

# FMCSA Motor Carrier



USDOT Number: **606920**  
Docket Number: **MC286926**  
Legal Name: **ATS, INC.**

DBA (Doing-Business-As) Name

## Addresses

Business Address: **203 COOPER AVENUE NORTH  
ST. CLOUD, MN 56302**

Business Phone: **(612) 255-7400** Business Fax:

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$1,000,000</b>	BIPD on File:	<b>\$1,000,000</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>YES</b>	Cargo on File:	<b>YES</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>		

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

## Active/Pending Insurance:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>	Posted Date: <b>12/26/2001</b>
Policy/Surety Number: <b>GWP04319A</b>	Coverage From: <b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date: <b>01/01/2002</b>	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: <b>34</b>	Type: <b>CARGO</b>	Posted Date: <b>06/04/2002</b>
Policy/Surety Number: <b>GWP04319A</b>	Coverage From: <b>\$0</b>	To: <b>\$5,000*</b>
Effective Date: <b>01/01/2002</b>	Cancellation Date:	

Insurance Carrier: **GREAT WEST CASUALTY CO.**  
Attn: **OPERATOR**  
Address: **1100 WEST 29TH ST., P.O. BOX 277  
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## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: 10/13/2005
Policy/Surety Number: <b>CMS 225823</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000*</b>
Effective Date: <b>10/26/2005</b>	Cancellation Date:	

Insurance Carrier: RLI INSURANCE COMPANY  
Attn: RENEE VESPA, CLAIM DEPT.  
Address: 9025 NORTH LINDBERGH DRIVE  
PEORIA, IL 61615 US  
Telephone: (887) 623 - 3795 Fax: (309) 692 - 6796

## 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: <b>\$0</b>	To: <b>\$0</b>
Policy/Surety Number:		Received:	Rejected:
Received:		Rejected Reason:	

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>YYB 300302</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>03/01/1995</b>	To: <b>01/01/2001</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: GENESIS INSURANCE COMPANY  
Attn: RONALD P. ONDERKO, AVP  
Address: 695 E MAIN ST, PO BOX 10352  
STAMFORD, CT 06904 US  
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>TP9897560</b>	Coverage From	<b>\$0</b>	To:	<b>\$2,000,000</b>	
Effective Date From: <b>01/01/2001</b>	To: <b>01/01/2002</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: AMERICAN INTERNATIONAL UNDERWRITERS INS.(AIU)  
Attn: RIMA DEMARAIS, DBG LEGAL SERVICES  
Address: 160 WATER STREET, 24TH FLOOR  
NEW YORK, NY 10038 US  
Telephone: (212) 820 - 4820 Fax: (212) 793 - 6966

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>GWP04319A</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>01/01/2002</b>	To: <b>01/01/2002</b>	Disposition: <b>Replaced</b>			

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: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>CLP96552A</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>01/01/2002</b>	To: <b>03/12/2002</b>	Disposition: <b>Cancelled</b>			

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## Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>YAB300303</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>03/01/1995</b>	To: <b>03/01/1995</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: GENESIS INSURANCE COMPANY  
Attn: RONALD P. ONDERKO, AVP  
Address: 695 E MAIN ST, PO BOX 10352  
STAMFORD, CT 06904 US  
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>YAB000303</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>03/01/1995</b>	To: <b>01/01/2001</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: GENESIS INSURANCE COMPANY  
Attn: RONALD P. ONDERKO, AVP  
Address: 695 E MAIN ST, PO BOX 10352  
STAMFORD, CT 06904 US  
Telephone: (203) 328 - 6643 Fax: (203) 328 - 6444

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>CLP96552A</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>01/01/2001</b>	To: <b>01/01/2002</b>	Disposition: <b>Replaced</b>			

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: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>CLP96552A</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>01/01/2001</b>	To: <b>03/11/2002</b>	Disposition: <b>Cancelled</b>			

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Attn: OPERATOR  
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Policy/Surety Number: <b>CLP96552A</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000</b>	*
Effective Date From: <b>01/01/2001</b>	To: <b>03/12/2002</b>	Disposition: <b>Cancelled</b>			

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: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>SV 2743</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000</b>	*
Effective Date From: <b>10/26/2004</b>	To: <b>10/26/2005</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: ST. PAUL FIRE & MARINE INSURANCE CO.  
Attn: JADWIGA LISZEWSKI, ST. PAUL TRAVELERS-SPECIALT  
Address: ONE TOWER SQUARE, CL PMU-AUTO-6GS  
HARTFORD, CT 06183 US  
Telephone: (860) 954 - 5523 Fax: (860) 954 - 5281

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>137994288</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000</b>	*
Effective Date From: <b>10/24/1996</b>	To: <b>10/24/2004</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: CONTINENTAL CASUALTY CO.  
Attn: DARRELL EVANS  
Address: 2405 LUCIEN WAY  
MAITLAND, FL 32751 US  
Telephone: (407) 919 - 3122 Fax: (407) 670 - 0090

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**Authority History:**

Sub No.	Authority Type	Original Action	Disposition Action
	COMMON	REINSTATED	07/05/2002
	PROPERTY BROKER	GRANTED	11/05/1996
0	COMMON	GRANTED	03/23/1995 REVOKED 05/28/2002
0	CONTRACT	GRANTED	03/23/1995

**Pending Application:**

Authority Type	Filed	Status	Insurance	BOC-3

**Revocation History:**

Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	04/05/2002	05/28/2002	INVOLUNTARY REVOCATION