

Insurance Provider: _____
Address: _____
Contact: _____
Certificate No: _____
Date Issued: ____ / ____ / ____

Motor Vehicle Transport Insurance Certificate For Trucking Fleets

Insured Party

Name of Insured	<input type="text"/>
Fleet/Company Name	<input type="text"/>
Address	<input type="text"/>
Contact	<input type="text"/>

Policy Details

Policy Number	_____
Coverage Period	From _____ / _____ / _____ To _____ / _____ / _____
Type of Coverage	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Liability <input type="checkbox"/> Goods-In-Transit <input type="checkbox"/> Other: _____
Limit of Liability	\$ _____ per occurrence
Deductible	\$ _____

Fleet Vehicles Covered

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

Remarks / Special Conditions

Authorized Signature: _____