

# FMCSA Motor Carrier

USDOT Number: **2352253**  
Docket Number: **MC803573**  
Legal Name: **STUTSMAN LOGISTICS INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **121 LASSIE STREET  
HILLS, IA 52235**  
Business Phone: **(319) 679-2281** 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: **JOY B. FITZGERALD RESIDENT AGENT, INC.**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/01/2013</b>
Policy/Surety Number: <b>IA 598933</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier: **MERCHANTS BONDING COMPANY ( MUTUAL)**  
Attn: **MARANDA GREENWALT**  
Address: **6700 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266-7754 US**  
Telephone: **(800) 678 - 8171** Fax: **(515) 243 - 3854**

\* 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:	\$10,000 *
Policy/Surety Number: <b>BD 7900681053</b>		Effective Date From: <b>10/16/2012</b>	To: <b>05/16/2013</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier: NATIONWIDE MUTUAL INSURANCE COMP  
 Attn: WALT VAN CLEAVE 1-17-03  
 Address: ONE NATIONWIDE PLAZA, PO BOX 18271  
 COLUMBUS, OH 43218 US  
 Telephone: (614) 249 - 4360 Fax: (614) 249 - 7705

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: <b>BD 7900681053</b>		Effective Date From: <b>05/16/2013</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>	

Insurance Carrier: NATIONWIDE MUTUAL INSURANCE COMP  
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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	10/26/2012

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

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## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason