



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:

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

