HOW TO COMPLETE THE CAIP INSPECTED UNITS FORM

The FMCSA provides data via its Safety Measurement System (SMS)

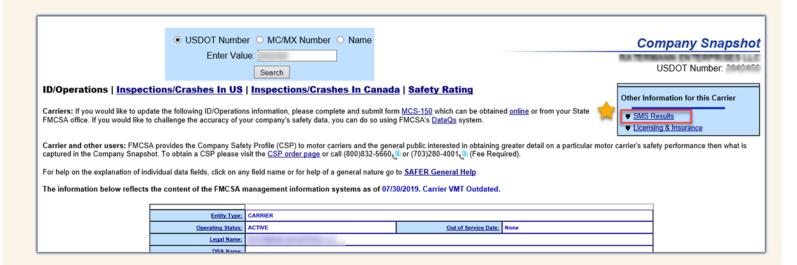
- 1. Go to safer.fmcsa.dot.gov
- 2. Scroll down and click the Company Snapshot link under the center column, titled FMCSA Searches

FMCSA Services	FMCSA Searches	Other FMCSA Web Sites
FMCSA Registration & Updates	<u>Company Snapshot</u>	FMCSA Home Page
Online Fine Payment	Analysis & Information (A&I) Online	• <u>DataQs</u>
MCMIS Data Dissemination Catalog/Company Safety Profiles	Licensing & Insurance	FMCSA Information Systems

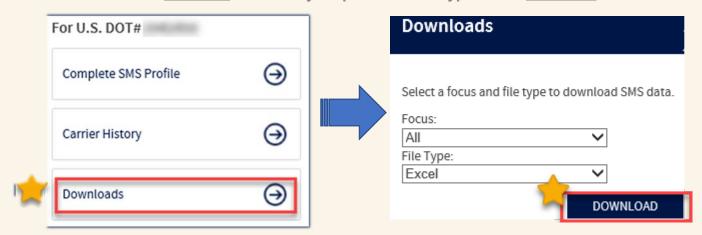
3. Enter the applicant's USDOT, MC/MX Number or Name then select Search



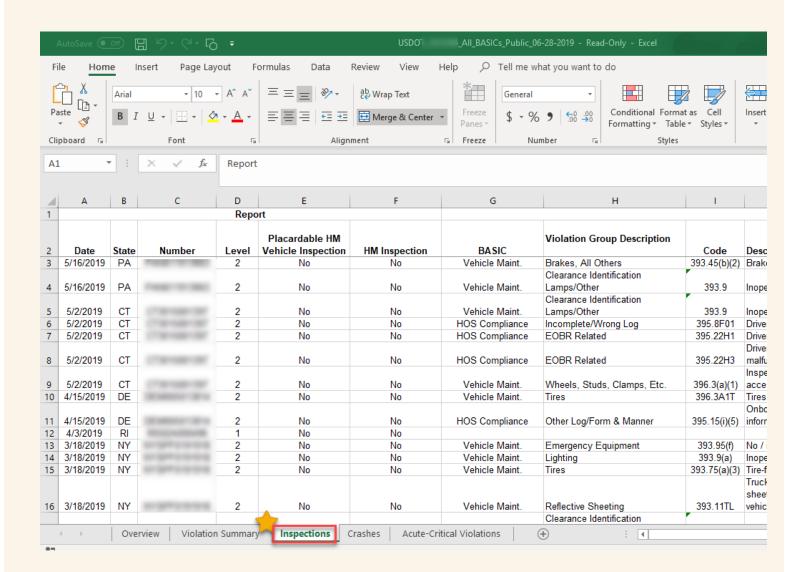
4. Once the Company Snapshot comes up, select SMS Results



5. On the SMS Results page, scroll down and select <u>Downloads</u> to bring up download options. Leave the default set to Focus: All and select your preferred File Type. Select Download.



6. After opening the downloaded file, select the <u>Inspections</u> tab. The Inspections tab will display the vehicle identification number (VIN) inspected by the FMCSA and operated by the carrier.



7. Each unit inspected in the preceding 12-months must be listed on the CAIP Inspected Units Form. The VIN number should be listed only once and can be copied from the downloaded file to the CAIP Inspected Units Form.

For units owned and sold prior to the policy inception, a bill of sale should accompany the application. The Estimated Cost of Hire provided on the application should include an estimate of the annualized Cost of Hire for each vehicle the applicant will operate during the policy term.

COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE (CAIP) INSPECTED UNITS FORM

APPLICANT													
Last Name					First	Naı	me						MI
DBA													
Street Address				Ste./Apt. N	lo.	Ci	ty		Cour	nty	State	Z	ip Code
Assignment No. (if	. (if known)			Policy No	Policy No. (if known)				Insurer Name (if known)				
PRODUCER OF R	ECOR	D											
Producer Last Nam				Producer First Name				ame	MI				
Mailing Address	g Address		Ste./Apt. No.		Ci	City		Cour	nty State		Z	Zip Code	
Producer License N	No. Te		elephone No. (incl. area code)			Email Address							
SIGNING PRODUC	CER	(Cor	nplet	e if the prod	ucer c	com	pleting and si	ignii	ng this a	pplic	ation diffe	rs f	rom above)
Last Name				st Name		MI			ducer Lice	ense No.			
INSPECTED UNIT	SINFO	ORMATIO	N										
Vehicle No.	Vehic	cle Identific	cation	n No.			e Status Owned, Solo	t	Include App Pol	olicat		eque	est
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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													
Produce	er Sign	ature		Produc	er Na	ame	e (print)				Date		

COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE (CAIP) INSPECTED UNITS FORM SUPPLEMENT

Vehicle No.	Vehicle Identification No.	Vehicle Status Hired, Owned, Sold	Included on
			☐ Application☐ Policy Change Request
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COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE (CAIP) INSPECTED UNITS FORM

Plan rules require that a completed signed CAIP Inspected Units Form (AIP 3504) 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 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'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:

<u>Vehicle No:</u> To list inspected unit information for additional vehicles, complete a CAIP Supplemental Inspected Units Form (AIP 3504 (9/19)).

<u>Vehicle Identification Number:</u> 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.