



General Star Management Company
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Motor Carrier Filing Request Form

(To be used only if the Underwriting Snapshot is not yet available)

Type of filing requested: (indicate <u>State(s)</u> only, <u>Federal</u> only or <u>both</u>)
Exact Name of Insured, including DBA (as listed on the Dec Page or Binding Acknowledgement)
Mailing Address of Insured
Policy Number
Effective and Expiration Date of coverage
All required Excess Limits and Primary Limits
Motor Carrier # (Federal Filings only)