

FMCSA Motor Carrier



USDOT Number:
 Docket Number: **MC434230**
 Legal Name: **NATIONAL FREIGHT AUDIT & PAYMENT SERVICE INC.**

DBA (Doing-Business-As) Name

Addresses

Business Address: **190 MOORE STREET, SUITE 401
 HACKENSACK, NJ 07601**
 Business Phone: **(201) 342-5222** Business Fax:
 Mail Address: **PO BOX 948
 MAYWOOD, NJ 07607**
 Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

| | | |
|---------------------------------|--------------------------------|-------------------------------|
| Common Authority: NONE | Application Pending: NO | Revocation Pending: NO |
| Contract Authority: NONE | Application Pending: NO | Revocation Pending: NO |
| Broker Authority: ACTIVE | Application Pending: NO | Revocation Pending: NO |
| Property: YES | Passenger: NO | Household Goods: 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 | |

Process Agents designated by carrier.

Comments:

Active/Pending Insurance:

| | |
|--------------------------------------|--|
| Form: 84 | Type: SURETY |
| Policy/Surety Number: 7815274 | Coverage From: \$0 To: \$10,000* |
| Effective Date: 08/29/2002 | Cancellation Date: |

Insurance Carrier: **XL SPECIALTY INSURANCE COMPANY**
 Attn: **ELAINE NORRIS**
 Address: **20 NORTH MARTINGALE RD., SUITE 200
 SCHAUMBURG, IL 60173 US**
 Telephone: **(800) 394 - 3909** Fax: **(847) 517 - 8971**

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: \$0 To: \$0 |
| Received: | Rejected: |
| Rejected Reason: | |

Insurance Carrier:
 Address:
 Telephone: Fax:

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Insurance History:

| | | | | | |
|-----------------------|-------|---------------|--------------|-----|-----|
| Form: | Type: | Coverage From | \$0 | To: | \$0 |
| Policy/Surety Number: | | To: | Disposition: | | |

Insurance Carrier:

Attn:

Address:

Telephone:

Fax:

Authority History:

| Sub No. | Authority Type | Original Action | Disposition Action |
|---------|-----------------|-----------------|--------------------|
| | PROPERTY BROKER | GRANTED | 10/16/2002 |

Pending Application:

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

Revocation History:

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