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MOTOR FILINGS OR
FINANCIAL
RESPONSIBILITY
FILINGS REQUEST

Insured Name: _____ Policy # (if applicable): _____

Person Requesting Filings: _____ Contact Phone: _____

Caution: If your regulatory authority has you listed under a name that varies from the name on your policy, then your filings may be rejected.

A. FEDERAL FILINGS - FMCSA - Federal Motor Carrier Safety Administration

USDOT Number: _____ Docket Number: _____

[] BIPD or 91X [] Cargo filing BMC34 MCS-90 Certificate

B. STATE FILINGS

Name of State: _____ FEIN# for Wisconsin Form E Filings _____

D.O.T. Number (if applicable) _____ State Docket Number _____

State Authority, if known: _____ (such as PPA, PUC, etc.)

[] Form E [] Form H [] Form I [] Form T - Texas VSF# _____ [] Form E2

[] Delaware FR-19 [] OST 6490 Federal Aviation Certificate [] Illinois Commerce Commission

[] MV-2 Montana [] MV-4 Montana [] MV-5 Montana

[] WMATC Certificate - Washington, Maryland, Virginia [] Maryland FR-19

[] Pennsylvania PPA [] Pennsylvania PUC - A# _____ required.

[] Maine JB Filing [] Maine Form R1348 Dealer Plates

[] Certificate - State Form _____ (if known)

[] Certificate - Our Form - Proof of Insurance Certificates to your state authority will not be issued unless the following information is completed:

Name Issued to: _____

Address: _____

City/State/Zip: _____

Fax # _____ Mandatory

Or Email: _____

[] OTHER - If the filing you need is not shown on this form, then please indicate what you need and to whom it should be issued.
