

FMCSA Motor Carrier

USDOT Number: 2970
Docket Number: MC138953
Legal Name: CROWN MOVING AND STORAGE COMPANY
DBA (Doing-Business-As) Name



Addresses

Business Address: 2070 BURROUGHS AVE.
SAN LEANDRO, CA 94577
Business Phone: Business Fax: Fax: (510) 564-0021
Mail Address:
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:	YES
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: AMERICAN MOVING AND STORAGE ASSOCIATION

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 08/22/2007
Policy/Surety Number: TRT3000703	Coverage From: \$0	To: \$750,000
Effective Date: 08/23/2007	Cancellation Date:	

Insurance Carrier: VANLINER INSURANCE COMPANY
Attn:
Address: ONE PREMIER DRIVE, P.O.BOX26352
FENTON, MO 63026 US
Telephone: (636) 343 - 9889 Fax: (636) 305 - 4270

Form: 34	Type: CARGO	Posted Date: 08/22/2007
Policy/Surety Number: CGT3000703	Coverage From: \$0	To: \$5,000*
Effective Date: 08/23/2007	Cancellation Date:	

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FENTON, MO 63026 US
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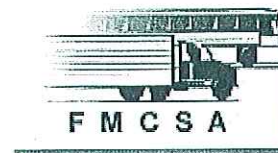
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Note:

* 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:		Received:	Rejected:		
Rejected Reason:					

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRU100275	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 08/23/1987	To: 08/23/2006	Disposition: Replaced			

Insurance Carrier VANLINER INSURANCE COMPANY
Attn:
Address: ONE PREMIER DRIVE, P.O.BOX26352
FENTON, MO 63026 US
Telephone: (636) 343 - 9889 Fax: (636) 305 - 4270

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: MVSP001178500	Coverage From	\$0	To:	\$750,000	
Effective Date From: 08/23/2006	To: 09/14/2007	Disposition: Cancelled			

Insurance Carrier STONINGTON INSURANCE COMPANY
Attn: RECEPTIONIST
Address: 5801 TENNYSON PARKWAY., STE: 600
PLANO, TX 75024 US
Telephone: (972) 664 - 7000 Fax: (972) 239 - 0758

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: MVSP001178500	Coverage From	\$0	To:	\$750,000	
Effective Date From: 08/23/2006	To: 08/23/2007	Disposition: Replaced			

Insurance Carrier STONINGTON INSURANCE COMPANY
Attn: RECEPTIONIST
Address: 5801 TENNYSON PARKWAY., STE: 600
PLANO, TX 75024 US
Telephone: (972) 664 - 7000 Fax: (972) 239 - 0758

Form: 34	Type: CARGO				
Policy/Surety Number: 484918	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 04/01/1987	To: 08/23/2006	Disposition: Replaced			

Insurance Carrier THE INSURANCE COMPANY OF NORTH AMERICA
Attn: WILLIAM W. MORISON
Address: 436 WALNUT STREET
PHILADELPHIA, PA 19106 US
Telephone: (215) 761 - 1000 Fax: (215) 761 - 5612

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Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: MVSP001178500	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 08/23/2006	To: 09/14/2007	Disposition: Cancelled			

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Policy/Surety Number: MVSP001178500	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 08/23/2006	To: 08/23/2007	Disposition: Replaced			

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
1	COMMON	GRANTED	12/15/1983

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason