# 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 | | FOR ICC FILINGS: | | | | | | | | | |
| IA | I E | | I E | | NM | I E | | I E | | LIABILITY MC # | | | CARGO MC # | | | | | | |
| KS | I E | | I E | | | | | | | | | | | | | | | | |

CANADIAN PROVINCE(S)

OVERSIZE/OVERWEIGHT CERTIFICATE(S)

## REMARKS


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