

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: **OBSURETY**
TRANSMISSION NUMBER: **WEB40653**
TRANSMITTED ON: **01/05/2017 14:06:54**

COMPANY NAME: **ATLANTIC SPECIALTY INSURANCE COMPANY**
SUMMITTED BY: **ATLANTIC SPECIALTY INSURANCE COMPANY (25123-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-140665	BMC-84/SURETY	800006736	12/31/2016	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: NEW PRIME, INC.
DBA Name: PRIME, INC.
Address: 2740 N MAYFAIR AVENUE
SPRINGFIELD MO US 65803
PO BOX 4208
SPRINGFIELD MO US 65808

91X Coverage(Type/Max/Underlying):

Total: 1

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Total: 1