



MOTOR CARRIER FILING REQUEST FORM

Email: gsubmit@generalstar.com

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.: _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____

Effective Date of Coverage: _____ Expiration Date: _____

All required Primary Limits: _____ All required Excess Limits: _____

Broker's Contact/Email: _____

*Note: General Star will make filings for only the legally required financial responsibility limit.
This filing may not match the total policy limit requested.*

Select the Requested Filing Type:

Motor Carrier Number: _____

DOT Number: _____

FEDERAL

MCS90/(B)

STATE

Request no more than five (5) states:

- | | | | | | | | | | | |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> CO | <input type="checkbox"/> GA | <input type="checkbox"/> IN | <input type="checkbox"/> MD | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> OH | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WV |
| <input type="checkbox"/> AL | <input type="checkbox"/> CT | <input type="checkbox"/> HI | <input type="checkbox"/> KS | <input type="checkbox"/> ME | <input type="checkbox"/> MT | <input type="checkbox"/> NJ | <input type="checkbox"/> OK | <input type="checkbox"/> SC | <input type="checkbox"/> VA | <input type="checkbox"/> WY |
| <input type="checkbox"/> AR | <input type="checkbox"/> DC | <input type="checkbox"/> IA | <input type="checkbox"/> KY | <input type="checkbox"/> MI** | <input type="checkbox"/> NC | <input type="checkbox"/> NM | <input type="checkbox"/> OR | <input type="checkbox"/> SD | <input type="checkbox"/> VT | |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> ND | <input type="checkbox"/> NV | <input type="checkbox"/> PA | <input type="checkbox"/> TN | <input type="checkbox"/> WA | |
| <input type="checkbox"/> CA* | <input type="checkbox"/> FL | <input type="checkbox"/> IL | <input type="checkbox"/> MA | <input type="checkbox"/> MO | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> PR | <input type="checkbox"/> TX | <input type="checkbox"/> WI | |

