

DATE RECEIVED BY DMV



MOTOR CARRIER (CA) #

## CERTIFICATE OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) (NAME, ADDRESS, AND PHONE #)	NAIC #  OTHER #	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. <div style="text-align: right;">SURPLUS LINE BROKER NAME</div> <input type="checkbox"/> Charitable Risk Pool
NAME OF INSURER'S AUTHORIZED REPRESENTATIVE		Filed with the: California Department of Motor Vehicles Motor Carrier Permit Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153
INSURED (MOTOR CARRIER NAME AND ADDRESS)		

**Insurer certifies** that the motor carrier of property identified herein (Insured) 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 below and as required by California Vehicle Code sections 34630, 34631.5, 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
<b>PRIMARY LIABILITY</b> <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	\$
<b>EXCESS LIABILITY</b> <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 \$ _____
<b>WORKERS' COMPENSATION</b>			<input type="checkbox"/> WC Statutory Limits	

**Insurer certifies** 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.

**Insurer certifies** that a fully executed Endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy, to confirm the policy to the requirements of the Motor Carriers of Property Permit Act (California Vehicle Code Section 34600 and following) and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)

**Insurer agrees** that this Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV, written on an authorized Notice of Cancellation form and that the thirty (30) day/period commences to run from the date of the Notice of Cancellation was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Permit Branch in Sacramento, California.

**Insurer agrees** to furnish DMV with a duplicate original of the referenced policy, DMV authorized endorsement, and all other related endorsements and documentation upon request.

**Insurer agrees** that for the purposes of Charitable Risk Pool Coverage that this policy meets the requirements of subdivision (b) of the CVC Section 16054.2

**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.**

EXECUTED AT (CITY, STATE)	DATE

SIGNATURE OF INSURERS AUTHORIZED REPRESENTATIVE	
X _____	