

# FMCSA Motor Carrier

USDOT Number: **1889653**  
Docket Number: **MC680755**  
Legal Name: **KAHBAH LLC**  
DBA (Doing-Business-As) Name



## THIS CARRIER IS OUT OF SERVICE.

### Addresses

Business Address: **9900 GREENBELT ROAD  
LANHAM, MD 20706**  
Business Phone: **(347) 832-6273** Business Fax:  
Mail Address: **P O BOX 30442  
STATEN ISLAND, NY 10303**  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

### Authorities:

Common Authority: <b>INACTIVE</b>	Application Pending: <b>NO</b>	
Contract Authority: <b>NONE</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>\$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>NO</b>	Bond on File: <b>NO</b>

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

### Comments:

### Active/Pending Insurance:

Form:	Type:	Posted Date:	
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Effective Date:	Cancellation Date:		

### Rejected Insurances:

Form:	Type:		
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Received:	Rejected:		
Rejected Reason:			

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### Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>PIA04952001</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>07/14/2009</b>	To: <b>10/09/2009</b>	Disposition: <b>Cancelled</b>			

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: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>PIA04952001</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>10/09/2009</b>	To: <b>11/14/2009</b>	Disposition: <b>Cancelled</b>			

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: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>PIA05283801</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>11/25/2009</b>	To: <b>02/03/2010</b>	Disposition: <b>Cancelled</b>			

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: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CAT2008002701091005</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>02/03/2010</b>	To: <b>07/02/2010</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: FEDERAL MOTOR CARRIERS RISK RETENTION GROUP  
Attn: CARL R SADLER, UNDERWRITING OFFICER  
Address: 5114 ROUTE 33-34 NORTH., PO BOX 906  
FARMINGDALE, NJ 07727 US  
Telephone: (732) 751 - 0444 Fax: (732) 751 - 0800

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### Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CAT2008002701091005</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>07/02/2010</b>	To: <b>11/06/2010</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: FEDERAL MOTOR CARRIERS RISK RETENTION GROUP  
Attn: CARL R SADLER, UNDERWRITING OFFICER  
Address: 5114 ROUTE 33-34 NORTH., PO BOX 906  
FARMINGDALE, NJ 07727 US  
Telephone: (732) 751 - 0444 Fax: (732) 751 - 0800

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>PIA04952001</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>07/14/2009</b>	To: <b>10/09/2009</b>	Disposition: <b>Cancelled</b>			

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: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>PIA04952001</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>10/09/2009</b>	To: <b>11/14/2009</b>	Disposition: <b>Cancelled</b>			

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: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>PIA05283801</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>11/25/2009</b>	To: <b>02/03/2010</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: CANAL INSURANCE CO.  
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### Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>811001-4344776Y</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>02/03/2010</b>	To: <b>11/12/2010</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: PENNSYLVANIA MANUF. ASSOC. INS.  
 Attn: ANGIE MARRARA, COMMERCIAL AUTO UNDERWRITING  
 Address: 380 SENTURY PARKWAY., P.O. BOX 3031  
 BLUE BELL, PA 19422 US  
 Telephone: (610) 397 - 5000 Fax:

\* 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.

### Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY COMMON CARRIER	GRANTED	06/07/2010 OUT OF SERVICE 02/23/2011
	MOTOR PROPERTY COMMON CARRIER	REINSTATED	12/03/2009 REVOKED 11/15/2010
	MOTOR PROPERTY COMMON CARRIER	GRANTED	07/20/2009 REVOKED 11/23/2009

### Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

### Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	10/12/2010	11/15/2010	INVOLUNTARY REVOCATION
COMMON	10/19/2009	11/23/2009	INVOLUNTARY REVOCATION