

FMCSA Motor Carrier



USDOT Number:
Docket Number: **MC702970**
Legal Name: **NORTH AMERICAN TRANSPORTATION SERVICES LLC**
DBA (Doing-Business-As) Name **N.A.T.S.**

Addresses

Business Address: **16303 NE REID RD
AMBOY, WA 98601**
Business Phone: **(360) 241-3413** Business Fax:
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	NONE	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:	\$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

Blanket Company: **INTERSTATE AUTHORITY LLC**

Comments:

Active/Pending Insurance:

Form: 82	Type: BIPD	Posted Date: 01/29/2010
Policy/Surety Number: GWP75453A	Coverage From: \$0	To: \$0
Effective Date: 02/01/2010	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: 85	Type: TRUST FUND	Posted Date: 01/29/2010
Policy/Surety Number: B144012910	Coverage From: \$0	To: \$10,000 *
Effective Date: 01/29/2010	Cancellation Date:	

Insurance Carrier: **ITS FINANCIAL SERVICES LLC**
Attn: **ITS FINANCIAL SERVICES LLC**
Address: **P. O. BOX 50
NEW PLYMOUTH, ID 83655 US**
Telephone: **(866) 812 - 9675** Fax: **(208) 278 - 3355**

FMCSA Motor Carrier

USDOT Number:

Docket Number: **MC702970**

Legal Name: **NORTH AMERICAN TRANSPORTATION SERVICES LLC**

DBA (Doing-Business-As) Name **N.A.T.S.**



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: 91X	Type: BIPD/Primary
Policy/Surety Number: GWP75453A	Coverage From: \$0 To: \$1,000,000
Received: 01/29/2010	Rejected: 01/29/2010
Rejected Reason: Carrier name is different from System.	

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

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
	PROPERTY BROKER	GRANTED	02/11/2010

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason