

# FMCSA Motor Carrier

USDOT Number: **2228742**  
Docket Number: **MC423598**  
Legal Name: **STREAMLINE, LLC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **189 OLD CORVALLIS RD  
HAMILTON, MT 59840**  
Business Phone: **(406) 363-5233** Business Fax: **Fax: (843) 665-5073**  
Mail Address: **PO BOX 1648  
HAMILTON, MT 59840**  
Mail Phone: **(406) 363-5233** Mail Fax: **Fax: (843) 665-5073** Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>NONE</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>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

Blanket Company: **LOGISTEC/TTS RESIDENT AGENTS SERVICE**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>02/25/2016</b>
Policy/Surety Number: <b>100300845</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>02/25/2016</b>	Cancellation Date:	

Insurance Carrier: **U. S. SPECIALTY INSURANCE COMPANY**  
Attn: **ICC BROKER - RENEWAL DEPARTMENT**  
Address: **801 S. FIGUEROA STREET, SUITE 700  
LOS ANGELES, CA 90017 US**  
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0033**

\* 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:	
Received:		Rejected Reason:			

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## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>IN1300037</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>10/01/2013</b>	To: <b>10/03/2014</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: NAVIGATORS INSURANCE COMPANY  
Attn: LAURA MAURER, SURETY CLAIMS MANAGER  
Address: 1375 E. WOODFIED RD., STE: 720  
SCHAUMBURG, IL 60173 US  
Telephone: (847) 285 - 9023 Fax: (847) 285 - 9003

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>IN1300037</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>10/04/2014</b>	To: <b>03/19/2016</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: NAVIGATORS INSURANCE COMPANY  
Attn: LAURA MAURER, SURETY CLAIMS MANAGER  
Address: 1375 E. WOODFIED RD., STE: 720  
SCHAUMBURG, IL 60173 US  
Telephone: (847) 285 - 9023 Fax: (847) 285 - 9003

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>IN1300037</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>10/04/2014</b>	To: <b>02/25/2016</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: NAVIGATORS INSURANCE COMPANY  
Attn: LAURA MAURER, SURETY CLAIMS MANAGER  
Address: 1375 E. WOODFIED RD., STE: 720  
SCHAUMBURG, IL 60173 US  
Telephone: (847) 285 - 9023 Fax: (847) 285 - 9003

Form: <b>85</b>	Type: <b>TRUST FUND</b>				
Policy/Surety Number: <b>NONE</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>01/22/2002</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>			

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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Form: <b>85</b>	Type: <b>TRUST FUND</b>				
Policy/Surety Number: <b>NONE</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>01/22/2002</b>	To: <b>12/17/2007</b>	Disposition: <b>Name Changed</b>			

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: <b>85</b>	Type: <b>TRUST FUND</b>				
Policy/Surety Number: <b>NONE</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>01/22/2002</b>	To: <b>01/22/2002</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.  
Attn: CLAIMS DEPARTMENT  
Address: 12707 HIGH BLUFF DR. ST. 220  
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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	02/01/2002

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason