ACORD™ TRUCKERS/MOTOR CARRIER SUPPLEMENT
REQUEST FOR STATE/FEDERAL FILING ACTION

DATE

PRODUCER

CODE: SUB CODE:

APPLICANT/NAMED INSURED

COMPANY

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	KY	I	E	I	E	NY	I	E	I	E	SD	I	E	I	E
AR	I	E	I	E	LA	I	E	I	E	NC	I	E	I	E	TN	I	E	I	E
AZ	I	E	I	E	ME	I	E	I	E	ND	I	E	I	E	TX	I	E	I	E
CA	I	E	I	E	MI	I	E	I	E	OH	I	E	I	E	UT	I	E	I	E
CO	I	E	I	E	MN	I	E	I	E	OK	I	E	I	E	VA	I	E	I	E
CT	I	E	I	E	MS	I	E	I	E	OR	I	E	I	E	WA	I	E	I	E
GA	I	E	I	E	MO	I	E	I	E	PA	I	E	I	E	WI	I	E	I	E
ID	I	E	I	E	MT	I	E	I	E	RI	I	E	I	E	WV	I	E	I	E
IL	I	E	I	E	NE	I	E	I	E	SC	I	E	I	E	WY	I	E	I	E
IN	I	E	I	E	NV	I	E	I	E										
IA	I	E	I	E	NM	I	E	I	E										
KS	I	E	I	E															

FOR ICC FILINGS:

LIABILITY MC #	CARGO MC #

CANADIAN PROVINCE(S)

OVERSIZE/OVERWEIGHT CERTIFICATE(S)

REMARKS

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