

FMCSA Motor Carrier

USDOT Number: **2366725**
Docket Number: **MC811490**
Legal Name: **BAYE & PRUITT TRANSPORT LLC**
DBA (Doing-Business-As) Name



Addresses

Business Address: **10820 CENTRAL PIKE
MOUNT JULIET, TN 37122**
Business Phone: **(615) 448-7223** Business Fax:
Mail Address:
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	ACTIVE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: NO
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$1,000,000	BIPD on File:	\$1,000,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO
Blanket Company:	SKB TRUCKING PERMITS & LOGISTICS, INC						

Comments:

Active/Pending Insurance:

Form:	91X	Type:	BIPD/Primary	Posted Date:	06/07/2016
Policy/Surety Number:	74TRS064930	Coverage From:	\$0	To:	\$1,000,000
Effective Date:	06/07/2016	Cancellation Date:	06/07/2017		

Insurance Carrier: **NATIONAL INDEMNITY COMPANY OF THE SOUTH**
Attn: **FILING ADMINISTRATOR**
Address: **1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944 US**
Telephone: **(866) 720 - 7861** Fax:

Rejected Insurances:

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

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Insurance History:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA 1999237	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/30/2012	To: 12/31/2014	Disposition: Cancelled	

Insurance Carrier: PROGRESSIVE HAWAII INSURANCE CORP
Attn: CUSTOMER SERVICE
Address: P. O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA 1999237	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/31/2014	To: 06/16/2016	Disposition: Cancelled	

Insurance Carrier: PROGRESSIVE HAWAII INSURANCE CORP
Attn: CUSTOMER SERVICE
Address: P. O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA 1999237	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/31/2014	To: 06/07/2016	Disposition: Replaced	

Insurance Carrier: PROGRESSIVE HAWAII INSURANCE CORP
Attn: CUSTOMER SERVICE
Address: P. O. BOX 94739
CLEVELAND, OH 44101 US
Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	01/18/2013

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

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Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason