

# FMCSA Motor Carrier

USDOT Number: **2955814**  
Docket Number: **MC001801**  
Legal Name: **NFA HOLDINGS INC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **47 CHERRYWOOD CIRCLE  
BRICK, NJ 08724**  
Business Phone: **(973) 773-6800** Business Fax: **Fax: (888) 603-1076**  
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: **DOTPROCESSAGENTS.COM LLC**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>12/20/2016</b>
Policy/Surety Number: <b>656492C</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>
Effective Date: <b>01/10/2017</b>	Cancellation Date:	

Insurance Carrier: **DEVELOPERS SURETY AND INDEMNITY COMPANY**  
Attn: **KATHERINE WEE-SEO, CLAIMS ASST**  
Address: **17771 COWAN , STE: 100  
IRVINE, CA 92614 US**  
Telephone: **(949) 263 - 3338** Fax: **(949) 553 - 8143**

\* 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:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Effective Date From:	To:	Disposition:	

Insurance Carrier:  
 Attn:  
 Address:

Telephone:                      Fax:

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	01/10/2017

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason