AGENCY CUSTOMER ID: _____

TRUCKERS / MOTOR CARRIER SUPPLEMENT

REQUEST FOR STATE / FEDERAL FILING ACTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
INSURED IDENTIFICATION NAME (SAME AS ON POLICY)		ADDRESS (SAME AS ON POLICY)	

IF NAME / ADDRESS ON REQUESTED FILING SHOULD READ DIFFERENTLY THAN POLICY, PLEASE EXPLAIN ☐ NOT APPLICABLE

POLICY INFORMATION

LIABILITY POLICY #	LIABILITY LIMIT	EFFECTIVE DATE	IF ICC-REGULATED
	$		BASE STATE
CARGO POLICY #	CARGO LIMIT	EFFECTIVE DATE	
	$		

TYPE OF AUTHORITY

DIRECTIONS: FOR EACH COVERAGE TYPE, MARK THE BOX TO THE LEFT OF THE CODE THAT APPLIES (I = INTRA; E = EXEMPT) FOR EACH STATE FOR WHICH A FILING IS REQUESTED.

STATE	LIABILITY		CARGO		STATE	LIABILITY		CARGO		STATE	LIABILITY		CARGO		STATE	LIABILITY		CARGO	
AL	☐ I ☐ E		☐ I ☐ E		IN	☐ I ☐ E		☐ I ☐ E		NE	☐ I ☐ E		☐ I ☐ E		RI	☐ I ☐ E		☐ I ☐ E	
AK	☐ I ☐ E		☐ I ☐ E		IA	☐ I ☐ E		☐ I ☐ E		NV	☐ I ☐ E		☐ I ☐ E		SC	☐ I ☐ E		☐ I ☐ E	
AZ	☐ I ☐ E		☐ I ☐ E		KS	☐ I ☐ E		☐ I ☐ E		NH	☐ I ☐ E		☐ I ☐ E		SD	☐ I ☐ E		☐ I ☐ E	
AR	☐ I ☐ E		☐ I ☐ E		KY	☐ I ☐ E		☐ I ☐ E		NJ	☐ I ☐ E		☐ I ☐ E		TN	☐ I ☐ E		☐ I ☐ E	
CA	☐ I ☐ E		☐ I ☐ E		LA	☐ I ☐ E		☐ I ☐ E		NM	☐ I ☐ E		☐ I ☐ E		TX	☐ I ☐ E		☐ I ☐ E	
CO	☐ I ☐ E		☐ I ☐ E		ME	☐ I ☐ E		☐ I ☐ E		NY	☐ I ☐ E		☐ I ☐ E		UT	☐ I ☐ E		☐ I ☐ E	
CT	☐ I ☐ E		☐ I ☐ E		MD	☐ I ☐ E		☐ I ☐ E		NC	☐ I ☐ E		☐ I ☐ E		VT	☐ I ☐ E		☐ I ☐ E	
DE	☐ I ☐ E		☐ I ☐ E		MA	☐ I ☐ E		☐ I ☐ E		ND	☐ I ☐ E		☐ I ☐ E		VA	☐ I ☐ E		☐ I ☐ E	
FL	☐ I ☐ E		☐ I ☐ E		MI	☐ I ☐ E		☐ I ☐ E		OH	☐ I ☐ E		☐ I ☐ E		WA	☐ I ☐ E		☐ I ☐ E	
GA	☐ I ☐ E		☐ I ☐ E		MN	☐ I ☐ E		☐ I ☐ E		OK	☐ I ☐ E		☐ I ☐ E		WV	☐ I ☐ E		☐ I ☐ E	
HI	☐ I ☐ E		☐ I ☐ E		MS	☐ I ☐ E		☐ I ☐ E		OR	☐ I ☐ E		☐ I ☐ E		WI	☐ I ☐ E		☐ I ☐ E	
ID	☐ I ☐ E		☐ I ☐ E		MO	☐ I ☐ E		☐ I ☐ E		PA	☐ I ☐ E		☐ I ☐ E		WY	☐ I ☐ E		☐ I ☐ E	
IL	☐ I ☐ E		☐ I ☐ E		MT	☐ I ☐ E		☐ I ☐ E											

FOR ICC FILINGS:		CANADIAN PROVINCE(S)
LIABILITY MC #	CARGO MC #	

OVERSIZE / OVERWEIGHT CERTIFICATE(S)

TYPE OF CHANGE

☐ NEW ☐ RENEWAL ☐ CANCELLATION ☐ OTHER: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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