

Email: gsubmit@generalstar.com

## MOTOR CARRIER FILING REQUEST FORM

Chicago Office: (312) 267-8600 Los Angeles Office: (213) 630-1930 New York Office: (212) 859-3950 Stamford Office: (203) 328-5700

California License Number: OB14266

Exact Name of the Insured (including DBA as listed on the Declaration Page or Binding Acknowledgement):																				
Current General Star Policy No.:																				
						County:														
						Zip:														
Effective Date of Coverage:																				
All required Primary Limits:																				
Broker's Contact/Email:																				
					he to	s for only the legally required financial responsible e total policy limit requested.  Motor Carrier Number:							nsibilit	bility limit.  DOT Number:						
	☐ MCS90/(B)																			
	□ STATE																			
Request no more than five (5) states:																				
	AK		со		GA		IN		MD		MS	□ №		ОН		RI		UT		wv
	AL		СТ		н		KS		ME		MT	□ NJ		ОК		SC		VA		WY
	AR		DC		IA		KY		MI**		NC	$\square$ NM		OR		SD		VT		
	ΑZ		DE		ID		LA		MN		ND	$\square$ NV		PA		TN		WA		
	AZ CA*	_	DE					_	MN		ND							WA		

* For CA Filing Requests, please select the appropriate type and complete the following options:									
	DMV	CA Surplus Lines Broker Number: CA Motor Carrier Number:							
whi	ch must be le	elected, please include the above CA Surplus Lines ess than or equal to 7-alphanumeric characters, a arrier Number, which must be less than or equal t	nd						
	PUC	CA Surplus Lines Broker Number:	CA PUC Number:						
whi	ch must be le	ected, please include the above CA Surplus Lines ess than or equal to 7-alphanumeric characters, a ber, which must be less than or equal to 10-alph	nd						
**F0	or MI Filing F	Requests, please select the appropriate type:							
	MI3007								
	MI3046								
	er all require	ed information for the requested filing into the "A	Additional Information Box" located below.						
		-							