FMCSA Motor Carrier

USDOT Number: **2896429**Docket Number: **MC973476**

Legal Name: WESTFIELD TRANSPORT INC

DBA (Doing-Business-As) Name



Addresses

Business Address: 90 ALLISON LANE

WEST SPRINGFIELD, MA 01089

Business Phone: (413) 977-8383 Business Fax:

Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority: ACTIVE Application Pending: NO

Contract Authority: NONE Application Pending: NO Application Pending: NO 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: EVILSIZOR PROCESS SERVERS LLC

Comments:

Active/Pending Insurance:

Form: 91X Type: BIPD/Primary Posted Date: 08/22/2017

Policy/Surety Number: CSC00001003760 Coverage From: \$0 To: \$1,000,000

Effective Date: **08/25/2017** Cancellation Date:

Insurance Carrier PILGRIM INSURANCE COMPANY

Attn: BARRY TAGEN

Address: 695 ATLANTIC AVENUE

BOSTON, MA 02111 US

Telephone: (617) 956 - 6210 Fax: (617) 956 - 6423

Rejected Insurances:

Form: Type:

Policy/Surety Number: Coverage From: \$0 To: \$0

Received: Rejected:

Rejected Reason:

Run Date: June 23, 2019 Page 1 of 2 Data Source: Licensing and Insurance li_carrier

FMCSA Motor Carrier

USDOT Number: 2896429 Docket Number: MC973476

WESTFIELD TRANSPORT INC Legal Name:

DBA (Doing-Business-As) Name



Insurance History:

91X Type: **BIPD/Primary** Form:

Policy/Surety Number: TR 3H782651 \$0 To: \$1,000,000 Coverage From

Effective Date From: 06/28/2016 To: 08/31/2016 Disposition: Replaced

Insurance Carrier: THE CHARTER OAK FIRE INSURANCE CO.

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: 1 TOWER SQUARE -5GS

HARTFORD, CT 06183 US

Telephone: Fax:

Form: 91X Type: **BIPD/Primary**

\$0 Policy/Surety Number: CA 3899655 \$1.000.000 Coverage From To:

To: 08/25/2017 Disposition: Replaced Effective Date From: 08/31/2016

Insurance Carrier PROGRESSIVE CASUALTY INSURANCE COMPANY

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

COMMON CARRIER **GRANTED** 07/08/2016

Pending Application:

Filed Authority Type Status BOC-3 Insurance

Revocation History:

Reason **Authority Type** 1st Serve Date 2nd Serve Date

Run Date: June 23, 2019

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