

FMCSA Motor Carrier

USDOT Number: **606920**
Docket Number: **MC286926**
Legal Name: **ATS, INC.**



DBA (Doing-Business-As) Name

Addresses

Business Address: **725 OPPORTUNITY DRIVE
ST CLOUD, MN 56301**
Business Phone: **(320) 255-7400** Business Fax: **Fax: (320) 255-7474**
Mail Address: **P O BOX 1377
ST CLOUD, MN 56302**
Mail Phone: **(320) 255-7400** Mail Fax: **Fax: (320) 255-7474** Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO	
Contract Authority:	ACTIVE	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: **\$1,000,000** BIPD on File: **\$1,000,000**
Cargo Exempt: **NO** Cargo Required: **YES** Cargo on File: **YES**
BOC-3: **YES** Bond Required: **YES** Bond on File: **YES**
Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 10/01/2007
Policy/Surety Number: GWP04319A	Coverage From: \$0	To: \$1,000,000
Effective Date: 10/01/2007	Cancellation Date:	

Insurance Carrier: **GREAT WEST CASUALTY CO.**
Attn: **OPERATOR**
Address: **1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US**
Telephone: **(800) 228 - 8602** Fax: **(402) 494 - 7400**

Form: 34	Type: CARGO	Posted Date: 10/01/2007
Policy/Surety Number: GWP04319A	Coverage From: \$0	To: \$5,000 *
Effective Date: 10/01/2007	Cancellation Date:	

Insurance Carrier: **GREAT WEST CASUALTY CO.**
Attn: **OPERATOR**
Address: **1100 WEST 29TH ST., P.O. BOX 277
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DBA (Doing-Business-As) Name

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 10/13/2005
Policy/Surety Number: CMS 225823	Coverage From: \$0	To: \$10,000 *
Effective Date: 10/26/2005	Cancellation Date:	

Insurance Carrier: RLI INSURANCE COMPANY
Attn: CLAIM HELP
Address: P. O. BOX 3961
PEORIA, IL 61612-3961 US
Telephone: (800) 444 - 0406 Fax: (866) 692 - 6796

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:					

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DBA (Doing-Business-As) Name

Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: YYB 300302	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 03/01/1995	To: 01/01/2001	Disposition: Replaced			

Insurance Carrier GENESIS INSURANCE COMPANY
Attn: RONALD P. ONDERKO, AVP
Address: 695 E MAIN ST, PO BOX 10352
STAMFORD, CT 06904 US
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TP9897560	Coverage From	\$0	To:	\$2,000,000	
Effective Date From: 01/01/2001	To: 01/01/2002	Disposition: Cancelled			

Insurance Carrier AMERICAN INTERNATIONAL UNDERWRITERS INS.(AIU)
Attn: ROBERT RHODUNDA, MANAGER
Address: 600 KING ST. 7TH FLR-ONE ALICO PLZ
WILMINGTON, DE 19801 US
Telephone: (302) 661 - 7526 Fax: (302) 830 - 4545

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: GWP04319A	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 01/01/2002	To: 10/01/2007	Disposition: Replaced			

Insurance Carrier GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: GWP04319A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2002	To: 01/01/2002	Disposition: Replaced			

Insurance Carrier GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
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DBA (Doing-Business-As) Name

Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: CLP96552A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2002	To: 03/12/2002	Disposition: Cancelled			

Insurance Carrier GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: YAB300303	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 03/01/1995	To: 03/01/1995	Disposition: Replaced			

Insurance Carrier GENESIS INSURANCE COMPANY
Attn: RONALD P. ONDERKO, AVP
Address: 695 E MAIN ST, PO BOX 10352
STAMFORD, CT 06904 US
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: 34	Type: CARGO				
Policy/Surety Number: YAB000303	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 03/01/1995	To: 01/01/2001	Disposition: Replaced			

Insurance Carrier GENESIS INSURANCE COMPANY
Attn: RONALD P. ONDERKO, AVP
Address: 695 E MAIN ST, PO BOX 10352
STAMFORD, CT 06904 US
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: 34	Type: CARGO				
Policy/Surety Number: GWP04319A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2002	To: 10/01/2007	Disposition: Replaced			

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DBA (Doing-Business-As) Name

Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: CLP96552A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2001	To: 01/01/2002	Disposition: Replaced			

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SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: CLP96552A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2001	To: 03/11/2002	Disposition: Cancelled			

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Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: CLP96552A	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 01/01/2001	To: 03/12/2002	Disposition: Cancelled			

Insurance Carrier GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 84	Type: SURETY				
Policy/Surety Number: SV 2743	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 10/26/2004	To: 10/26/2005	Disposition: Cancelled			

Insurance Carrier ST. PAUL FIRE & MARINE INSURANCE CO.
Attn: CLAIMS DEPT.
Address: ONE TOWER SQUARE, - 5GS
HARTFORD, CT 06183 US
Telephone: (800) 238 - 6225 Fax:

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Insurance History:

Form: 84	Type: SURETY			
Policy/Surety Number: 137994288	Coverage From	\$0	To:	\$10,000 *
Effective Date From: 10/24/1996	To: 10/24/2004	Disposition: Cancelled		

Insurance Carrier **CONTINENTAL CASUALTY CO.**
 Attn: **DARRELL EVANS**
 Address: **2405 LUCIEN WAY**
MAITLAND, FL 32751 US
 Telephone: **(407) 919 - 3122** Fax: **(407) 670 - 0090**

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	COMMON	REINSTATED	07/05/2002
0	COMMON	GRANTED	03/23/1995 REVOKED 05/28/2002
	PROPERTY BROKER	GRANTED	11/05/1996
0	CONTRACT	GRANTED	03/23/1995

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DBA (Doing-Business-As) Name

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	04/05/2002	05/28/2002	INVOLUNTARY REVOCATION