

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

Filed with  
(hereinafter called Commission)

This is to certify, that the Oregon Mutual Insurance Company  
(hereinafter called Company) of 400 NE Baker Street, PO Box 808  
McMinnville, Oregon 97128

has issued to

of

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 herewith.

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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at McMinnville, Oregon

This \_\_\_\_\_ day of \_\_\_\_\_



\_\_\_\_\_  
Authorized Company Representative

Insurance Company File No.

(Policy Number)