

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
<ul style="list-style-type: none">FMCSA Registration & UpdatesOnline Fine PaymentMCMIS Data Dissemination Catalog/Company Safety Profiles	<ul style="list-style-type: none">Company SnapshotAnalysis & Information (A&I) OnlineLicensing & Insurance	<ul style="list-style-type: none">FMCSA Home PageDataQsFMCSA Information Systems

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

Company Snapshot

The *Company Snapshot* is a concise electronic record of a company's identification, size, commodity information, and safety record, including the safety rating (if any), a roadside out-of-service inspection summary, and crash information. The Company Snapshot is available via an ad-hoc query (one carrier at a time) free of charge.

Search Criteria

Users can search by DOT Number, MC/MX Number or Company Name.

☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value: x

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

☒ USDOT Number ☐ MC/MX Number ☐ Name
Enter Value:

Company Snapshot

USDOT Number: 12345678

Other Information for this Carrier

SMS Results

Licensing & Insurance

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 07/30/2019. Carrier VMT Outdated.

Entity Type:	CARRIER		
Operating Status:	ACTIVE	Out of Service Date:	None
Legal Name:			
DBA Name:			

- For U.S. DOT#
- Complete SMS Profile

→
- Carrier History

→
- Downloads

→

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

AutoSave Off USDOT All_BASICs_Public_06-28-2019 - Read-Only - Excel

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

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A1 Report

	A	B	C	D	E	F	G	H	I	J
1	Report									
2	Date	State	Number	Level	Placardable HM Vehicle Inspection	HM Inspection	BASIC	Violation Group Description	Code	Description
3	5/16/2019	PA	[REDACTED]	2	No	No	Vehicle Maint.	Brakes, All Others	393.45(b)(2)	Brake
4	5/16/2019	PA	[REDACTED]	2	No	No	Vehicle Maint.	Clearance Identification Lamps/Other	393.9	Inop
5	5/2/2019	CT	[REDACTED]	2	No	No	Vehicle Maint.	Clearance Identification Lamps/Other	393.9	Inop
6	5/2/2019	CT	[REDACTED]	2	No	No	HOS Compliance	Incomplete/Wrong Log	395.8F01	Drive
7	5/2/2019	CT	[REDACTED]	2	No	No	HOS Compliance	EOBR Related	395.22H1	Drive
8	5/2/2019	CT	[REDACTED]	2	No	No	HOS Compliance	EOBR Related	395.22H3	Drive
9	5/2/2019	CT	[REDACTED]	2	No	No	Vehicle Maint.	Wheels, Studs, Clamps, Etc.	396.3(a)(1)	Insp
10	4/15/2019	DE	[REDACTED]	2	No	No	Vehicle Maint.	Tires	396.3A1T	acce
11	4/15/2019	DE	[REDACTED]	2	No	No	HOS Compliance	Other Log/Form & Manner	395.15(i)(5)	Onb
12	4/3/2019	RI	[REDACTED]	1	No	No				infor
13	3/18/2019	NY	[REDACTED]	2	No	No	Vehicle Maint.	Emergency Equipment	393.95(f)	No /
14	3/18/2019	NY	[REDACTED]	2	No	No	Vehicle Maint.	Lighting	393.9(a)	Inop
15	3/18/2019	NY	[REDACTED]	2	No	No	Vehicle Maint.	Tires	393.75(a)(3)	Tire-
16	3/18/2019	NY	[REDACTED]	2	No	No	Vehicle Maint.	Reflective Sheeting	393.11TL	Truc
								Clearance Identification		shee

Overview Violation Summary Inspections Crashes Acute-Critical Violations

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 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 Code
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

**COMMERCIAL AUTOMOBILE INSURANCE PROCEDURE (CAIP)
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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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:

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

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.