

**Form H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**

**(Execute in Triplicate)**

Filed with \_\_\_\_\_ (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the \_\_\_\_\_  
(Name of Company)

(hereinafter called Company) of \_\_\_\_\_  
(Home Office Address of Company)

has issued to \_\_\_\_\_  
(Name of Motor Carrier)

Of \_\_\_\_\_  
(Address of Motor Carrier)

a policy or policies of insurance effective from \_\_\_\_\_ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Company Representative

Insurance Company File No. \_\_\_\_\_  
(Policy Number)