

FMCSA Motor Carrier

USDOT Number: **228263**
Docket Number: **MC166867**
Legal Name: **L'EXPRESS DU MIDI, INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **1425 1ST AVENUE
SAINTE-CATHERINE, QC J5C 1C5**
Business Phone: **(450) 638-0654** Business Fax: **Fax: (450) 638-5955**
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **YES**

Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	ACTIVE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: NO
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:	NO	Cargo on File:	YES
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO
Blanket Company:	PROCESS AGENT SERVICE COMPANY, INC.						

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 05/26/2003
Policy/Surety Number: TPP 9993120	Coverage From: \$0	To: \$750,000
Effective Date: 06/01/2003	Cancellation Date:	

Insurance Carrier: **ZURICH AMERICAN INSURANCE COMPANY**
Attn: **MARIA ADAMSKI**
Address: **1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056 US**
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

Form: 34	Type: CARGO	Posted Date: 05/26/2003
Policy/Surety Number: TPP 9993120	Coverage From: \$0	To: \$5,000 *
Effective Date: 06/01/2003	Cancellation Date:	

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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:					

Insurance History:

Form:	91X	Type:	BIPD/Primary	Coverage From:	\$0	To:	\$1,000,000
Policy/Surety Number:	NO802 01 71 675/52						
Effective Date From:	06/18/1993	To:	07/13/2000	Disposition:	Cancelled		

Insurance Carrier TRUCK INSURANCE EXCHANGE
Attn: SERVICE CENTER
Address: 3041 COCHRAN ST.
SIMI VALLEY, CA 93065-2771 US
Telephone: (805) 583 - 7000 Fax: (805) 526 - 4573

Form:	91X	Type:	BIPD/Primary	Coverage From:	\$0	To:	\$750,000
Policy/Surety Number:	RST344757						
Effective Date From:	06/01/2000	To:	06/01/2003	Disposition:	Replaced		

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

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
2	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	11/25/1991
1	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	10/25/1983
0	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	06/09/1983

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Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3
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Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
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