

# FMCSA Motor Carrier

USDOT Number: **2215735**  
Docket Number: **MC254050**  
Legal Name: **ECLIPSE TRANSERVICES CORPORATION**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **513 EAST COURT STREET-2ND FLOOR  
BEATRICE, NE 68310-0068**  
Business Phone: **(402) 223-2411** Business Fax: **Fax: (402) 223-2401**  
Mail Address: **P O BOX 68  
BEATRICE, NE 68310-0068**  
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>\$1,000,000</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: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments: **FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 0**

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/01/2013</b>
Policy/Surety Number: <b>1000977136</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier: **AMERICAN CONTRACTORS INDEMNITY COMPANY**  
Attn: **ICC BROKER - RENEWAL DEPARTMENT**  
Address: **601 S. FIGUEROA STREET, SUITE 1600  
LOS ANGELES, CA 90017 US**  
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0033**

\* 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: <b>85</b>	Type: <b>TRUST FUND</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number:		Effective Date From:	<b>10/02/1992</b>	To:	<b>10/01/2013</b>
		Disposition:	<b>Replaced</b>		

Insurance Carrier: CITIZENS STATE BANK  
 Attn:  
 Address: BOX 85  
 VIRGINIA, NE 68458 US  
 Telephone: Fax:

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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	MOTOR PROPERTY COMMON CARRIER	DISMISSED	10/10/1996
0	MOTOR PROPERTY CONTRACT CARRIER	DISMISSED	10/10/1996
0	PROPERTY BROKER	GRANTED	10/15/1992

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason