

# FMCSA Motor Carrier

USDOT Number: **3246237**  
Docket Number: **MC#####**  
Legal Name: **DAPS TRANSPORT LLC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **5100 WESTHEIMER RD. SUITE 200**  
**HOUSTON, TX 77056**  
Business Phone: **(501) 476-0035** 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:	<b>TRUCKERS NATIONWIDE INC</b>						

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>03/19/2020</b>
Policy/Surety Number: <b>615112208</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>03/18/2020</b>	Cancellation Date:	

Insurance Carrier: **UNITED STATES FIRE INSURANCE CO.**  
Attn: **TO REPORT A CLAIM CALL 888-890-1500**  
Address: **305 MADISON AVE.**  
**MORRISTOWN, NJ 07962-1973 US**  
Telephone: **(973) 490 - 6000** Fax: **(973) 490 - 6448**

\* 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:					

## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$75,000 *
Policy/Surety Number: <b>615998154</b>		Effective Date From: <b>02/22/2019</b>	To: <b>02/28/2020</b>	Disposition: <b>Transferred</b>	

Insurance Carrier: UNITED STATES FIRE INSURANCE CO.  
Attn: TO REPORT A CLAIM CALL 888-890-1500  
Address: 305 MADISON AVE.  
MORRISTOWN, NJ 07962-1973 US  
Telephone: (973) 490 - 6000 Fax: (973) 490 - 6448

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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	03/25/2020
	PROPERTY BROKER	GRANTED	03/08/2019 TRANSFER CONSUMMATED 03/03/2020

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason