

# FMCSA Motor Carrier

USDOT Number: **2215486**  
Docket Number: **MC247841**  
Legal Name: **PARTNERSHIP LLC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **500 EAST LORAIN STREET  
OBERLIN, OH 44074**  
Business Phone: **(800) 599-2902** Business Fax:  
Mail Address:  
Mail Phone: Mail Fax: 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>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>\$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>YES</b>		Bond Required: <b>YES</b>	Bond on File: <b>YES</b>

Blanket Company: **ACE LICENSING & PERMITS INC**

Comments: **1/27/04 TRANSFER FILED; CONSUMMATION DUE 2/6/04/**

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>12/11/2015</b>
Policy/Surety Number: <b>2015120191</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>12/08/2015</b>	Cancellation Date:	

Insurance Carrier: **AMERICAN ALTERNATIVE INSURANCE CORPORATION**  
Attn: **TO REPORT A CLAIM CALL 800-305-4954**  
Address: **555 COLLEGE RD E  
PRINCETON, NJ 08540 US**  
Telephone: 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.

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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>RN 4655489</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>02/21/1992</b>	To: <b>05/10/2004</b>	Disposition: <b>Transferred</b>			

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: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>RN 4655489</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>02/21/1992</b>	To: <b>02/21/2004</b>	Disposition: <b>Replaced</b>			

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: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>45BSBCU5639</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>02/21/2004</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>			

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: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>1203404</b>	Coverage From	<b>\$0</b>	To:	<b>\$75,000 *</b>	
Effective Date From: <b>10/01/2013</b>	To: <b>12/08/2015</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: THE CINCINNATI INSURANCE CO.  
Attn: TIMOTHY W. SCHMITTOU  
Address: P O BOX 145496  
CINCINNATI, OH 45214 US  
Telephone: (513) 870 - 2000 Fax: (513) 870 - 2980

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**Authority History:**

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	04/05/2004
0	PROPERTY BROKER	GRANTED	04/28/1992 TRANSFERRED 04/05/2004

**Pending Application:**

Authority Type	Filed	Status	Insurance	BOC-3

**Revocation History:**

Authority Type	1st Serve Date	2nd Serve Date	Reason