

Motor Vehicle Procedure Manual
Registration
Commercial Motor Vehicle Insurance

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Legal Authority

[Section 320.02\(5\)\(e\), Florida Statutes](#), provides that upon the expiration date noted in the cancellation notice that the department receives from the insurer, the department shall suspend the registration, issued under this chapter or [section 207.004\(1\), Florida Statutes](#), of a motor carrier who operates a commercial motor vehicle or who permits it to be operated in this state during the registration period without having in full force liability insurance, a surety bond, or a valid self- insurance certificate that complies with this section. The insurer shall provide notice to the department at the same time the cancellation notice is provided to the insured pursuant to [s. 627.7281](#).

Description and Use

This procedure provides information and instructions to assist employees of the tax collector, license plate agent, and Department Of Highway Safety And Motor Vehicles (FLHSMV) with the collection of commercial motor vehicle insurance.

Definitions

“Commercial Motor Vehicle” is defined by [section 320.01\(25\), Florida Statutes](#), as any vehicle which is not owned or operated by governmental entity, which uses special fuel or motor fuel on the public highways, and which has a gross vehicle weight of 26,001 pounds or more, or has three or more axles regardless of weight, or is used in combination when the weight of such combination exceeds 26,001 pounds gross vehicle weight.

Combined Single Limits ensures that the full limit of the policy will be payable for damages or injuries, whether there is only one damage or injury or multiple damages and injuries where the at-fault driver is liable.

Split Level Policy identifies the maximum limit for injury and damage. For example, a policy with split limits might pay \$100,000 per person incident for bodily injury, with maximum of \$300,000 per incident.

Minimum Coverage Requirement

- A. The minimum required amounts of coverage for the combined bodily liability insurance and property damage liability insurance, as provided in [section 627.7415, Florida Statutes](#).
1. \$50,000 per occurrence for a commercial motor vehicle with a gross vehicle weight of 26,000 pounds or more, but less than 35,000 piunds.
 2. \$100,000 per occurrence for a commercial motor vehicle with a gross vehicle weight of 35,000 pounds or more, but less than 44,000 pounds.
 3. \$300,000 per occurrence for a commercial motor vehicle with a gross vehicle weight of 44,000 pounds or more.
 4. All commercial motor vehicles subject to regulations of the United States Department of Transportation, Tiittle 49 C.F/R part 387, subpart A, for all for-hire interstate carriers or all carriers transporting hazardous materials with vehicles having a gross vehicle weight of 10,000 pounds or more, the minimum level is \$750,000 CSL.
 5. A split limit policy is acceptable in lieu of the combined single limit policy only if each of the split limit meets or exceeds the amount of the required combined limits coverage.

6. Notwithstanding [s. 627.7415, F.S.](#), and [s. 627.742, F.S.](#), all nonpublic sector buses subject to regulations of the United States Department of Transportation, 49 C.F.R. part 387, subpart B, for all for-hire interstate carriers of passengers, the minimum is \$1,500,000 for vehicles with seating capacity of 15 passengers or less, and \$5,000,000 for vehicles with seating with a seating capacity of 16 passengers or more. Seating capacity includes the driver.

B. Proof of insurance must specify Personal Injury Protection (PIP) coverage in the amount of \$10,000. PIP is required in addition to any other insurance requirements and regardless of the gross vehicle weight of the covered vehicle(s).

A standard Commercial Motor Vehicle (CMV) insurance policy must indicate that it includes Personal Injury protection (PIP), Property Damage Liability (PDL) and Bodily Injury Liability (BIL) coverage.

Many commercial vehicles are privately owned and operated under a lease agreement with motor carrier companies. Lessors (owner/operators) operate under the insurance coverage of lessees (carrier companies). When a lessor files an application for registration for a commercial vehicle and provides acceptance proof of purchase of the required insurance coverage and the named insured on the proof of purchase is a lessee carrier, the customer must also provide evidence of insurance, under a lease arrangement, with the insured lessee.

Acceptance Proof of Insurance

Unless the policy or binder is marked as “Scheduled Autos” , proof of insurance is not required to list the specific VIN number(s) for the vehicles(s) covered. “Scheduled Auto” means specific vehicles are insured by the policy. Therefore, if “Scheduled Auto” appears on the policy or binder and the VIN number(s) for the vehicle(s) is not listed, the insurance document is NOT valid.

The following are acceptable types of proof of insurance:

- A. Certificate of Liability Insurance also referred to as a COI. This form must show the policy number and levels of insurance coverage including Personal Injury Protection (PIP).
- B. The ACORD form, which is a type of Certificate of Liability Insurance form. PIP coverage should be shown on the ACORD form.

The ACORD form is pre-printed with a standard clause in the “Cancellation” box at the bottom right of the form.

A sample of the ACORD form is attached as Exhibit A.

Customers presenting proof of insurance on an ACORD form for vehicles with apportioned registration under the International Registration Plan must list Florida Highway safety and Motor Vehicles as the certificate holder.

The address is listed as follows:

FLHSMV-BCVDS

2900 Apalachee Parkway, Mail Stop 62

Tallahassee, Florida 32399-0626

- C. Certificate of self insurance issued by the **Bureau of Motorist Compliance**.
- Exhibit B COMPANY/CORPORATION- Complying by Financial Statement.
 - Exhibit C COMPANY/CORPORATION- Complying by Filing a Certificate of Deposit.
 - Exhibit C INDIVIDUAL, COMPANY OR CORPORATION- Complying by Financial Statement to insure commercial vehicles for combined limits of liability insurance required under [s. 627.7415, Florida Statutes](#), based on gross vehicle weight (GVW) of vehicles.

Customers requiring additional information may email:

Selfinsurance@flhsmv.gov

- D. Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability. See Exhibit E. Form E is NOT a departmental form. The form is determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., Sec. 302 (b)(2)). When the carrier is based in Florida, the Name of Commission is the Florida department of Highway Safety and Motor Vehicles.
- E. Proof of self-insurance with the Federal Motor Carrier Safety Administration.
- F. Policy which provides the required coverage.
- G. Insurance binder.
- H. Certificate of insurance issued on insurance form only. This must reflect policy number and levels of insurance.

- I. Depositing a surety bond with the department issued by a surety company authorized to do business in Florida or a combination of a surety bond and insurance policy which satisfies the requirements of [section 320.02\(5\)\(e\), Florida Statutes](#).
- J. An insurance affidavit (form [HSMV 83330](#)) is not acceptable proof of commercial vehicle insurance.

Miscellaneous

If an individual's residence is in Florida and he has a commercial vehicle titled and registered in Florida in his name, but he leases the vehicle to a company out of state, the owner must have Florida commercial insurance.

Revision(s)

Statory review, added links to form and statutes. Removed "notes" and added Historical Revisions section. Changed applicant to customer. Under III.A (6) added "all nonpublic sector buses subject to regulations of the USDOT for all for-hire interstate carriers of passengers, the minimum is \$1,500,000 for vehicles with a seating capacity of 15 passengers or less, and \$5,000,000 for vehicles with a seating capacity of 16 passengers or more". Under IV.B. added when Department must be listed as certificate holder. Under IV C. added email address SelfInsurance@flhsmv.gov. Added new exhibit B-D


02/15/2016 - Updated Exhibit B with new bureau chief name.

12/14/2012 -Updated statute language on page 1, removed the endorsement language from Section IV, and updated Exhibit B.

07/16/2010 – Revised Section IV on pg. 3 to list all acceptable types of certificate of liability insurance, which include the ACORD form, re-lettered items on pgs. 3 and 4, and updated Exhibit A with latest version of the ACORD form.

03/15/2010 – Added information About PIP coverage on pg. 2 under E, revised section IV on pg. 3 and re-lettered accordingly, added a note to pg. 3 C about Form E, and added new Exhibits A, B, and C, updating the old forms.

07/28/2006 – Added definitions of Combined and Single limit insurance to page one. "Note" added to page 2 that split limit policy is acceptable.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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COMPANY/CORPORATION – Complying by Financial Statement

Florida
Department of Highway Safety and Motor
Vehicles Bureau of Motorist Compliance

Certificate of Self-Insurance

THIS IS TO CERTIFY «CompanyCertificateName»
has furnished satisfactory evidence, pursuant to [Chapter 324.171, Florida Statutes](#), of possessing a net unencumbered capital and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides limits of liability insurance, \$10,000/20,000/10,000, [Chapter 324.021\(7\)](#) and personal injury protection coverage, [Chapter 627.733\(3\)\(b\), Florida Statutes](#), covering «ofVehicles» motor vehicles.

This certificate is valid «IssueDate»through «ExpirationDate»
and may, upon notice, be cancelled by the Department.

Certificate Number



No. **«CompanyCertificate»**

William R. Graves, Chief of Motorist

Compliance

Department of Highway Safety and Motor Vehicles

COMPANY OR CORPORATION – Complying by
Filing a Certificate of Deposit

Florida
Department of Highway Safety and Motor
Vehicles Bureau of Motorist Compliance

Financial Responsibility Certificate

THIS IS TO CERTIFY CertificateName
has on file with the Department a «CollateralType» to comply with the Financial Responsibility
Law, [Section 324.031, Florida Statutes](#). This certificate provides limits of liability insurance in the
amount of

\$10,000/20,000/10,000 [Chapter 324.021\(7\)](#), and personal injury protection coverage,
[Chapter 627.733\(3\)\(b\), Florida Statutes](#).

Effective «IssueDate» through «ExpirationDate».

Certificate Number



No. «FRCertificate»

William R. Graves, Chief of Motorist Compliance
Department of Highway Safety and Motor Vehicles

INDIVIDUAL, COMPANY OR CORPORATION – Complying by Financial Statement to insure commercial vehicles for combined limits of liability insurance required under [s. 627.7415, Florida Statutes](#), based on gross vehicle weight (GVW) of vehicles.

Florida
Department of Highway Safety and Motor
Vehicles Bureau of Motorist Compliance

Certificate of Self-Insurance

THIS IS TO CERTIFY «CompanyCertificateName» has furnished satisfactory evidence, pursuant to [Chapter 324.171, Florida Statutes](#), of possessing an unencumbered capital for a commercial motor vehicle and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides combined limits of liability insurance of «CoverageLimits» for vehicles with a gross weight of «VehicleWeight» pounds or more as specified in [Chapter 627.7415](#), and personal injury protection coverage, [Chapter 627.733\(3\)\(b\), Florida Statutes](#), covering «ofHeavyVehicles» motor vehicles.

This certificate is valid «IssueDate» through «ExpirationDate» and may, upon notice, be canceled by the Department.

Certificate Number

No. **«CommCertificate»**
Compliance



William R. Graves, Chief of Motorist

Department of Highway Safety and Motor Vehicles

Exhibit E

**UNIFORM MOTOR CARRIER BODILY INJURY AND
PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

(Execute in Triplicate)

Filed with _____ (hereinafter called Commission)
(Name of Commission)

This is to certify, that the _____ (Name of
Company)

(hereinafter called Company) of _____
(Home Office Address of Company)

has issued to

_____ (Name of Motor Carrier)

Of

_____ (Address of Motor Carrier)

A policy or policies of insurance effective from _____ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is received in the office of the Commission.

Countersigned at _____
(Street Address) (City) (State) (Zip Code)

This _____ day of _____, _____.

Authorized Company Representative

Insurance Company File No.

(Policy Number)

This form determined by the National Association of Regulatory Utilities Commissioners and Promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., Sec. 302[b][2]).