

FMCSA Motor Carrier



USDOT Number: **1081057**
Docket Number: **MC454790**
Legal Name: **BEST TIME MOVERS,INC**
DBA (Doing-Business-As) Name **BEST TIME MOVERS**

Addresses

Business Address: **11850 PARKLAWN DR
ROCKVILLE, MD 20852**
Business Phone: **(301) 299-1699** Business Fax: **Fax: (301) 299-5076**
Mail Address: **P.O.BOX 2491
ROCKVILLE, MD 20847**
Mail Phone: **(301) 299-1699** Mail Fax: **Fax: (301) 299-5076** Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO		
Contract Authority:	ACTIVE	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:	\$1,000,000
Cargo Exempt:	NO			Cargo Required:	YES	Cargo on File:	YES
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO

Blanket Company: **ABSOLUTE TRUCKING AUTHORITY**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 11/03/2004
Policy/Surety Number: CA 2110073	Coverage From: \$0	To: \$1,000,000
Effective Date: 10/23/2004	Cancellation Date:	

Insurance Carrier: **PROGRESSIVE NORTHERN INSURANCE COMPANY**
Attn: **CATHY BROCIOS**
Address: **P.O. BOX 94739
CLEVELAND, OH 44101 US**
Telephone: **(440) 516 - 5006** Fax: **(440) 516 - 5094**

Form: 34	Type: CARGO	Posted Date: 06/09/2006
Policy/Surety Number: MC9955	Coverage From: \$0	To: \$5,000*
Effective Date: 06/03/2006	Cancellation Date:	

Insurance Carrier: **ADRIATIC INSURANCE COMPANY**
Attn:
Address: **3501 N. CAUSEWAY BLVD.
METAIRIE, LA 70002 US**
Telephone: **(800) 535 - 7291** Fax: **(504) 832 - 0605**

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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:		Rejected:			
Received:					
Rejected Reason:					

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 2110073-2	Coverage From	\$0	To:	\$750,000	
Effective Date From: 04/23/2004	To: 10/23/2004	Disposition: Cancelled			

Insurance Carrier: PROGRESSIVE NORTHERN INSURANCE COMPANY
Attn: CATHY BROCIOS
Address: P.O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (440) 516 - 5006 Fax: (440) 516 - 5094

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 2110073-0	Coverage From	\$0	To:	\$750,000	
Effective Date From: 05/19/2003	To: 10/23/2003	Disposition: Cancelled			

Insurance Carrier: PROGRESSIVE NORTHERN INSURANCE COMPANY
Attn: CATHY BROCIOS
Address: P.O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (440) 516 - 5006 Fax: (440) 516 - 5094

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 2110073-1	Coverage From	\$0	To:	\$750,000	
Effective Date From: 10/23/2003	To: 04/23/2004	Disposition: Cancelled			

Insurance Carrier: PROGRESSIVE NORTHERN INSURANCE COMPANY
Attn: CATHY BROCIOS
Address: P.O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (440) 516 - 5006 Fax: (440) 516 - 5094

Form: 34	Type: CARGO				
Policy/Surety Number: MC8142	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 06/03/2005	To: 06/04/2006	Disposition: Cancelled			

Insurance Carrier: ADRIATIC INSURANCE COMPANY
Attn:
Address: 3501 N. CAUSEWAY BLVD.
METAIRIE, LA 70002 US
Telephone: (800) 535 - 7291 Fax: (504) 832 - 0605

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	06/24/2005
	HOUSEHOLD GOODS CONTRACT CARRIER	REINSTATED	11/15/2004
	HOUSEHOLD GOODS CONTRACT CARRIER	GRANTED	06/16/2003 REVOKED 11/01/2004

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
CONTRACT	09/27/2004	11/01/2004	INVOLUNTARY REVOCATION