

# HEAVY TRUCK INSURANCE REQUIREMENTS 26,001 GWV OR MORE

ACORD						CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)	
<p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b></p> <p><b>IMPORTANT:</b> If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>										
PRODUCER NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____				CONTRACT NO.: _____ POLICY NO.: _____		INSURER(S) AFFORDING COVERAGE		NAIC #		
				INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____						
INSURED NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____										
COVERAGES			CERTIFICATE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
TYPE	TYPE OF INSURANCE	AGG. LIMIT PER YEAR	POLICY NUMBER	POLICY EFF. DATE (MM/YYYY)	POLICY EXP. DATE (MM/YYYY)	LIMITS				
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$			
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> POLICY <input type="checkbox"/> RET. <input type="checkbox"/> AC					PERSONAL & ADV INJURY	\$			
<input type="checkbox"/>	GENERAL AGGREGATE LIMIT APPLICABLE TO:					GENERAL AGGREGATE	\$			
	<input type="checkbox"/> POLICY <input type="checkbox"/> RET. <input type="checkbox"/> AC <input type="checkbox"/> OTHER					PERSONAL & ADV INJURY	\$			
<input type="checkbox"/>	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$			
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY				SOCIETY INJURY (Per person)	\$			
<input type="checkbox"/>	UMBRELLA LIAB					PERSONAL INJURY (Per accident)	\$			
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident)	\$			
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					EACH OCCURRENCE	\$			
	ANY PERSONS OR PARTNERS ENGAGED IN OPERATIONS (MANDATORY IN NH) (EPL) SUPPLEMENT TO OPERATIONS below	Y/N <input type="checkbox"/> N/A				AGGREGATE	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						EPL - STATUTE    STATE    CO E.L. EACH ACCIDENT    \$ E.L. DISEASE - EA EMPLOYEE    \$ E.L. DISEASE - POLICY LIMIT    \$				
CERTIFICATE HOLDER					CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
ACORD 25 (2016/03)					© 1988-2015 ACORD CORPORATION. All rights reserved.					

Heavy trucks, truck tractors, and buses with a combined gross vehicle weight (GVW) of 26,001lbs. or more are **required** to submit a Certificate of Liability Insurance. The certificate **must** contain the following information:

- **Effective/Expiration Dates**
- **Minimum Coverage Amount:** Minimum coverage requirements are based on the GVW of a vehicle (26,001 thru 34,999 - \$50,000), (35,000 thru 43,999 - \$100,000) and (44,000 + - \$300,000) per occurrence.
- **PIP:** Personal Injury Protection
- **Vehicle Identification Number (VIN):** The VIN number for each vehicle covered by the policy **must** be submitted with the Certificate of Liability Insurance if the **Schedule Autos** box is checked.



# HEAVY TRUCK IRS FORM 2290 REQUIREMENTS 55,000 GVW OR MORE

Heavy trucks, truck tractors, and buses with a combined gross vehicle weight (GVW) of 55,000 lbs. or more are **required** to provide proof of filing, payment or exemption from the Federal Heavy Vehicle Use Tax by submitting one of the following forms accurately completed for the current IRS tax year:

- **Original or photo/faxed copy, stamped received 2290, Schedule 1, or nonreceived 2290 with** proof of payment (copy of front and back of cancelled check or other receipt for payment)
- **Original or photo/faxed copy, stamped received 2290, Schedule 1 Part II** for vehicles traveling less than 5,000 miles or agriculture vehicles traveling less than 7,500 miles
- **Original or photo/faxed copy** of an electronically filed 2290 Schedule 1 containing the watermark with the wording "Received MM/DD/YYYY"

Altered forms may require a new form to be obtained from the IRS; supplemental documents may be required when the registration name differs from the filing name reflected on the form.

SCHEDULE 1 (Form 2290) <small>(Rev. July 2016) Department of the Treasury Internal Revenue Service</small>		<b>Schedule of Heavy Highway Vehicles</b> For the period July 1, XXXX, through June 30, XXXX <b>▶ Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.</b>		OMB No. 1545-0143
Type or Print	Name		Employer identification number	
	Address (number, street, and room or suite no.)		□□-□□□□□□	
	City or town, state or province, country, and ZIP or foreign postal code			
		20XX	20XX	
<b>Part I</b>	<b>Vehicles You Are Reporting</b> (enter VIN and category)			Category A through W (Category W for suspended vehicles)
1	□□□□□□□□□□□□□□□□			
2	□□□□□□□□□□□□□□□□			
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10	□□□□□□□□□□□□□□□□			

For information on Form 2290, Schedule 1 visit  
[www.irs.gov](http://www.irs.gov) or **Internal Revenue Service**  
4210 Metro Parkway  
Fort Myers, FL 33916  
239.938.7601 OR 1.800.829.1040

**Division of Heavy Vehicle Excise Tax**  
1.866.699.4096  
OR  
1.800.829.4933

Please visit us at [leetc.com](http://leetc.com) or call 239.533.6000 for more information