

# FMCSA Motor Carrier

USDOT Number: **2348008**

Docket Number: **MC801900**

Legal Name: **AARONSON VAN LINES, INC.**

DBA (Doing-Business-As) Name **DISCOUNT INTERSTATE MOVING, INC.**



## Addresses

Business Address: **8200 NW 41ST ST #22  
DORAL, FL 33166**

Business Phone: **(800) 419-6024** Business Fax: **Fax: (800) 419-6025**

Mail Address: **5504 BERRY BLOSSOM WAY E  
WEST PALM BEACH, FL 33415**

Mail Phone: **(800) 930-1197** Mail Fax: **Fax: (800) 419-6025** 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>YES</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>NO</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

**Older process agent filings may not be shown in the database. To inquire if a carrier has process agents, even if they are not shown here, please call (202)358-7069.**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>07/16/2018</b>
Policy/Surety Number: <b>701885</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>07/06/2018</b>	Cancellation Date:	

Insurance Carrier: **UNITED CASUALTY AND SURETY INSURANCE COMPANY**  
Attn: **ROBERT THOMAS**  
Address: **292 NEWBURY STREET - 105  
BOSTON, MA 02115 US**  
Telephone: **(617) 471 - 1112** Fax: **(617) 471 - 1116**

\* 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:		
Rejected Reason:					

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## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>656323C</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>08/04/2016</b>	To: <b>07/30/2017</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: DEVELOPERS SURETY AND INDEMNITY COMPANY  
Attn: CLAIMS DEPARTMENT  
Address: 17771 COWAN , STE: 100  
IRVINE, CA 92614 US  
Telephone: (949) 263 - 3300 Fax: (949) 553 - 8143

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>656323C</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>09/15/2016</b>	To: <b>05/16/2017</b>	Disposition: <b>Name Changed</b>			

Insurance Carrier: DEVELOPERS SURETY AND INDEMNITY COMPANY  
Attn: CLAIMS DEPARTMENT  
Address: 17771 COWAN , STE: 100  
IRVINE, CA 92614 US  
Telephone: (949) 263 - 3300 Fax: (949) 553 - 8143

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>656323C</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>09/15/2016</b>	To: <b>08/04/2016</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: DEVELOPERS SURETY AND INDEMNITY COMPANY  
Attn: CLAIMS DEPARTMENT  
Address: 17771 COWAN , STE: 100  
IRVINE, CA 92614 US  
Telephone: (949) 263 - 3300 Fax: (949) 553 - 8143

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>PB11499803730</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>07/30/2017</b>	To: <b>07/06/2018</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: PHILADELPHIA INDEMNITY INSURANCE COMPANY  
Attn: COMPLIANCE  
Address: ONE BALA PLAZA, SUITE 100  
BALA CYNWYD, PA 19004 US  
Telephone: (610) 617 - 7900 Fax: (610) 617 - 7940

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## Insurance History:

Form: <b>85</b>	Type: <b>TRUST FUND</b>			
Policy/Surety Number: <b>NONE</b>	Coverage From	<b>\$0</b>	To:	<b>\$25,000 *</b>
Effective Date From: <b>09/20/2012</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

Form: <b>85</b>	Type: <b>TRUST FUND</b>			
Policy/Surety Number: <b>NONE</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>
Effective Date From: <b>10/01/2013</b>	To: <b>09/15/2016</b>	Disposition: <b>Replaced</b>		

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.  
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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	HOUSEHOLD GOODS BROKER	GRANTED	12/20/2012
	PROPERTY BROKER	GRANTED	10/11/2012

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason