

FMCSA Motor Carrier



USDOT Number: **1757358**
Docket Number: **MC648186**
Legal Name: **QUICK TRANSPORT SOLUTIONS INC.**
DBA (Doing-Business-As) Name **QUICK ROADWAY SERVICES**

Addresses

Business Address: **37171 SYCAMORE STREET, SUITE 130
NEWARK, CA 94560**
Business Phone: **(510) 870-0355** Business Fax: **Fax: (510) 870-0356**
Mail Address: **PO BOX 3686
HAYWARD, CA 94540**
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

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

Insurance Requirements:

BIPD Exempt: NO	BIPD Waiver: NO	BIPD Required: \$750,000	BIPD on File: \$750,000
Cargo Exempt: NO		Cargo Required: YES	Cargo on File: YES
BOC-3: YES		Bond Required: NO	Bond on File: NO

Blanket Company: **PROCESS AGENT SERVICE COMPANY, INC.**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 06/05/2008
Policy/Surety Number: TKCA50792	Coverage From: \$0	To: \$750,000
Effective Date: 06/04/2008	Cancellation Date:	

Insurance Carrier: **UNIVERSAL CASUALTY COMPANY**
Attn: **JIM GULLEY**
Address: **150 NORTHWEST PINT BLVD
ELK GROVE VILLAGE, IL 60007 US**
Telephone: **(847) 700 - 9162** Fax: **(847) 228 - 8573**

Form: 34	Type: CARGO	Posted Date: 06/05/2008
Policy/Surety Number: 199-47-54-C61158	Coverage From: \$0	To: \$5,000*
Effective Date: 06/04/2008	Cancellation Date:	

Insurance Carrier: **LEXINGTON INSURANCE COMPANY**
Attn: **STEVEN SILVERMAN**
Address: **100 SUMMER ST., 30THFLR
BOSTON, MA 02110-2103 US**
Telephone: **(617) 330 - 8492** Fax: **(617) 772 - 4570**

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

Insurance History:

Form:	Type:	Coverage From	\$0	To:	\$0
Policy/Surety Number:		To:		Disposition:	
Effective Date From:					

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY COMMON CARRIER	GRANTED	06/18/2008

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason