

DATE RECEIVED BY DMV

MOTOR CARRIER (CA) #

CERTIFICATE OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) NAME AND ADDRESS 	NAIC # <hr/> SURPLUS LINE BROKER # <hr/> OTHER # <hr/>	Status: <input type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. _____ SURPLUS LINE BROKER NAME <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group
---	---	---

INSURED (MOTOR CARRIER) NAME AND ADDRESS 	Filed with the: California Department of Motor Vehicles Motor Carrier Services Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153
---	--

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.			COMBINED SINGLE LIMIT	\$
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$ _____ in excess of \$ _____
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$ _____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$ _____
			PROPERTY DAMAGE	\$ _____ in excess of \$ _____
WORKERS' COMPENSATION			<input type="checkbox"/> WC Statutory Limits	

Insurer certifies to each of the following:

- that the motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Section 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.
- that this insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- that a fully executed Endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- that for the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- that for the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- that this Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.
- that a duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Certificate of Insurance is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER ()	EMAIL ADDRESS
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE X	EXECUTED AT (CITY AND STATE)	DATE