

# FMCSA Motor Carrier

USDOT Number: **3173413**  
Docket Number: **MC120384**  
Legal Name: **CHANCER**



DBA (Doing-Business-As) Name

## Addresses

Business Address: **230 S MAIN ST  
MOWEAQUA, IL 62550**  
Business Phone: **2177683531** Business Fax: **Fax: 2177683539**  
Mail Address:

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>YES</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>\$5,000,000</b> | BIPD on File: | <b>\$5,000,000</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: **TRUCKERS NATIONWIDE INC**

## Comments:

## Active/Pending Insurance:

|   |                           |                                |
|---|---------------------------|--------------------------------|
| Form: <b>91X</b>                            | Type: <b>BIPD/Primary</b> | Posted Date: <b>09/05/2019</b> |
| Policy/Surety Number: <b>151905 1028901</b> | Coverage From: <b>\$0</b> | To: <b>\$5,000,000</b>         |
| Effective Date: <b>08/31/2019</b>           | Cancellation Date:        |                                |

Insurance Carrier: **MANUFACTURERS ALLIANCE INSURANCE COMPANY**  
Attn: **CAROL R. UNDERHILL**  
Address: **380 SENTRY PARKWAY., P. O. BOX 3031  
BLUE BELL, PA 19422-0754 US**  
Telephone: **(610) 397 - 5294** Fax: **(610) 397 - 5393**

## Rejected Insurances:

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

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## Insurance History:

|   |                           |                               |     |                    |  |
|---|---------------------------|-------------------------------|-----|--------------------|--|
| Form: <b>91X</b>                            | Type: <b>BIPD/Primary</b> |                               |     |                    |  |
| Policy/Surety Number: <b>151801 1028901</b> | Coverage From             | <b>\$0</b>                    | To: | <b>\$5,000,000</b> |  |
| Effective Date From: <b>09/07/2018</b>      | To: <b>08/31/2019</b>     | Disposition: <b>Cancelled</b> |     |                    |  |

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|   |                           |                              |     |                    |  |
|---|---------------------------|------------------------------|-----|--------------------|--|
| Form: <b>91X</b>                            | Type: <b>BIPD/Primary</b> |                              |     |                    |  |
| Policy/Surety Number: <b>151901 1028901</b> | Coverage From             | <b>\$0</b>                   | To: | <b>\$5,000,000</b> |  |
| Effective Date From: <b>08/31/2019</b>      | To: <b>08/31/2019</b>     | Disposition: <b>Replaced</b> |     |                    |  |

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## Authority History:

| Sub No. | Authority Type                    | Original Action | Disposition Action |
|---------|-----------------------------------|-----------------|--------------------|
|         | MOTOR PASSENGER<br>COMMON CARRIER | GRANTED         | 04/23/2020         |
|         | MOTOR PROPERTY<br>COMMON CARRIER  | GRANTED         | 04/23/2020         |
|         | MOTOR PASSENGER<br>COMMON CARRIER | GRANTED         | 09/13/2018         |

## Pending Application:

| Authority Type | Filed | Status | Insurance | BOC-3 |
|----------------|-------|--------|-----------|-------|
|                |       |        |           |       |

## Revocation History:

| Authority Type | 1st Serve Date | 2nd Serve Date | Reason |
|----------------|----------------|----------------|--------|
|                |                |                |        |