

**ALASKA AUTOMOBILE INSURANCE PLAN
ALL OTHER RISK DISTRIBUTION PROCEDURE (AORDP)
INSPECTED UNITS FORM**

APPLICANT							
Last Name			First Name			MI	
DBA							
Street Address		Ste./Apt. No.	City		County	State	Zip Code
Assignment No. (if known)		Policy No. (if known)		Insurer Name (if known)			
PRODUCER OF RECORD							
Producer Last Name			Producer First Name			MI	
Mailing Address		Ste./Apt. No.	City		County	State	Zip Copde
Producer License No.		Telephone No. (incl. area code)		Email Address			
SIGNING PRODUCER		(Complete if the producer completing and signing this application differs from above)					
Last Name		First Name		MI	Producer License No.		
INSPECTED UNITS INFORMATION							
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 that the information contained in this form and supplement (if applicable) is true and accurate to the best of my knowledge.

Producer Signature

Producer Name (print)

Date

**ALASKA AUTOMOBILE INSURANCE PLAN
ALL OTHER RISK DISTRIBUTION PROCEDURE (AORDP)
INSPECTED UNITS FORM SUPPLEMENT**

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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**ALASKA AUTOMOBILE INSURANCE PLAN
ALL OTHER RISK DISTRIBUTION PROCEDURE (AORDP)
INSPECTED UNITS FORM**

Plan rules require that a completed signed AORDP Inspected Units Form (AIP1656) be submitted when a Federal Highway Administration (FHWA) or Federal Motor Carrier Safety Administration (FMCSA) filing or endorsement is 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 AORDP 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's/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 an AORDP Supplemental Inspected Units Form (AIP1656 (XX/20)).

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.