



# PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## AUTOMOBILE FILING QUESTIONNAIRE

For prompt and reliable service, complete information must be provided, including the **Exact Name, Address and associated Docket Number** for which the authority exists.

Failure to provide full and complete information may result in processing delays and possible suspensions.

**Applicant Name:**

**Policy Effective Date:**

## **FILING INFORMATION**

1. Does the Applicant hold an ICC/ FMCSA permit or USDOT registration? Yes No  
a. If yes, provide:  
MC # USDOT #  
PUC # State (Case) #

2a. Is an MCS 90 endorsement needed? Yes No  
2b. Is an MCS90b endorsement needed? Yes No

3. Does the Applicant require state filings? Yes No  
a. If yes, list each state(s) and provide necessary state motor carrier number, if applicable.

4. Provide the exact name and address as shown for filings, permits, etc.  
Exact Name on Filings:

**Exact Street Address on Filing:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**