FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION COMMERCIAL APPLICATION SUPPLEMENT -MOTOR CARRIER ACT OF 1980-

(Including Garage Applicants Subject to the Act)

This supplement must be PRINTED IN INK OR TYPED and SIGNED BY THE APPLICANT AND PRODUCER. If the application for coverage through FAJUA includes coverage for vehicles subject to the Motor Carrier Act of 1980 the following information is required and this form must be completed and submitted with the application:

1. Agency Name	Telephone	Producer's Name
Street, City, State, Zip Code		
2. Applicant	Telephone Home E	Bus
Street, City, State, Zip Code		
Motor Carrier Check the appropriate type of ca	rrier.	
□ Common	□ Contract	□ Exempt
□ Intercorporate	□ Private	
☐ Intercorporate or Private with "For Hire" authority – If "For Hire" is 20% more of your total transportation operations.		
4. What type of carriage under the	•	□1 □ 2 □3 □4
Garages, Automobile Dealers, Service Stations, Tow Truck Operators.Do you have a tow truck used at any time that crosses a state line?		
•] Yes □ No	
Note: Motor Carriers must have Hired Car Coverage for any vehicle which will come under the Motor Carrier Act.		
The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier.		
IT IS THE <u>MOTOR CARRIER'S OBLIGATION</u> TO OBTAIN THE REQUIRED LIMITS OF FINANCIAL RESPONSIBILITY.		
YOUR SIGNATURE ON THIS SUPPLEMENT CERTIFIES THAT THE FOLLOWING:		
Any person who knowingly and with intent to injure, defraud, or deceive any insure, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. 817.234 (1) (b) FS		
Applicant's Signature & T	itle	Date
Producer's Signature		Date
Producer's Code Number		

COVERAGE WILL BECOME EFFECTIVE IN ACCORDANCE WITH THE RULES OF THE FLORIDA AUTOMOBLE JOINT UNDERWRITING ASSOCIATION.