841 AIRPORT BLVD., NINTH FL.
LOS ANGELES, CA 90045 US
Telephone: (310) 957 - 3062 Fax: (310) 649 - 0416

Form: 84	Type: SURETY				
Policy/Surety Number: LPM4046867	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 10/30/1999	To: 12/12/2002	Disposition: Cancelled			

Insurance Carrier COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
Attn: MARIA ADAMSKI
Address: 1400 AMERICAN LANE T1-18
SCHAUMBURG, IL 60196 US
Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

Form: 84	Type: SURETY				
Policy/Surety Number: SA1412973	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 10/30/1995	To: 10/30/1999	Disposition: Replaced			

Insurance Carrier STAR INSURANCE COMPANY
Attn: BETH KUBS, EX. UNDERWRITER
Address: 26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034 US
Telephone: (248) 204 - 8531 Fax: (248) 692 - 0351

Form: 84	Type: SURETY				
Policy/Surety Number: 3S 864-539-00	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 10/25/1993	To: 10/30/1995	Disposition: Replaced			

Insurance Carrier LUMBERMENS MUTUAL CASUALTY CO.
Attn: ELLEN KNAPCIK
Address: ONE KEMPER DRIVE
LONG GROVE, IL 60049 US
Telephone: (847) 320 - 4670 Fax: (847) 320 - 7170

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	BROKER	GRANTED	11/12/1993

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason