



Insurance Application Filing Supplement

Applicant Name: _____ Policy Number: _____

SECTION A - GENERAL INFORMATION

Explain all Yes responses in Remarks Supplement.

- Do you operate as a subsidiary of any other company? Yes No
- Do you have subsidiaries operating for you? Yes No
- Have you purchased or applied for additional authority in the past 3 years? Yes No
- Have you sold any authority in the past 3 years? Yes No
- Have you ever lost or had authority withdrawn? Yes No
- Are you currently, or have you ever been, under probation by any regulatory authority? Yes No
- List all states in which your operation requires **Oversized / Overweight** permits? _____
Attach related questionnaire.

SECTION B - FEDERAL FILING INFORMATION

If you have, or are applying for FHWA authority and require that a filing be made on your behalf, please complete this section.
Information must appear exactly as you filed it on your application for authority.

- FHWA Docket #: **MC** _____ Filing type(s) needed: Liability Cargo
- Name as filed: _____
- Address as filed: _____

City, State Zip code
- To comply with single-state registration, what state have you chosen for your **BASE STATE***: _____
** AZ, DE, FL, MD, NJ, NV, OR, PA, VT and WY are NOT valid base states.*

SECTION C - STATE FILINGS

Complete this section only if you have submitted a specific authority application to a state and/or province.

- Check Here if name & address are the same as above. *If different or if Section B does not apply, provide name/address below.*
- Name as filed: _____
- Address as filed: _____

City, State Zip code
- Indicate all states & Canadian provinces which require a filing to be made on your behalf.

	PAL	MTC		PAL	MTC		PAL	MTC		PAL	MTC		PAL	MTC		PAL	MTC
AK	<input type="checkbox"/>	<input type="checkbox"/>	FL	<input type="checkbox"/>	<input type="checkbox"/>	LA	<input type="checkbox"/>	<input type="checkbox"/>	NC	<input type="checkbox"/>	<input type="checkbox"/>	OK	<input type="checkbox"/>	<input type="checkbox"/>	VA	<input type="checkbox"/>	<input type="checkbox"/>
AL	<input type="checkbox"/>	<input type="checkbox"/>	GA	<input type="checkbox"/>	<input type="checkbox"/>	MA	<input type="checkbox"/>	<input type="checkbox"/>	ND	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	VT	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	HI	<input type="checkbox"/>	<input type="checkbox"/>	MD	<input type="checkbox"/>	<input type="checkbox"/>	NE	<input type="checkbox"/>	<input type="checkbox"/>	PA	<input type="checkbox"/>	<input type="checkbox"/>	WA	<input type="checkbox"/>	<input type="checkbox"/>
AZ	<input type="checkbox"/>	<input type="checkbox"/>	IA	<input type="checkbox"/>	<input type="checkbox"/>	ME	<input type="checkbox"/>	<input type="checkbox"/>	NH	<input type="checkbox"/>	<input type="checkbox"/>	RI	<input type="checkbox"/>	<input type="checkbox"/>	WI	<input type="checkbox"/>	<input type="checkbox"/>
CA	<input type="checkbox"/>	<input type="checkbox"/>	ID	<input type="checkbox"/>	<input type="checkbox"/>	MI	<input type="checkbox"/>	<input type="checkbox"/>	NJ	<input type="checkbox"/>	<input type="checkbox"/>	SC	<input type="checkbox"/>	<input type="checkbox"/>	WV	<input type="checkbox"/>	<input type="checkbox"/>
CO	<input type="checkbox"/>	<input type="checkbox"/>	IL	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>	<input type="checkbox"/>	NM	<input type="checkbox"/>	<input type="checkbox"/>	SD	<input type="checkbox"/>	<input type="checkbox"/>	WY	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>	MO	<input type="checkbox"/>	<input type="checkbox"/>	NV	<input type="checkbox"/>	<input type="checkbox"/>	TN	<input type="checkbox"/>	<input type="checkbox"/>			
DC	<input type="checkbox"/>	<input type="checkbox"/>	KS	<input type="checkbox"/>	<input type="checkbox"/>	MS	<input type="checkbox"/>	<input type="checkbox"/>	NY	<input type="checkbox"/>	<input type="checkbox"/>	TX	<input type="checkbox"/>	<input type="checkbox"/>			
DE	<input type="checkbox"/>	<input type="checkbox"/>	KY	<input type="checkbox"/>	<input type="checkbox"/>	MT	<input type="checkbox"/>	<input type="checkbox"/>	OH	<input type="checkbox"/>	<input type="checkbox"/>	UT	<input type="checkbox"/>	<input type="checkbox"/>			

PROVINCES: Alberta B. Columbia Manitoba New Brunswick Newfoundland NW Territories
 Nova Scotia Ontario Prince Edwards Island Quebec Saskatchewan Yukon

- List all state/province docket numbers applicable: _____

INITIALED BY: APPLICANT: _____ DATE _____

AGENCY: _____ DATE _____