

# FMCSA Motor Carrier

USDOT Number: **970909**  
Docket Number: **MC413507**  
Legal Name: **DENVER LINCOLN LIMOUSINE, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **4950 SOUTH YOSEMITE STREET F2-216  
GREENWOOD VILLAGE, CO 80111**  
Business Phone: **(303) 741-5466** Business Fax: **Fax: (303) 861-5466**  
Mail Address: **4950 SOUTH YOSEMITE STREET F2-216  
GREENWOOD VILLAGE, CO 80111**  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>YES</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>\$1,500,000</b>	BIPD on File:	<b>\$1,500,000</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>NO</b>	Bond on File:	<b>NO</b>
Blanket Company:	<b>LOGISTEC/TTS RESIDENT AGENTS SERVICE</b>						

## Comments:

## Active/Pending Insurance:

Form:	<b>91X</b>	Type:	<b>BIPD/Primary</b>	Posted Date:	<b>02/03/2012</b>
Policy/Surety Number:	<b>BA724856</b>	Coverage From:	<b>\$0</b>	To:	<b>\$1,500,000</b>
Effective Date:	<b>02/03/2012</b>	Cancellation Date:			

Insurance Carrier: **AMERICAN SOUTHERN INSURANCE CO.**  
Attn:  
Address: **3715 NORTHSIDE PKWY, PO BOX 723030  
ATLANTA, GA 30339 US**  
Telephone: **(404) 266 - 9599** Fax: **(404) 266 - 8327**

## Rejected Insurances:

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

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>GLA917418902</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>01/03/2012</b>	To: <b>02/03/2012</b>	Disposition: <b>Replaced</b>	

Insurance Carrier ZURICH AMERICAN INSURANCE COMPANY  
Attn: MARIA ADAMSKI  
Address: 1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056 US  
Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>GLA9174189-01</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>02/03/2010</b>	To: <b>07/09/2010</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier ZURICH AMERICAN INSURANCE COMPANY  
Attn: MARIA ADAMSKI  
Address: 1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056 US  
Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CAOL008334</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>02/03/2006</b>	To: <b>04/21/2006</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier NATIONAL CASUALTY COMPANY  
Attn: JIM CARNEY  
Address: 8877 N. GAINEY CTR DR, PO BOX 4110  
SCOTTSDALE, AZ 85261 US  
Telephone: (480) 948 - 0505 Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>BAP9174189</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>02/03/2009</b>	To: <b>02/03/2010</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier ZURICH AMERICAN INSURANCE COMPANY  
Attn: MARIA ADAMSKI  
Address: 1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056 US  
Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TP216081</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>02/19/2002</b>	To: <b>01/07/2003</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NORTHLAND INSURANCE COMPANY**  
Attn:  
Address: **385 WASHINGTON STREET MAIL CODE 103**  
**ST. PAUL, MN 55102-1309 US**  
Telephone: **(651) 310 - 4100** Fax: **(651) 310 - 4949**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CAOL008334</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>04/21/2006</b>	To: <b>09/12/2006</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NATIONAL CASUALTY COMPANY**  
Attn: **JIM CARNEY**  
Address: **8877 N. GAINEY CTR DR, PO BOX 4110**  
**SCOTTSDALE, AZ 85261 US**  
Telephone: **(480) 948 - 0505** Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>GLA9174189</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>07/09/2010</b>	To: <b>07/30/2010</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **ZURICH AMERICAN INSURANCE COMPANY**  
Attn: **MARIA ADAMSKI**  
Address: **1400 AMERICAN LANE**  
**SCHAUMBURG, IL 60196-1056 US**  
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>GLA9174189</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>07/30/2010</b>	To: <b>01/03/2012</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **ZURICH AMERICAN INSURANCE COMPANY**  
Attn: **MARIA ADAMSKI**  
Address: **1400 AMERICAN LANE**  
**SCHAUMBURG, IL 60196-1056 US**  
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TP212415</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>08/09/2001</b>	To: <b>02/19/2002</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NORTHLAND INSURANCE COMPANY**

Attn:

Address: **385 WASHINGTON STREET MAIL CODE 103  
ST. PAUL, MN 55102-1309 US**

Telephone: **(651) 310 - 4100** Fax: **(651) 310 - 4949**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CAOL008334</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>09/12/2006</b>	To: <b>10/18/2006</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NATIONAL CASUALTY COMPANY**

Attn: **JIM CARNEY**

Address: **8877 N. GAINEY CTR DR, PO BOX 4110  
SCOTTSDALE, AZ 85261 US**

Telephone: **(480) 948 - 0505** Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>CAOL008334</b>	Coverage From	<b>\$0</b>	To: <b>\$1,500,000</b>
Effective Date From: <b>10/18/2006</b>	To: <b>02/03/2007</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NATIONAL CASUALTY COMPANY**

Attn: **JIM CARNEY**

Address: **8877 N. GAINEY CTR DR, PO BOX 4110  
SCOTTSDALE, AZ 85261 US**

Telephone: **(480) 948 - 0505** Fax:

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PASSENGER COMMON CARRIER	REINSTATED	01/25/2012
	MOTOR PASSENGER COMMON CARRIER	REINSTATED	04/15/2011 REVOKED 01/09/2012
	MOTOR PASSENGER COMMON CARRIER	GRANTED	02/10/2010 REVOKED 04/04/2011
	MOTOR PROPERTY CONTRACT CARRIER	DISMISSED	09/07/2001

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Authority History:			
Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PASSENGER COMMON CARRIER	DISMISSED	09/07/2001

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	12/07/2011	01/09/2012	INVOLUNTARY REVOCATION
COMMON	02/28/2011	04/04/2011	INVOLUNTARY REVOCATION