

Insurance Provider: _____

Address: _____

Contact: _____

Certificate No: _____

Date Issued: ____ / ____ / ____

Motor Vehicle Transport Insurance Certificate For Trucking Fleets

Insured Party

Name of Insured _____

Fleet/Company Name _____

Address _____

Contact _____

Policy Details

Policy Number _____

Coverage Period From ____ / ____ / ____
To ____ / ____ / ____

Type of Coverage ☐ Comprehensive
☐ Third Party Liability
☐ Goods-In-Transit
☐ Other: _____

Limit of Liability \$ _____ per occurrence

Deductible \$ _____

Fleet Vehicles Covered

Plate No./VIN	Make & Model	Year	Insured Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Remarks / Special Conditions

Authorized Signature: _____

Date: ____ / ____ / ____