

FMCSA Motor Carrier

USDOT Number: **2245566**
Docket Number: **MC695592**
Legal Name: **BEST-WAY CARGO MANAGEMENT INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **935 MCLEOD AVENUE
WINNIPEG, MB R2G 0Y4**
Business Phone: **(204) 416-7894** 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: **OKLAHOMA TRUCK PLATES & PROCESS AGENTS LLC**

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 01/07/2014
Policy/Surety Number: EM1157596	Coverage From: \$0	To: \$75,000 *
Effective Date: 01/07/2014	Cancellation Date:	

Insurance Carrier: **THE GUARANTEE COMPANY OF NORTH AMERICA USA**
Attn: **KATHLEEN RUNESTAD**
Address: **ONE TOWER SQUARE, SUITE 1470
SOUTHFIELD, MI 48076 US**
Telephone: **(248) 281 - 0281** Fax: **(248) 750 - 0436**

* 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.

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Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

Insurance History:

Form: 84	Type: SURETY	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: EM1109356		Effective Date From: 11/30/2009	To: 09/20/2013	Disposition: Replaced	

Insurance Carrier THE GUARANTEE COMPANY OF NORTH AMERICA USA
Attn: KATHLEEN RUNESTAD
Address: ONE TOWER SQUARE, SUITE 1470
SOUTHFIELD, MI 48076 US
Telephone: (248) 281 - 0281 Fax: (248) 750 - 0436

Form: 85	Type: TRUST FUND	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: NONE		Effective Date From: 09/20/2013	To: 10/01/2013	Disposition: Replaced	

Insurance Carrier PACIFIC FINANCIAL ASSOCIATION, INC.
Attn: CLAIMS DEPARTMENT
Address: 12707 HIGH BLUFF DR. ST. 220
SAN DIEGO, CA 92130 US
Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

Form: 85	Type: TRUST FUND	Coverage From:	\$0	To:	\$75,000 *
Policy/Surety Number: NONE		Effective Date From: 10/01/2013	To: 01/07/2014	Disposition: Replaced	

Insurance Carrier PACIFIC FINANCIAL ASSOCIATION, INC.
Attn: CLAIMS DEPARTMENT
Address: 12707 HIGH BLUFF DR. ST. 220
SAN DIEGO, CA 92130 US
Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

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Authority History:			
Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	12/04/2009

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason