**MOTOR CARRIER DECLARATIONS**

**ITEM ONE**

|  |  |
| --- | --- |
| **Company Name:** | {{carrier\_al\_name}} |
| **Producer Name:** | {{producer\_name}} |
| **Named Insured:** | {{legal\_name}} |
| **Mailing Address:** | {{mailing\_street}}  {{mailing\_city}}, {{mailing\_state}} {{mailing\_zip}} |

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Period** | | | |
| **From:** | {{effective\_date\_transaction}} | | |
| **To:** | {{expiration\_date\_transaction}} | | At 12:01 AM Standard Time at your mailing address shown above |
| **Previous Policy Number:** | | N/A | |

|  |  |  |
| --- | --- | --- |
| **Endorsements Attached To This Policy** | | |
| **Form** **Title** | **Form** **Number** | **Edition Date** |
| **{{form\_title}}** | **{{form\_number}}** | **{{form\_edition}}** |

**ITEM ONE** (Cont'd)

|  |  |
| --- | --- |
| **Countersignature Of Authorized Representative** | |
| **Name:** | {{signature\_name}} |
| **Title:** | {{signature\_title}} |
| **Signature:** | {{signature\_img}} |
| **Date:** | {{effective\_date}} |