

FMCSA Motor Carrier

USDOT Number: **2215932**
Docket Number: **MC259087**
Legal Name: **GATEWAY TRANSPORT, INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **5655 LINDERO CANYON ROAD #203
WESTLAKE VILLAGE, CA 91361**
Business Phone: **(818) 991-9009** Business Fax: **Fax: (818) 991-0090**
Mail Address: **5655 LINDERO CANYON ROAD #203
WESTLAKE VILLAGE, CA 91361**
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:	NO			Bond Required:	YES	Bond on File:	YES

Older process agent filings may not be shown in the database. To inquire if a carrier has process agents, even if they are not shown here, please call (202)358-7069.

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 10/07/2013
Policy/Surety Number: 72BSBAS7843	Coverage From: \$0	To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: **HARTFORD FIRE INSURANCE COMPANY**
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**
Address: **ONE HARTFORD PLAZA
HARTFORD, CT 06115 US**
Telephone: **(860) 547 - 5000** Fax:

* 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:		Effective Date From: 03/19/1993	To: 03/25/1995	Disposition: Cancelled	

Insurance Carrier: AMERICAN BONDING COMPANY
Attn:
Address: 6245 E. BROADWAY BLVD., #600
TUCSON, AZ 85711 US
Telephone: Fax:

Form: 84	Type: SURETY	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: SA1215246		Effective Date From: 03/19/1995	To: 04/01/2004	Disposition: Replaced	

Insurance Carrier: STAR INSURANCE COMPANY
Attn: BETH KUBS, EX. UNDERWRITER
Address: 26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034 US
Telephone: (248) 358 - 1100 Fax: (248) 692 - 0351

Form: 84	Type: SURETY	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: 72BSBAS7843		Effective Date From: 04/01/2004	To: 10/01/2013	Disposition: Replaced	

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY
Attn: PLEASE CONTACT YOUR LOCAL AGENT
Address: ONE HARTFORD PLAZA
HARTFORD, CT 06115 US
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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	PROPERTY BROKER	GRANTED	04/02/1993

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason