

# FMCSA Motor Carrier

USDOT Number: **605418**  
Docket Number: **MC291461**  
Legal Name: **SPRINTER TRUCKING, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **2360 NE STEPHENS STREET  
ROSEBURG, OR 97470**  
Business Phone: **(541) 957-2319** Business Fax: **Fax: (541) 679-0263**  
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>NONE</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>\$750,000</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>NO</b>	Bond on File:	<b>NO</b>		

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

Comments: **FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 1 NAME CHANGED DEC. SERVED 02/02/96.**

## Active/Pending Insurance:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>	Posted Date: 06/10/2004
Policy/Surety Number: <b>CT750800-3604-04</b>	Coverage From: <b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date: <b>06/13/2004</b>	Cancellation Date:	

Insurance Carrier: **SENTRY SELECT INSURANCE COMPANY**  
Attn: **LINDA HAMMERSCHMIDT**  
Address: **1800 NORTH POINT DR  
STEVENS POINT, WI 54481 US**  
Telephone: **(800) 610 - 4888** Fax: **(715) 346 - 8913**

Form: <b>34</b>	Type: <b>CARGO</b>	Posted Date: 06/10/2004
Policy/Surety Number: <b>CT750800-3604-04</b>	Coverage From: <b>\$0</b>	To: <b>\$5,000*</b>
Effective Date: <b>06/13/2004</b>	Cancellation Date:	

Insurance Carrier: **SENTRY SELECT INSURANCE COMPANY**  
Attn: **LINDA HAMMERSCHMIDT**  
Address: **1800 NORTH POINT DR  
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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: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>TP1000227</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>06/11/1995</b>	To: <b>07/31/1997</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier **LEGION INSURANCE COMPANY**  
Attn:  
Address: **ONE LOGAN SQUARE, SUIT 1400**  
**PHILADELPHIA, PA 19103 US**  
Telephone: (215) 963 - 1200 Fax: (215) 963 - 1205

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>TP1000227</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>06/11/1995</b>	To: <b>06/13/1997</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **LEGION INSURANCE COMPANY**  
Attn:  
Address: **ONE LOGAN SQUARE, SUIT 1400**  
**PHILADELPHIA, PA 19103 US**  
Telephone: (215) 963 - 1200 Fax: (215) 963 - 1205

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CT750800-3604-041</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>06/13/2004</b>	To: <b>06/13/2004</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **SENTRY SELECT INSURANCE COMPANY**  
Attn: **LINDA HAMMERSCHMIDT**  
Address: **1800 NORTH POINT DR**  
**STEVENS POINT, WI 54481 US**  
Telephone: (800) 610 - 4888 Fax: (715) 346 - 8913

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>840-111D1017-TIL-02</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/2002</b>	To: <b>06/13/2003</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **TRAVELERS PROPERTY CASUALTY CO. OF AMERICA**  
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**  
Address: **1 TOWER SQUARE, 5GS**  
**HARTFORD, CT 06183 US**  
Telephone: Fax:

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CM0038205</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/2003</b>	To: <b>06/13/2004</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LANCER INSURANCE COMPANY  
Attn: DEANNA GRASS  
Address: 111 CORNING ROAD STE. 180  
CARY, NC 27518 US  
Telephone: (877) 526 - 2377 Fax: (919) 858 - 0932

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>TP1000227</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>06/13/1995</b>	To: <b>06/11/1995</b>	Disposition: <b>Replaced</b>			

Insurance Carrier LEGION INSURANCE COMPANY  
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Address: ONE LOGAN SQUARE, SUIT 1400  
PHILADELPHIA, PA 19103 US  
Telephone: (215) 963 - 1200 Fax: (215) 963 - 1205

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CM0035132</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/2001</b>	To: <b>07/04/2002</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LANCER INSURANCE COMPANY  
Attn: DEANNA GRASS  
Address: 111 CORNING ROAD STE. 180  
CARY, NC 27518 US  
Telephone: (877) 526 - 2377 Fax: (919) 858 - 0932

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CM0035132</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/2001</b>	To: <b>06/13/2002</b>	Disposition: <b>Replaced</b>			

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>MCP3500241-00</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/1998</b>	To: <b>06/13/2001</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier WESTPORT INSURANCE CORPORATION  
Attn: LINDA GRICE  
Address: 5200 METCALF AVE. P.O. BOX 2979  
OVERLAND PARK, KS 66201 US  
Telephone: (913) 676 - 3098 Fax: (913) 676 - 5875

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>9 PR 21</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/13/1997</b>	To: <b>06/18/1998</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier CONTINENTAL WESTERN INSURANCE CO.  
Attn: DORIS ROGERS  
Address: P O BOX 1594  
URBANDALE, IA 50306 US  
Telephone: (515) 473 - 3423 Fax: (515) 473 - 3014

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>IM 201479</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>02/05/1996</b>	To: <b>06/13/2000</b>	Disposition: <b>Replaced</b>			

Insurance Carrier ALBANY INSURANCE COMPANY  
Attn:  
Address: 61 BROADWAY  
NEW YORK, NY 10006 US  
Telephone: Fax: (212) 208 - 4108

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>CM0038205</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/13/2003</b>	To: <b>06/13/2004</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LANCER INSURANCE COMPANY  
Attn: DEANNA GRASS  
Address: 111 CORNING ROAD STE. 180  
CARY, NC 27518 US  
Telephone: (877) 526 - 2377 Fax: (919) 858 - 0932

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Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>IM 201 479</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/13/1995</b>	To: <b>02/05/1996</b>	Disposition: <b>Replaced</b>			

Insurance Carrier ALBANY INSURANCE COMPANY  
Attn:  
Address: 61 BROADWAY  
NEW YORK, NY 10006 US  
Telephone: Fax: (212) 208 - 4108

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>IM011185</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/13/2000</b>	To: <b>06/13/2001</b>	Disposition: <b>Replaced</b>			

Insurance Carrier REPUBLIC VANGUARD INSURANCE COMPANY  
Attn: KATHY CAMPBELL  
Address: 5525 LBJ FREEWAY  
DALLAS, TX 75240 US  
Telephone: (972) 788 - 6801 Fax: (972) 788 - 6609

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>MTC 001205</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/13/2001</b>	To: <b>06/13/2003</b>	Disposition: <b>Replaced</b>			

Insurance Carrier RED SHIELD INSURANCE COMPANY  
Attn: ELAINE BAILEY, SENIOR COMPLIANCE ANALYST  
Address: 1411 SW MORRISON ST, SUITE 400  
PORTLAND, OR 97205-1945 US  
Telephone: (800) 527 - 7397 Fax: (503) 226 - 6017

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**Authority History:**

Sub No.	Authority Type	Original Action	Disposition Action
1	MOTOR PROPERTY COMMON CARRIER	GRANTED	07/05/1995
0	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	06/28/1995

**Pending Application:**

Authority Type	Filed	Status	Insurance	BOC-3
<input type="text"/>				

**Revocation History:**

Authority Type	1st Serve Date	2nd Serve Date	Reason
<input type="text"/>			