

# BEDFORD UNDERWRITERS, LTD.

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 FAX (920) 892-8980

## TRANSPORTATION FILING REQUEST

Requesting Agent: \_\_\_\_\_ Requested By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Number Assigned: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Does name and address match EXACTLY that of the authority?  Yes  No. If not, provide the exact name and address: \_\_\_\_\_

Liability Limits: \_\_\_\_\_ Effective Date of Filings: \_\_\_\_\_

Cargo Limits: \_\_\_\_\_ Effective Date of Filings: \_\_\_\_\_

Do the policy limits meet the filing requirements?  Yes  No. If no, attach endorsement amending limits.

Type of Commodities hauled: \_\_\_\_\_

Does our policy cover all units owned, operated, or under lease to Insured?  Yes  No

Please  Make  Amend  Cancel  Reinstate  Refile the following filings:

FHWA (BMC91X) MC# \_\_\_\_\_ (Number MUST be provided to issue filing)

Form E (Liability)  Form H (Cargo)  Cargo BMC34  Other

Indicate with an "X" in Column E for State filing and indicate an "X" in Column H for State Filing

E	State	H	E	State	H	E	State	H
	Alabama			Maine			Ohio	
	Arizona <b>2</b>	<b>NR</b>		Maryland <b>2</b>	<b>NR</b>		Oklahoma <b>1</b>	<b>NR</b>
	Arkansas <b>1</b>			Massachusetts	<b>NR</b>		Oregon <b>2</b>	
	California <b>1</b>	<b>NR</b>		Michigan <b>1</b>			Pennsylvania <b>2</b>	
	Colorado <b>1</b>			Minnesota	<b>NR</b>		Rhode Island	
	Connecticut	<b>NR</b>		Mississippi <b>1</b>			South Carolina	
	Delaware <b>2</b>	<b>NR</b>		Missouri			South Dakota <b>1</b>	<b>NR</b>
	Florida <b>1, 2</b>	<b>NR</b>		Montana			Tennessee <b>1</b>	
	Georgia			Nebraska			Texas <b>1</b>	
	Idaho	<b>NR</b>		Nevada <b>2</b>			Utah	<b>NR</b>
	Illinois <b>1</b>			New Hampshire			Vermont <b>2</b>	
	Indiana <b>1</b>	<b>NR</b>		New Jersey <b>2</b>	<b>NR</b>		Virginia	
	Iowa			New Mexico <b>1</b>			Washington <b>1</b>	<b>NR</b>
	Kansas <b>1</b>			New York <b>1</b>			West Virginia	
	Kentucky <b>1</b>			North Carolina			Wisconsin	<b>NR</b>
	Louisiana			North Dakota			Wyoming <b>2</b>	

**NR** - No State Filing Required

**1** - Docket Numbers required for filing.

AR \_\_\_\_\_ CA \_\_\_\_\_ CO \_\_\_\_\_ FL \_\_\_\_\_ IL \_\_\_\_\_ IN \_\_\_\_\_ KS \_\_\_\_\_  
 KY \_\_\_\_\_ MI \_\_\_\_\_ MS \_\_\_\_\_ NM \_\_\_\_\_ NY \_\_\_\_\_ OK \_\_\_\_\_ SD \_\_\_\_\_  
 TN \_\_\_\_\_ TX \_\_\_\_\_ WA \_\_\_\_\_

**2** - Not Single State registration Procedure Participant

Is MCS 90 endorsement needed?  Yes  No Is Insured an FHWA exempt hauler?  Yes  No

Comments: \_\_\_\_\_