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**BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF
INSURANCE FOR TRANSPORTATION NETWORK CARRIERS (TNCs)**

Filed with MONTANA PUBLIC SERVICE COMMISSION (hereinafter called Commission)

This is to certify that _____ (hereinafter called
(insurance company name)

Company) of _____ has issued to
(insurance company address, city, zip)

_____ of _____
(TNC name) (TNC address, city, zip)

_____ a policy or policies of insurance effective from

_____ 12:01 A.M. standard time at the address of the insured stated in said
(Date)

policy or policies and continuing until canceled as provided herein, which, by attachment of the Casualty Insurance Endorsement MV-TNC, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such TNC by the provisions of Title 69, Chapter 12, Section 4, Montana Code Annotated and the regulations promulgated in accordance therewith. This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the Commission, 1701 Prospect Ave., PO Box 202601, Helena, Montana 59620-2601, said thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Filed with the Montana Public Service Commission on _____.
(Date)

Insurance Company File/Policy Number(s): _____
(Policy Number)

Authorized Company Representative: _____
(Print name of representative)

(Signature of representative)