

RECEIVED

SEP 02 2014

WASH. UT. & TP. COMM

### Common Carrier Broker Registration - Application

Application Fee: \$25.00

**TYPE OF OPERATION:** (Check all that apply)  Forwarder  Broker (Intrastate)  Broker (Interstate FMCSA)

**BOND IN THE AMOUNT OF \$10,000 MUST ACCOMPANY THIS REGISTRATION APPLICATION**

Applicant Name: FSA Network Inc.

Trade Name (if any): \_\_\_\_\_

Mailing Address: 1545 North Park Drive Weston, FL 33326

Physical Address (if different than mailing address): \_\_\_\_\_

Phone Number: 954-349-2755

Fax Number: 945-349-2766

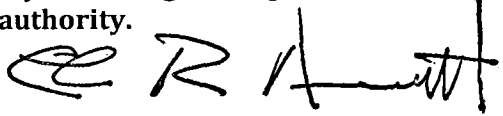
U.B.I. Number: 602086568 State of Incorporation: Delaware US DOT number: 23610 236410

**Type of Business Structure:**  Individual  Partnership  Corporation (LP, LLP, LLC)

Name	Title	Stock Distribution or Percentage of Share
Charles Annett	CEO	81.52%
Leticia Annett	Executive Vice President	17.43%
Catherine Schwab	Executive Vice President/Treasurer	1.05%

Have you held a permit or registration from this Commission?  No  Yes-If yes, permit #1722 from 2003.

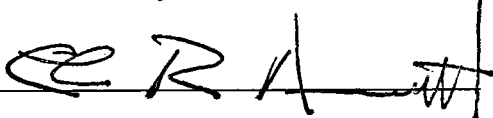
If you are registering as a FMCSA regulated broker, you must attach a copy of your bond and operating authority.



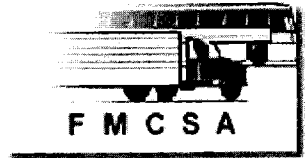
CEO  
Title

08/27/2014  
Date

Signature of Applicant

TYPE OF PAYMENT		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Amount: \$ 25.00		Expiration Date Month/Year
<p><i>CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.</i></p>		
Cardholder's signature: 	Date: 08/27/2014	
Reception #	Received Date: 08/27/14	ID: 16636
111 0268 200 02	Bond	Docket No. 143265
111 0268 032 05	FMCSA	Employee MD

# FMCSA Motor Carrier



JSDOT Number: **236410**  
Docket Number: **MC193665**  
Legal Name: **FSA NETWORK, INC.**  
DBA (Doing-Business-As) Name

## Addresses

Business Address: **1545 NORTH PARK DR SUITE # 101  
WESTON, FL 33326**  
Business Phone: **(503) 667-6321** Business Fax:  
Mail Address: **1545 NORTH PARK DR STE 101  
WESTON, FL 33326**

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

## Authorities

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>ACTIVE</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>\$750,000</b>	BIPD on File:	<b>\$750,000</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>YES</b>	Cargo on File:	<b>YES</b>
OC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

Blanket Company: **NATIONAL RESIDENT AGENT SERVICE, INC.**

Comments: **CHGED NM FROM A & F TRANSPORTATION, INC. DEC. PENDING**

## Active/Pending Insurance:

Form: <b>91</b>	Type: <b>BIPD</b>	Posted Date: <b>06/30/2014</b>
Policy/Surety Number: <b>CA43600222</b>	Coverage From: <b>\$0</b>	To: <b>\$0</b>
Effective Date: <b>07/01/2014</b>	Cancellation Date:	

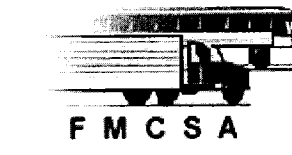
Insurance Carrier: **JAMES RIVER INSURANCE COMPANY**  
Attn: **CHRISTY MILLER**  
Address: **6641 WEST BROAD ST, STE 300  
RICHMOND, VA 23230 US**  
Telephone: **(804) 289 - 2713** Fax: **(804) 420 - 1044**

Form: <b>34</b>	Type: <b>CARGO</b>	Posted Date: <b>08/05/2014</b>
Policy/Surety Number: <b>1001562BN</b>	Coverage From: <b>\$0</b>	To: <b>\$5,000*</b>
Effective Date: <b>07/07/2014</b>	Cancellation Date:	

Insurance Carrier: **CONTINENTAL WESTERN INSURANCE CO.**  
Attn: **MIKE MESTDAGH**  
Address: **P O BOX 1594  
URBANDALE, IA 50306 US**  
Telephone: **(515) 473 - 3423** Fax: **(515) 473 - 3014**

# F M C S A Motor Carrier

JSDOT Number: **236410**  
Jockey Number: **MC193665**  
Legal Name: **FSA NETWORK, INC.**  
DBA (Doing-Business-As) Name



## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/08/2013</b>
Policy/Surety Number: <b>1001000418</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

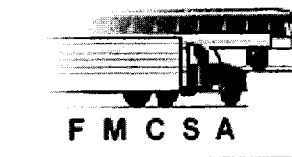
Insurance Carrier: **AMERICAN CONTRACTORS INDEMNITY COMPANY**  
Attn: **ICC BROKER - RENEWAL DEPARTMENT**  
Address: **601 S. FIGUEROA STREET, SUITE 1600**  
**LOS ANGELES, CA 90017 US**  
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0033**

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.

## Rejected Insurances:

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

# F M C S A Motor Carrier



JSDOT Number: **236410**  
Jockey Number: **MC193665**  
Legal Name: **FSA NETWORK, INC.**  
DBA (Doing-Business-As) Name

## Insurance History:

Form: <b>91</b>	Type: <b>BIPD</b>				
Policy/Surety Number: <b>4101CP 66367</b>	Coverage From	<b>\$0</b>	To:	<b>\$750,000</b>	
Effective Date From: <b>12/07/1992</b>	To: <b>09/14/1995</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: **VALLEY INSURANCE COMPANY**  
Attn: **SHERRY AZNARAN**  
Address: **P O BOX 655028**  
**DALLAS, TX 75265 US**  
Telephone: **(214) 360 - 8024** Fax: **(214) 360 - 8079**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>BA8547527</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>07/01/2000</b>	To: <b>01/21/2001</b>	Disposition: <b>Name Changed</b>			

Insurance Carrier: **SAFECO INSURANCE COMPANY OF AMERICA**  
Attn: **HO SURETY**  
Address: **SAFECO PLAZA., P. O. BOX 34754**  
**SEATTLE, WA 98124 US**  
Telephone: **(206) 473 - 3799** Fax: **(425) 376 - 6533**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>BA 8547427</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>01/01/2001</b>	To: <b>07/01/2006</b>	Disposition: <b>Replaced</b>			

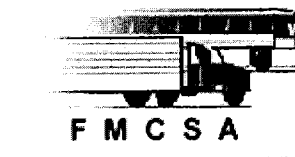
Insurance Carrier: **ONEBEACON INSURANCE COMPANY**  
Attn: **JAN NEWAY**  
Address: **1051 TEXAS ST**  
**SALEM, VA 24153 US**  
Telephone: **(781) 332 - 7356** Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>01-CG-349623</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>07/01/2006</b>	To: <b>07/01/2009</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: **AMERICAN STATES INSURANCE CO.**  
Attn: **HO SURETY**  
Address: **SAFECO PLAZA., P. O. BOX 34754**  
**SEATTLE, WA 98124 US**  
Telephone: **(206) 473 - 3799** Fax: **(425) 376 - 6533**

# FMCSA Motor Carrier

JSDOT Number: **236410**  
Jockey Number: **MC193665**  
Legal Name: **FSA NETWORK, INC.**  
DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: <b>MR-7347N29A-09-CAG</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>	
Effective Date From: <b>07/01/2009</b>	To: <b>07/01/2011</b>	Disposition: <b>Replaced</b>		

Insurance Carrier: **THE TRAVELERS INDEMNITY CO. OF CONNECTICUT**  
Attn: **PLEASE CONTACT YOU LOCAL AGENT**  
Address: **1 TOWER SQUARE - 5GS**  
**HARTFORD, CT 06183 US**  
Telephone: **(860) 277 - 2682** Fax: **(860) 277 - 3674**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: <b>Y-810-5624N774-COF</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>	
Effective Date From: <b>07/01/2011</b>	To: <b>07/01/2012</b>	Disposition: <b>Replaced</b>		

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: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: <b>9595498</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>	
Effective Date From: <b>07/01/2012</b>	To: <b>07/18/2014</b>	Disposition: <b>Cancelled</b>		

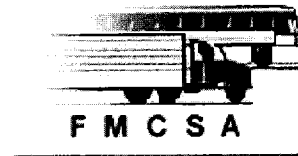
Insurance Carrier: **AMERICAN ZURICH INSURANCE COMPANY**  
Attn: **MARIA ADAMSKI**  
Address: **1400 AMERAN LANE TI-18**  
**SCHAUMBURG, IL 60196 US**  
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: <b>9595498</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>	
Effective Date From: <b>07/01/2012</b>	To: <b>07/01/2014</b>	Disposition: <b>Replaced</b>		

Insurance Carrier: **AMERICAN ZURICH INSURANCE COMPANY**  
Attn: **MARIA ADAMSKI**  
Address: **1400 AMERAN LANE TI-18**  
**SCHAUMBURG, IL 60196 US**  
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

# FMCSA Motor Carrier

JSDOT Number: **236410**  
Docket Number: **MC193665**  
Legal Name: **FSA NETWORK, INC.**  
DBA (Doing-Business-As) Name



## Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>BA8547527</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>07/01/2000</b>	To: <b>01/21/2001</b>	Disposition: <b>Name Changed</b>			

Insurance Carrier: **SAFECO INSURANCE COMPANIES**  
Attn: **SHANNON HOCKETT**  
Address: **P.O. BOX 34655**  
**SEATTLE, WA 98124 US**  
Telephone: Fax:

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>01-CG-346264</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>07/01/2006</b>	To: <b>07/01/2009</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: **AMERICAN STATES INSURANCE CO.**  
Attn: **HO SURETY**  
Address: **SAFECO PLAZA., P. O. BOX 34754**  
**SEATTLE, WA 98124 US**  
Telephone: **(206) 473 - 3799** Fax: **(425) 376 - 6533**

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>QT 660 9479B583</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>10/15/2009</b>	To: <b>07/01/2012</b>	Disposition: <b>Replaced</b>			

Insurance Carrier: **TRAVELERS PROPERTY CASUALTY CO. OF AMERICA**  
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**  
Address: **1 TOWER SQUARE, 5GS**  
**HARTFORD, CT 06183 US**  
Telephone: Fax:

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>9595498</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>07/01/2012</b>	To: <b>07/18/2014</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier: **AMERICAN ZURICH INSURANCE COMPANY**  
Attn: **MARIA ADAMSKI**  
Address: **1400 AMERAN LANE TI-18**  
**SCHAUMBURG, IL 60196 US**  
Telephone: **(800) 821 - 4635** Fax: **(410) 261 - 7955**

# F M C S A Motor Carrier



JSDOT Number: **236410**  
 Docket Number: **MC193665**  
 Legal Name: **FSA NETWORK, INC.**  
 DBA (Doing-Business-As) Name

## Insurance History:

Form: <b>84</b>	Type: <b>SURETY</b>				
Policy/Surety Number: <b>1000892009</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>	
Effective Date From: <b>08/02/2012</b>	To: <b>10/01/2013</b>	Disposition: <b>Cancelled</b>			

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.

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY CONTRACT CARRIER	REINSTATED	08/11/2014
	MOTOR PROPERTY CONTRACT CARRIER	REINSTATED	12/10/2009 REVOKED 07/28/2014
	PROPERTY BROKER	GRANTED	08/08/2012
	MOTOR PROPERTY CONTRACT CARRIER	REINSTATED	01/08/2001 REVOKED 07/07/2009
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	09/26/1986 REVOKED 10/18/1996

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
CONTRACT	06/23/2014	07/28/2014	INVOLUNTARY REVOCATION
CONTRACT	06/04/2009	07/07/2009	INVOLUNTARY REVOCATION
CONTRACT	10/02/1995	10/18/1996	INVOLUNTARY REVOCATION