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TRUCKING COMMERCIAL AUTO VEHICLE ENDORSEMENT

Form No. CA-TRUCK-END-2026

Edition: 04/2026

SECTION 1 — POLICY INFORMATION

Policy Number: _____ Endorsement Number: _____
Effective Date: _____ Expiration Date: _____
Insurance Company: _____
NAIC Code: _____ Producer/Agent: _____

SECTION 2 — NAMED INSURED INFORMATION

Named Insured (Full Legal Name): _____
DBA / Trade Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP Code: _____
USDOT Number: _____ MC/MX Number: _____
Contact Phone: _____ Email: _____

SECTION 3 — SCHEDULE OF COVERED VEHICLES

| Veh # | Year | Make | Model | VIN | GVW/GCW | Radius | Stated Value (\$) |
|-------|------|------|-------|-----|---------|--------|-------------------|
|-------|------|------|-------|-----|---------|--------|-------------------|

Attach additional schedule if more than 5 vehicles. GVW = Gross Vehicle Weight; GCW = Gross Combination Weight.

SECTION 4 — VEHICLE USE & COMMODITY CLASSIFICATION

Primary Commodity Hauled: _____
Secondary Commodity: _____ HAZMAT: Yes No
Operating Radius (miles): _____ Type of Operation: Local Intermediate
Long Haul Intermodal

SECTION 5 — COVERAGE & LIMITS OF LIABILITY

| COVERAGE | LIMIT (\$) | DEDUCTIBLE (\$) |
|--|------------|-----------------|
| Liability — Combined Single Limit (CSL) | | |
| Liability — Bodily Injury (Per Person) | | |
| Liability — Bodily Injury (Per Accident) | | |
| Liability — Property Damage | | |
| Motor Cargo / Freight Legal Liability | | |
| Trailer Interchange | | |
| Physical Damage — Comprehensive | | |
| Physical Damage — Collision | | |
| Physical Damage — Specified Perils | | |
| Uninsured/Underinsured Motorist (UM/UIM) | | |
| Medical Payments (MedPay) | | |
| Personal Injury Protection (PIP) | | |
| Non-Trucking Liability (Bobtail) | | |

SECTION 6 — ENDORSEMENT CONDITIONS & MODIFICATIONS

| | |
|---|----------------------------------|
| MCS-90 Endorsement (Public Liability) | Drive-Away / Driveaway Collision |
| BIPD (Bodily Injury & Property Damage Filing) | Hired Auto / Non-Owned Auto |
| BMC-91X (Cargo Filing) | Rental Reimbursement |
| Environmental Liability Endorsement | Towing & Labor |
| Pollution Liability Endorsement | Downtime Coverage |

Additional Endorsement Conditions / Special Provisions:

SECTION 7 — EXCLUSIONS

This endorsement does not apply to, and the Company shall not be liable for, any claim arising from:

1. Intentional acts, criminal conduct, or fraud by the named insured or any covered driver
2. Operation by unlicensed or unauthorized drivers or drivers not meeting FMCSA qualifications
3. Use of vehicles for purposes not declared on the policy (personal use unless endorsed)
4. Transport of excluded commodities including live animals, explosives, or nuclear materials (unless endorsed)
5. Losses occurring outside the covered territory or beyond stated operating radius
6. Wear and tear, mechanical breakdown, gradual deterioration, or manufacturer defects
7. Workers' compensation and employer's liability claims
8. Punitive or exemplary damages where prohibited by law

Additional Exclusions:

SECTION 8 — PREMIUM SUMMARY

| PREMIUM COMPONENT | AMOUNT (\$) |
|---|-------------|
| Liability Premium | |
| Physical Damage Premium | |
| Motor Cargo Premium | |
| Uninsured/Underinsured Motorist Premium | |
| Medical Payments / PIP Premium | |
| Additional Endorsement Premium | |
| Taxes & Fees | |
| TOTAL ENDORSEMENT PREMIUM | |

SECTION 9 — ADDITIONAL INTERESTS / LOSS PAYEES / CERTIFICATE HOLDERS

| NAME & ADDRESS | INTEREST TYPE | VEHICLE #(s) |
|----------------|---------------|--------------|
|----------------|---------------|--------------|

SECTION 10 — REMARKS / SPECIAL INSTRUCTIONS

SECTION 11 — AUTHORIZATION & SIGNATURES

By signing below, the undersigned acknowledges that the information provided is true and accurate to the best of their knowledge. This endorsement is subject to all terms, conditions, and exclusions of the underlying policy except as specifically modified herein. This endorsement is effective only when attached to and forming part of the policy.

NAMED INSURED / AUTHORIZED REPRESENTATIVE

Signature:

Date:

Printed Name:

Title:

PRODUCER / AGENT

Signature:

Date:

Printed Name:

License No.:

AUTHORIZED COMPANY REPRESENTATIVE / UNDERWRITER

Signature:

Date:

Printed Name:

Title: