

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE
INSPECTED UNITS FORM**

Name of Applicant/Insured and Mailing Address			
Assignment No. (if known)		Policy No. (if known)	
Insurer Name (if known)			
Producer's Name and Mailing Address		License No.	
Telephone No. (include area code)			
Signing Producer Name (if different from above)			License No.
Vehicle No.	Vehicle Identification No.	Vehicle Status Hired, Owned, Sold	Included on <input type="checkbox"/> Application <input type="checkbox"/> Policy Change Request
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I certify, under penalty of perjury, that the information contained in this form and supplement (if applicable) is accurate to the best of my knowledge.

Producer Signature

Date

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE (CAIP)
SUPPLEMENTAL INSPECTED UNITS FORM**

Vehicle No.	Vehicle Identification No.	Vehicle Status Hired, Owned, Sold	Included on <input type="checkbox"/> Application <input type="checkbox"/> Policy Change Request
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CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE INSPECTED UNITS FORM

California Automobile Assigned Risk Plan rules require that a completed signed CAIP Inspected Units Form (AIP XXXX) be submitted when a Federal Highway Administration (FHWA) or Federal Motor Carrier Safety Administration (FMCSA) filings or endorsements are requested. Federal Motor Carrier Safety Administration endorsements include those required by the Motor Carrier Act of 1980 or Bus Regulatory Act of 1982 (Motor Carrier Endorsement MCS 90 or 90B). The completed form must be submitted with the CA CAIP commercial application or policy change request.

Instructions:

To complete this form, you must review the applicant's/insured's inspected unit information that is available through the Federal Motor Carrier Safety Administration. To obtain this information you must login to <http://safer.fmcsa.dot.gov> and key in the applicant/insured's US DOT or MC number. The list of all inspected units must be reviewed with the applicant/insured. All owned units should be scheduled on the policy. All cost of hire and/or nonowned units should be included in the appropriate coverage premium calculation. If there are inspected units that were recently sold, or that are no longer in the applicant's/insured's possession, a properly endorsed bill of sale or lease or rental termination document must be provided with the application or policy change request.

The following information should be provided:

Vehicle No: To list inspected unit information for additional vehicles, complete a CA CAIP Supplemental Inspected Units Form (AIP 1266 (XX/19)).

Vehicle Identification Number: Insert VIN number for each vehicle.

Vehicle Status Column: Insert whether vehicle is Hired, Owned, or Sold.

Included on Application or Policy Change Request Column: Check either Application or Policy Change Request. Indicate "Yes" or "No" whether included. If "No," indicate Bill of Sale (BOS), lease termination document (LTD), or rental termination document (RTD) is included. For any vehicles requiring cost of hire coverage, insert COH and the amount.

Producer Signature

The completed form must be signed and dated by the producer.