

**PROGRAM DIVISION  
BULLETIN**

2005-34

August 18, 2005

**CALIFORNIA REVISED MOTOR CARRIER PERMIT FORMS**

The California Department of Motor Vehicles revised the Motor Carrier Permit Forms DMV 65 MCP - Certificate of Insurance, DMV 66 MCP - Notice of Cancellation of Insurance and DMV 67 MCP - Insurance Policy Endorsement.

These forms need to be implemented immediately as the state will no longer accept the old forms.

The forms are attached below, you may print the forms for use.



H:\California DMV  
forms revised 65 66 6

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**LEXINGTON INSURANCE COMPANY**

**PROGRAM DIVISION**

100 Summer Street/19th Floor, Boston, MA 02110  
phone 617-330-1100 / fax 617-330-8595

DATE RECEIVED BY DMV

MOTOR CARRIER (CA)#

## CERTIFICATE OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) (NAME, ADDRESS, AND PHONE #)		NAIC #	Status: <input type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. _____ <div style="text-align: right; font-size: small;">SURPLUS LINE BROKER NAME</div> <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group	
		SURPLUS LINE BROKER #		
		OTHER #		
INSURED (MOTOR CARRIER) NAME AND ADDRESS		Filed with the: California Department of Motor Vehicles Motor Carrier Permit Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153		
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
<b>PRIMARY LIABILITY</b> <input type="checkbox"/> Coverage below statutory minimum limits. <input type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.			COMBINED SINGLE LIMIT	\$
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Coverage between primary cover-age and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$ _____ in excess of \$ _____
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$ _____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$ _____
			PROPERTY DAMAGE	\$ _____ in excess of \$ _____
<b>WORKERS' COMPENSATION</b>			<input type="checkbox"/> WC Statutory Limits	

**Insurer certifies to each of the following:**

- that the motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Section 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.
- that this insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- that a fully executed Endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- that for the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- that for the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

**Insurer agrees to each of the following:**

- that this Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.
- that a duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

**By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Certificate of Insurance is true and correct.**

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER ( )	EMAIL ADDRESS
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE <b>X</b>	EXECUTED AT (CITY, STATE)	DATE

DATE RECEIVED BY DMV

MOTOR CARRIER (CA)#

## INSURANCE POLICY ENDORSEMENT

Motor Carriers of Property  
Bodily Injury Liability and Property Damage Liability

INSURER (INSURANCE COMPANY) NAME, ADDRESS, AND PHONE #	NAIC #  SURPLUS LINE BROKER #  OTHER #	Status: <input type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. _____ <div style="text-align: right; font-size: small;">SURPLUS LINE BROKER NAME</div> <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group
INSURED (MOTOR CARRIER) NAME AND ADDRESS	Filed with the: California Department of Motor Vehicles Motor Carrier Services Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153	

***This Endorsement shall be attached to and made a part of all policies insuring motor carriers of property required to obtain a permit pursuant to the Motor Carriers of Property Act (Act), California Vehicle Code sections 34600 and following. The purpose of this Endorsement is to assure compliance with the Act and related rules and regulations.***

***Insurer agrees to each of the following:***

- that the coverage provided by the endorsement excludes any costs of defense or other expense that the policy provides.
- that no provision, stipulation, or limitation contained in the attached policy or any endorsement shall relieve insurer from obligations arising out of this endorsement or the Act, regardless of the insured's financial solvency, indebtedness or bankruptcy.
- to furnish DMV with a duplicate original of the referenced policy, the DMV authorized endorsement, and all other related endorsements and documentation upon request.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	LIMITS	
<b>PRIMARY LIABILITY</b> <input type="checkbox"/> Coverage below statutory minimum limits. <input type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.			COMBINED SINGLE LIMIT	\$
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$ _____ in excess of \$ _____
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$ _____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$ _____
			PROPERTY DAMAGE	\$ _____ in excess of \$ _____

***Insurer agrees:***

- to pay any legal liability of the Insured for bodily injury, death, or property damage arising from the operation, maintenance, or use of any vehicle for which a motor carrier permit is required, whether or not such vehicle is described in the attached policy; payment shall be consistent with the minimum insurance coverage required by California Vehicle Code (CVC) Section 34631.5 and consistent with the limits provided by the attached policy.
- and certifies that the attached policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required, whether or not the vehicle is listed in the policy.
- that the Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV, written on an authorized Notice of Cancellation form; the thirty (30) day period commences from the date the Notice of Cancellation was received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.

***By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Insurance Policy Endorsement is true and correct.***

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER ( )	EMAIL ADDRESS
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE <b>X</b>	EXECUTED AT (CITY AND STATE)	DATE

DATE RECEIVED BY DMV

MOTOR CARRIER (CA)#

## NOTICE OF CANCELLATION OF INSURANCE

Motor Carriers of Property

INSURER (INSURANCE COMPANY) NAME, ADDRESS, AND PHONE #  	NAIC #  	Status: <input type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. _____ <div style="text-align: right; font-size: small;">SURPLUS LINE BROKER NAME</div> <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group
SURPLUS LINE BROKER #  	OTHER #  	
INSURED (MOTOR CARRIER) NAME AND ADDRESS  		Filed with the:  California Department of Motor Vehicles Motor Carrier Permit Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153

### POLICY

INSURANCE POLICY NUMBER	EFFECTIVE DATE
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DATE ORIGINAL CERTIFICATE OF INSURANCE WAS ISSUED \_\_\_\_\_

*(Please check the applicable insurance listed below)*

**Bodily Injury Liability and Property Damage Liability Insurance**

Insurer hereby gives notice that the above referenced policy, including applicable endorsement and certifications, is hereby **CANCELLED**.

This cancellation shall be effective thirty (30) days after the date received by the Motor Carrier Services Branch, Department of Motor Vehicles in Sacramento, CA or on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. (at the address of the insured), whichever occurs last.  
DATE TIME

**Workers' Compensation Insurance**

Insurer hereby gives notice that the above referenced policy is hereby cancelled effective on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. (at the address of the insured).  
TIME DATE

**Excess Liability Insurance**

Insurer hereby gives notice that the above referenced policy, including applicable endorsement and certifications is hereby **CANCELLED**.

This cancellation shall be effective thirty (30) days after the date received by the Motor Carrier Services Branch, Department of Motor Vehicles in Sacramento, CA or on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. (at the address of the insured), whichever occurs last.  
DATE TIME

This Notice of Cancellation is applicable only to the Insured and the Policy identified herein.

**By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Notice of Cancellation is true and correct.**

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER ( )	EMAIL ADDRESS
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE <b>X</b>	EXECUTED AT (CITY, STATE)	DATE