

FMCSA Motor Carrier

USDOT Number: **2000900**
Docket Number: **MC998271**
Legal Name: **STATE TO STATE MOVERS LLC**
DBA (Doing-Business-As) Name



Addresses

Business Address: **3939 RANDALL ST
ST LOUIS, MO 63116**
Business Phone: **(314) 312-6902** Business Fax:
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:	NO	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:	EVILSIZOR PROCESS SERVERS LLC						

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 12/08/2016
Policy/Surety Number: A24700406	Coverage From: \$0	To: \$750,000
Effective Date: 12/07/2016	Cancellation Date:	

Insurance Carrier: **HALLMARK INSURANCE COMPANY**
Attn: **CAROL GONZALES**
Address: **777 MAIN STREET, STE 1000
FORT WORTH, TX 76102 US**
Telephone: **(877) 832 - 6642** Fax: **(817) 348 - 1726**

Form: 34	Type: CARGO	Posted Date: 12/16/2016
Policy/Surety Number: 2001XKTCK50207A	Coverage From: \$0	To: \$5,000 *
Effective Date: 12/07/2016	Cancellation Date:	

Insurance Carrier: **UNDERWRITERS AT LLOYDS LONDON**
Attn: **LLOYD'S ILLINOIS INC**
Address: **181 W. MADISON, SUITE 3870
CHICAGO, IL 60602 US**
Telephone: **(312) 407 - 6219** Fax: **(312) 407 - 6229**

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* 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.

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:					

Insurance Carrier:

Attn:

Address:

Telephone:

Fax:

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	12/22/2016

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason