

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

MOTOR CARRIER AU	JTOMOBILE BODILY INJU		TY DAMAGI ed with	E LIABILITY (CERTIFICATE OF INSURANCE		
Received Date:		FEDERAL MOTOR CARRIER SAFE OFFICE OF ENFORCEMENT AN			Approved by OM 2126-0017	Approved by OMB 2126-0017	
	Comm	ercial Enforcemen	t Division			E	
		1200 New Jersey	AVESE			Expires: 02280/09	
		(MC-ECC We					
			n, D.C. 2059	C	FMCSA Docket		
		Filer Account No			MC FF		
This is to certify, that the _							
This is to certify, that the _		(NAME OF INSU	RANCE COMP	PANY)			
(hereinafter called Compa	ny) of						
		(HOME OFFIC	E ADDRESS C	F INSURANCE	COMPANY)	_	
has issued to							
		(NAME OF MO	DTOR CARRIE	R OR FREIGHT	FORWARDER)		
of							
		(ADDRESS OF	MOTOR CAP	RIER OR FREIG	GHT FORWARDER)		
insurance under terms of	lescribed on the back of this fo	orm to provide cove	erage as follow	ws: CHECK A	S APPLICABLE:		
	equired in Title 49 of the Cod red under Section 387.303(b	0			37.303(b)(1) Under Section 387.30	3(b)(2)	
□ This insurance is pri	imary and the company shall n	ot be liable for amo	ounts in exces	s of \$	for each accident.		
□ This insurance is ex	cess and the company shall no	t be liable for amou	ints in excess	of \$	for each accident in excess of the u	nderlying limit of	
	for each accident.						
	the rules and regulations und				s stated in said policy or policies) and c Code.	ontinuing until	
Countersigned at					Date		
0	Street Address	City	State	Zip			
Insurance Company Po	licy No.						
Insurance Company Policy No (Policy No.)				Issuing Office- Full Name of Agency or Branch			
				(Signature of Authorized Representative)			
FORM BMC-91X							

The receipt of this certificate by the FMCSA certifies that a policy or policies of Public Liability (or Automobile Bodily Injury and Property Damage Liability) insurance has been issued by the company identified on the face of this form, that the company is qualified to make this filing under Section 387.315 or Section 387.411 of title 49 of the Code of Federal Regulations, and that by the attachment of endorsement BMC 90, MCS 90 or a form of similar import prescribed by the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, is amended to provide the coverage or security for the protection of the public required under Section 387.303 of Title 49 of the Code of Federal Regulations. The amendment governs the operation, maintenance, or use of motor vehicles under certificate or permit issued to the insured by the Federal Motor Carrier Safety Administration or otherwise in transportation subject to Subchapter I or III of Chapter 135, of title 49 United States Code, and the pertinent rules and regulations of the Federal Motor Carrier Safety Administration, regardless of whether or not such motor vehicles are specifically described in the policy or policies or not. The liability of the Company extends to all losses, damages, injuries, or deaths occurring within the authority granted to the insured by the Federal Motor Carrier Safety Administration or elsewhere.

The endorsement(s) described herein may not be canceled or withdrawn until thirty (30) days after written notice has been submitted to the Federal Motor Carrier Safety Administration at its offices in Washington, DC, on the prescribed Form BMC-35, Notice of Cancellation Motor Carrier Policies of Insurance under 49 U.S.C. 13906. Said thirty (30) days notice to commence to run from the date notice is actually received at the office of the FMCSA.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

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