

REQUEST FOR MOTOR CARRIER INSURANCE FILINGS

POLICYHOLDER

Name

Address

FHWA Docket Number (if applicable)

Lloyd's Policy Number

Policy Inception Date (MO/DAY/YR)

Policy Expiration Date (MO/DAY/YR)

FILINGS REQUIRED

FHWA

AL ___
AK ***
AZ ***
AR ***
CA * ___
CO ___
CT ***
DE ***
DC ***

FL ***
GA* ___
ID ***
IL ___
IN ***
IA ***
KS ___
KY* ___
LA ***

ME ***
MD ***
MA * ___
MI * ___
MN* ___
MS ___
MO* ___
MT* ___
NE* ___

NV* ___
NH* ___
NJ* ___
NM* ___
NY* ___
NC* ___
ND ___
OH* ___
OK ___

OR ___
PA ___
RI ___
SC ___
SD ***
TN ___
TX* ___
UT ***
VT ***

VA ___
WA ***
WV* ___
WI ***
WY ___
CANADA:
ALB ___
BC ___
MAN

NB ***
NF ___
MS ___
ONT ___
PEI ***
QUE ___
SAS ___
YUK ___

State Filing Docket Number(s)
(if applicable)

State: ___
State: ___

Docket No.:
Docket No.:

- THESE STATES NEVER REQUIRE FORM H CERTIFICATES FOR ANY MOTOR CARRIER (INTRA OR INTERSTATE).
These states ONLY require a Form H Certificate for INTRASTATE CARRIERS who haul HOUSEHOLD GOODS (HHG).
In these states, Form H Certificates are required only for INTRASTATE CARRIERS who have one or more of the following types of authority: passenger, HHG, towing, public mover, warehouseman, petroleum carrier, or armored car.

For CANADIAN cargo filings, please supply the following: (1) Deductible Amount (2) Policy Limits
(3) Policy coverage is for (check one): All vehicles owned, operated or leased by the insured OR Vehicles described below:

If BI/PD filing, please indicate here (CIRCLE) and supply dollar limits of coverage: BI/PD Policy Limits

AMERICAN BROKER

Name

Address

Phone Number

Fax Number

Contact Person

LLOYD'S BROKER

(Complete if requesting broker is U.S. Coverholder)

McLeckie Insurance - J. William McLeckie

Lloyd's Broker

I certify that below-named Lead Underwriter at Lloyd's has requested LeBoeuf, Lamb, Greene & MacRae, L.L.P. to undertake these filings with the ICC and/or relevant state/Canadian authorities. I further certify that (a) Certificate(s) of Cargo Liability Insurance is/are required to be filed with the ICC and/or relevant state/Canadian authorities.

LEAD UNDERWRITER/SYNDICATE NAME & NO.

Signature of Lloyd's Broker (or U.S. Approved Coverholder)