

FMCSA Motor Carrier

USDOT Number: **1943083**
Docket Number: **MC692120**
Legal Name: **IMG TRUCKING INC**
DBA (Doing-Business-As) Name



Addresses

Business Address: **2001 CORNELL AVE
MELROSE PARK, IL 60160**
Business Phone: **(708) 938-5260** Business Fax: **Fax: (708) 938-5696**
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	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:	\$1,000,000	BIPD on File:	\$1,000,000
Cargo Exempt:	NO			Cargo Required:	NO	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: 04/27/2018
Policy/Surety Number: CIL0004802041-8	Coverage From: \$0	To: \$1,000,000
Effective Date: 04/30/2018	Cancellation Date:	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
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: 10/01/2010
Policy/Surety Number: PAC6063246	Coverage From: \$0	To: \$5,000*
Effective Date: 10/01/2010	Cancellation Date:	

Insurance Carrier: PENN-AMERICA INSURANCE COMPANY
Attn: DIANE VEAL
Address: THREE BALA PLAZA, EAST STE300
BALA CYNWYD, PA 19040 US
Telephone: (610) 668 - 3263 Fax: (610) 668 - 6935

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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: PIA05269201	Coverage From	\$0	To:	\$750,000	
Effective Date From: 11/20/2009	To: 10/26/2010	Disposition: Cancelled			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: PIA05269201	Coverage From	\$0	To:	\$750,000	
Effective Date From: 11/20/2009	To: 09/24/2010	Disposition: Replaced			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRK6000415-000	Coverage From	\$0	To:	\$750,000	
Effective Date From: 09/24/2010	To: 11/04/2010	Disposition: Cancelled			

Insurance Carrier: GATEWAY INSURANCE COMPANY
Attn: NICOLE SOLANO
Address: SOLANO 150 NORTHWEST POINT BLVD 3RD
ELK GROVE VILLAGE, IL 60007 US
Telephone: (847) 871 - 6411 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRK6000415-000	Coverage From	\$0	To:	\$750,000	
Effective Date From: 09/24/2010	To: 10/18/2010	Disposition: Replaced			

Insurance Carrier: GATEWAY INSURANCE COMPANY
Attn: NICOLE SOLANO
Address: SOLANO 150 NORTHWEST POINT BLVD 3RD
ELK GROVE VILLAGE, IL 60007 US
Telephone: (847) 871 - 6411 Fax:

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRK6000415-000	Coverage From	\$0	To:	\$750,000	
Effective Date From: 10/18/2010	To: 12/03/2010	Disposition: Cancelled			

Insurance Carrier: GATEWAY INSURANCE COMPANY
Attn: NICOLE SOLANO
Address: SOLANO 150 NORTHWEST POINT BLVD 3RD
ELK GROVE VILLAGE, IL 60007 US
Telephone: (847) 871 - 6411 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRK6000415-000	Coverage From	\$0	To:	\$750,000	
Effective Date From: 10/18/2010	To: 12/01/2010	Disposition: Replaced			

Insurance Carrier: GATEWAY INSURANCE COMPANY
Attn: NICOLE SOLANO
Address: SOLANO 150 NORTHWEST POINT BLVD 3RD
ELK GROVE VILLAGE, IL 60007 US
Telephone: (847) 871 - 6411 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRP1668622 00	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/2010	To: 05/25/2011	Disposition: Cancelled			

Insurance Carrier: GREAT AMERICAN ASSURANCE COMPANY
Attn: CUSTOMER SERVICE
Address: 49 E 4TH STREET, SUITE 300N
CINCINATI, OH 45202 US
Telephone: (800) 643 - 7882 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRP1668622 00	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/2010	To: 04/30/2011	Disposition: Replaced			

Insurance Carrier: GREAT AMERICAN ASSURANCE COMPANY
Attn: CUSTOMER SERVICE
Address: 49 E 4TH STREET, SUITE 300N
CINCINATI, OH 45202 US
Telephone: (800) 643 - 7882 Fax:

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: TRP1668622 00	Coverage From	\$0	To:	\$750,000	
Effective Date From: 12/01/2010	To: 12/01/2010	Disposition: Replaced			

Insurance Carrier: GREAT AMERICAN ASSURANCE COMPANY
Attn: CUSTOMER SERVICE
Address: 49 E 4TH STREET, SUITE 300N
CINCINATI, OH 45202 US
Telephone: (800) 643 - 7882 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: FBCAT0170800	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2011	To: 07/21/2011	Disposition: Cancelled			

Insurance Carrier: ARCH INSURANCE COMPANY
Attn: SERENA BATEMAN/ARCH INSURANCE GROUP, INC.
Address: 30 EAST 7TH STREET, STE: 2200
ST. PAUL, MN 55101 US
Telephone: (651) 855 - 4504 Fax: (203) 388 - 3301

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: FBCAT0170800	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 07/21/2011	To: 04/30/2013	Disposition: Cancelled			

Insurance Carrier: ARCH INSURANCE COMPANY
Attn: SERENA BATEMAN/ARCH INSURANCE GROUP, INC.
Address: 30 EAST 7TH STREET, STE: 2200
ST. PAUL, MN 55101 US
Telephone: (651) 855 - 4504 Fax: (203) 388 - 3301

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: FBCAT0170802	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2013	To: 04/30/2014	Disposition: Cancelled			

Insurance Carrier: ARCH INSURANCE COMPANY
Attn: SERENA BATEMAN/ARCH INSURANCE GROUP, INC.
Address: 30 EAST 7TH STREET, STE: 2200
ST. PAUL, MN 55101 US
Telephone: (651) 855 - 4504 Fax: (203) 388 - 3301

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: PIA07666801	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2014	To: 04/30/2015	Disposition: Replaced			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: PIA07666802	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2015	To: 04/30/2016	Disposition: Replaced			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: PIA07666803	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2016	To: 05/30/2017	Disposition: Cancelled			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: PIA07666803	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2016	To: 04/30/2017	Disposition: Replaced			

Insurance Carrier: CANAL INSURANCE CO.
Attn: AGENT SUPPORT
Address: P O BOX 7
GREENVILLE, SC 29602 US
Telephone: (864) 527 - 6700 Fax: (864) 679 - 2557

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CIL0004802041-7	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 04/30/2017	To: 07/19/2017	Disposition: Cancelled			

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
Attn: CUSTOMER SERVICE
Address: P.O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CIL0004802041-7	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 07/19/2017	To: 04/30/2018	Disposition: Cancelled			

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
Attn: CUSTOMER SERVICE
Address: P.O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 34	Type: CARGO				
Policy/Surety Number: 83 MS KV0659	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 11/20/2009	To: 05/27/2010	Disposition: Cancelled			

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:

Form: 34	Type: CARGO				
Policy/Surety Number: 2791001AT008720I	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 07/22/2010	To: 09/03/2010	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

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Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: CA 7627279	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 09/02/2010	To: 10/01/2010	Disposition: Replaced			

Insurance Carrier: ARTISAN & TRUCKERS CASUALTY COMPANY
 Attn: CUSTOMER SERVICE
 Address: P.O.BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY COMMON CARRIER	REINSTATED	03/14/2011
	MOTOR PROPERTY COMMON CARRIER	GRANTED	12/16/2009 REVOKED 06/02/2010
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	11/25/2009

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	04/30/2010	06/02/2010	INVOLUNTARY REVOCATION