

FMCSA Motor Carrier

USDOT Number: **2214605**
Docket Number: **MC222036**
Legal Name: **LOGISTICS MANAGEMENT RESOURCES, INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **13853 PERKINS ROAD
BATON ROUGE, LA 70810**
Business Phone: **(225) 755-1388** Business Fax:
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: **MULTI-STATES AGENT FOR PROCESS, INC.**

Comments:

Active/Pending Insurance:

| | | |
|--------------------------------------|---------------------------|--------------------------------|
| Form: 84 | Type: SURETY | Posted Date: 09/27/2016 |
| Policy/Surety Number: 5222756 | Coverage From: \$0 | To: \$75,000* |
| Effective Date: 09/27/2016 | Cancellation Date: | |

Insurance Carrier: **SURETEC INSURANCE COMPANY**
Attn: **CLAIMS DEPT**
Address: **9737 GREAT HILLS TRAIL, STE: 320
AUSTIN, TX 78759 US**
Telephone: **(866) 732 - 0099** Fax: **(512) 732 - 8398**

* 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, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). 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: | | Received: | Rejected: | | |
| Rejected Reason: | | | | | |

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Insurance History:

| | | | | | |
|--|-----------------------|-------------------------------|-----|-------------------|--|
| Form: 84 | Type: SURETY | | | | |
| Policy/Surety Number: 520130-11205807 | Coverage From | \$0 | To: | \$10,000 * | |
| Effective Date From: 10/22/1989 | To: 10/22/1997 | Disposition: Cancelled | | | |

Insurance Carrier: **UNITED STATES FIDELITY & GUARANTY CO.**

Attn: **PLEASE CONTACT YOUR LOCAL AGENT**

Address: **ONE TOWER SQUARE, -5GS
HARTFORD, CT 06183 US**

Telephone: Fax:

| | | | | | |
|---|-----------------------|------------------------------|-----|-------------------|--|
| Form: 84 | Type: SURETY | | | | |
| Policy/Surety Number: 52013049669974 | Coverage From | \$0 | To: | \$10,000 * | |
| Effective Date From: 10/22/1997 | To: 10/01/2013 | Disposition: Replaced | | | |

Insurance Carrier: **UNITED STATES FIDELITY & GUARANTY CO.**

Attn: **PLEASE CONTACT YOUR LOCAL AGENT**

Address: **ONE TOWER SQUARE, -5GS
HARTFORD, CT 06183 US**

Telephone: Fax:

| | | | | | |
|--|-----------------------|-------------------------------|-----|-------------------|--|
| Form: 84 | Type: SURETY | | | | |
| Policy/Surety Number: 2409541 | Coverage From | \$0 | To: | \$75,000 * | |
| Effective Date From: 10/01/2013 | To: 10/18/2014 | Disposition: Cancelled | | | |

Insurance Carrier: **GREAT AMERICAN INSURANCE CO.**

Attn: **GREAT AMERICAN INSURANCE COMPANY**

Address: **301 EAST FOURTH STREET
CINCINNATI, OH 45202 US**

Telephone: **(844) 424 - 4669** Fax: **(513) 287 - 8230**

| | | | | | |
|--|-----------------------|------------------------------|-----|-------------------|--|
| Form: 84 | Type: SURETY | | | | |
| Policy/Surety Number: 2409541 | Coverage From | \$0 | To: | \$75,000 * | |
| Effective Date From: 10/01/2013 | To: 10/01/2014 | Disposition: Replaced | | | |

Insurance Carrier: **GREAT AMERICAN INSURANCE CO.**

Attn: **GREAT AMERICAN INSURANCE COMPANY**

Address: **301 EAST FOURTH STREET
CINCINNATI, OH 45202 US**

Telephone: **(844) 424 - 4669** Fax: **(513) 287 - 8230**

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Insurance History:

| | | | | | |
|---|-----------------------|------------------------------|-----|-------------------|--|
| Form: 84 | Type: SURETY | | | | |
| Policy/Surety Number: 1001034246 | Coverage From | \$0 | To: | \$75,000 * | |
| Effective Date From: 10/01/2014 | To: 09/27/2016 | Disposition: Replaced | | | |

Insurance Carrier: AMERICAN CONTRACTORS INDEMNITY COMPANY
Attn: ICC BROKER - RENEWAL DEPARTMENT
Address: 801 S. FIGUEROA STREET, SUITE 700
LOS ANGELES, CA 90017 US
Telephone: (310) 649 - 0990 Fax: (310) 649 - 0033

* 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, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

| Sub No. | Authority Type | Original Action | Disposition Action |
|---------|-----------------|-----------------|--------------------|
| 0 | PROPERTY BROKER | GRANTED | 02/27/1992 |

Pending Application:

| Authority Type | Filed | Status | Insurance | BOC-3 |
|----------------|-------|--------|-----------|-------|
| | | | | |

Revocation History:

| Authority Type | 1st Serve Date | 2nd Serve Date | Reason |
|----------------|----------------|----------------|--------|
| | | | |