

FMCSA Motor Carrier

USDOT Number: **1634283**
Docket Number: **MC602555**
Legal Name: **SK-MK INC**



DBA (Doing-Business-As) Name

Addresses

Business Address: **51785 MILANO DR
MACOMB, MI 48042**
Business Phone: **(586) 786-3088** Business Fax: **Fax: (586) 786-3090**
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO	
Contract Authority:	NONE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: NO
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$750,000	BIPD on File:	\$750,000
Cargo Exempt:	NO	Cargo Required:	YES	Cargo on File:	YES		
BOC-3:	YES	Bond Required:	NO	Bond on File:	NO		

Blanket Company: **ALL AMERICAN AGENTS OF PROCESS**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 07/18/2008
Policy/Surety Number: 47-677049-00	Coverage From: \$0	To: \$750,000
Effective Date: 06/03/2008	Cancellation Date:	

Insurance Carrier: **AUTO OWNERS INSURANCE COMPANY**
Attn: **ATTN:HOME OFFICE COMMERCIAL AUTOMOBILE MGR.**
Address: **P O BOX 30660
LANSING, MI 48909-8160 US**
Telephone: **(517) 323 - 1200** Fax: **(517) 323 - 8796**

Form: 34	Type: CARGO	Posted Date: 09/16/2008
Policy/Surety Number: 6685554	Coverage From: \$0	To: \$5,000*
Effective Date: 08/15/2008	Cancellation Date:	

Insurance Carrier: **FEDERAL INSURANCE CO.**
Attn: **STEPHEN D. JACOBSON, AUTO TEAM MANAGER**
Address: **15 MOUNTAIN VIEW ROAD, BOX 1615
WARREN, NJ 07059 US**
Telephone: **(908) 903 - 2000** Fax: **(908) 903 - 2027**

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Note:

* 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 and \$10,000 for bond/trust fund).
The carrier may actually have higher levels of coverage.

Rejected Insurances:

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

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 5848856	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 06/27/2007	To: 08/13/2008	Disposition: Cancelled			

Insurance Carrier **PROGRESSIVE MICHIGAN INSURANCE COMPANY**
Attn: **CUSTOMER SERVICE**
Address: **P.O. BOX 94739**
CLEVELAND, OH 44101 US
Telephone: **(800) 444 - 4487** Fax: **(444) 603 - 4555**

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 5848856	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 06/27/2007	To: 06/03/2008	Disposition: Replaced			

Insurance Carrier **PROGRESSIVE MICHIGAN INSURANCE COMPANY**
Attn: **CUSTOMER SERVICE**
Address: **P.O. BOX 94739**
CLEVELAND, OH 44101 US
Telephone: **(800) 444 - 4487** Fax: **(444) 603 - 4555**

Form: 34	Type: CARGO				
Policy/Surety Number: IMN03811	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 06/27/2007	To: 09/26/2008	Disposition: Cancelled			

Insurance Carrier **ESSEX INSURANCE COMPANY**
Attn: **HELEN LAMBERT, VP INLAND MARINE**
Address: **4521 HIGHWOODS PARKWAY**
GLEN ALLEN, VA 23060-6148 US
Telephone: **(804) 273 - 1400** Fax: **(804) 273 - 1435**

Form: 34	Type: CARGO				
Policy/Surety Number: IMN03811	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 06/27/2007	To: 08/15/2008	Disposition: Replaced			

Insurance Carrier **ESSEX INSURANCE COMPANY**
Attn: **HELEN LAMBERT, VP INLAND MARINE**
Address: **4521 HIGHWOODS PARKWAY**
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Insurance History:

Form: 85	Type: TRUST FUND	
Policy/Surety Number: NONE	Coverage From: \$0	To: \$10,000 *
Effective Date From: 09/27/2007	To: 10/28/2007	Disposition: Cancelled

Insurance Carrier: **PACIFIC FINANCIAL ASSOCIATION, INC.**
Attn: **J. PENNY LARSON, PRESIDENT**
Address: **12707 HIGH BLUFF DR. ST. 220**
SAN DIEGO, CA 92130 US
Telephone: **(800) 595 - 2615** Fax: **(623) 209 - 2610**

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Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY COMMON CARRIER	GRANTED	07/06/2007

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason