

FMCSA Motor Carrier

USDOT Number: **1061948**
Docket Number: **MC446490**
Legal Name: **SIGNATURE MOVING & DELIVERY SOLUTIONS, LLC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **4806 WRIGHT DR SE SUITE E
SMYRNA, GA 30082**
Business Phone: **(770) 643-6005** Business Fax: **Fax: (678) 217-4546**
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO		
Contract Authority:	NONE	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:	\$750,000
Cargo Exempt:	NO			Cargo Required:	YES	Cargo on File:	YES
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO

Blanket Company: **ALL AMERICAN AGENTS OF PROCESS**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 06/15/2017
Policy/Surety Number: CA 6221418	Coverage From: \$0	To: \$750,000
Effective Date: 06/13/2017	Cancellation Date:	

Insurance Carrier: **PROGRESSIVE MOUNTAIN INSURANCE COMPANY OF OHI**
Attn: **CUSTOMER SERVICE**
Address: **P. O. BOX 94739
CLEVELAND, OH 44101 US**
Telephone: **(800) 444 - 4487** Fax: **(440) 603 - 4555**

Form: 34	Type: CARGO	Posted Date: 06/13/2017
Policy/Surety Number: CGV 6176300-00	Coverage From: \$0	To: \$5,000 *
Effective Date: 06/13/2017	Cancellation Date:	

Insurance Carrier: **VANLINER INSURANCE COMPANY**
Attn:
Address: **ONE PREMIER DRIVE, P.O.BOX 26352
FENTON, MO 63026 US**
Telephone: **(636) 343 - 9889** Fax: **(636) 305 - 4270**

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* 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.

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: LRA 345 602	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 02/10/2003	To: 09/06/2003	Disposition: Cancelled			

Insurance Carrier: LINCOLN GENERAL INSURANCE COMPANY
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO
Address: 3501 CONCORD RD., P. O. BOX 12009
YORK, PA 17402-0609 US
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: MS 054-0125	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 08/23/2003	To: 08/23/2004	Disposition: Cancelled			

Insurance Carrier: ROYAL INDEMNITY COMPANY
Attn: KAREN MARTIN
Address: P.O. BOX 1000, MAIL STOP 1304
CHARLOTTE, NC 28201 US
Telephone: (704) 522 - 2441 Fax: (704) 522 - 3200

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 08/23/2004	To: 08/23/2007	Disposition: Replaced			

Insurance Carrier: TRANSGUARD INSURANCE COMPANY OF AMERICA INC.
Attn: JUDY SIKORSKI, DIRECTOR OF ADMIN
Address: 215 SHUMAN BLVD., SUITE 400
NAPERVILLE, IL 60563 US
Telephone: (630) 864 - 8466 Fax: (630) 864 - 3579

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$750,000	
Effective Date From: 08/23/2007	To: 05/28/2009	Disposition: Replaced			

Insurance Carrier: TRANSGUARD INSURANCE COMPANY OF AMERICA INC.
Attn: JUDY SIKORSKI, DIRECTOR OF ADMIN
Address: 215 SHUMAN BLVD., SUITE 400
NAPERVILLE, IL 60563 US
Telephone: (630) 864 - 8466 Fax: (630) 864 - 3579

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 05/28/2009	To: 06/13/2016	Disposition: Replaced			

Insurance Carrier: **TRANSGUARD INSURANCE COMPANY OF AMERICA INC.**
Attn: **JUDY SIKORSKI, DIRECTOR OF ADMIN**
Address: **215 SHUMAN BLVD., SUITE 400**
NAPERVILLE, IL 60563 US
Telephone: **(630) 864 - 8466** Fax: **(630) 864 - 3579**

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: AU201600010021	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 06/13/2016	To: 06/13/2017	Disposition: Cancelled			

Insurance Carrier: **NEW YORK MARINE & GENERAL INS. CO.**
Attn: **PROSIGHT SPECIALTY INSURANCE**
Address: **412 M.T KEMBLE AVE, STE: 300C**
MORRISTOWN, NJ 07960 US
Telephone: **(800) 774 - 2755** Fax: **(855) 200 - 1158**

Form: 34	Type: CARGO				
Policy/Surety Number: ACE5046	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 08/23/2002	To: 08/23/2003	Disposition: Cancelled			

Insurance Carrier: **UNDERWRITERS AT LLOYDS LONDON**
Attn: **LLOYD'S ILLINOIS INC**
Address: **181 W. MADISON, SUITE 3870**
CHICAGO, IL 60602 US
Telephone: **(312) 407 - 6219** Fax: **(312) 407 - 6229**

Form: 34	Type: CARGO				
Policy/Surety Number: MS 054-0125	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 08/23/2003	To: 08/23/2004	Disposition: Cancelled			

Insurance Carrier: **ROYAL INDEMNITY COMPANY**
Attn: **KAREN MARTIN**
Address: **P.O. BOX 1000, MAIL STOP 1304**
CHARLOTTE, NC 28201 US
Telephone: **(704) 522 - 2441** Fax: **(704) 522 - 3200**

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Form: 34	Type: CARGO				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 08/23/2004	To: 08/23/2007	Disposition: Replaced			

Insurance Carrier: TRANSGUARD INSURANCE COMPANY OF AMERICA INC.
Attn: JUDY SIKORSKI, DIRECTOR OF ADMIN
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Form: 34	Type: CARGO				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$5,000 *	
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Form: 34	Type: CARGO				
Policy/Surety Number: TCP110680	Coverage From	\$0	To:	\$5,000 *	
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Insurance Carrier: TRANSGUARD INSURANCE COMPANY OF AMERICA INC.
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Address: 215 SHUMAN BLVD., SUITE 400
NAPERVILLE, IL 60563 US
Telephone: (630) 864 - 8466 Fax: (630) 864 - 3579

Form: 34	Type: CARGO				
Policy/Surety Number: PK201600007944	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 06/13/2016	To: 06/13/2017	Disposition: Cancelled			

Insurance Carrier: NEW YORK MARINE & GENERAL INS. CO.
Attn: PROSIGHT SPECIALTY INSURANCE
Address: 412 M.T KEMBLE AVE, STE: 300C
MORRISTOWN, NJ 07960 US
Telephone: (800) 774 - 2755 Fax: (855) 200 - 1158

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	03/10/2003

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason