

**FORM F**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated in the following schedule.

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**Indicates State Commission with Whom Uniform Motor Carrier**  
**Bodily Injury and Property Damage Liability Certificate of Insurance has Been Filed**

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|---|--|---|---|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Montana        | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Iowa          | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> California           | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Maine         | <input type="checkbox"/> New York       | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Ohio           | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Georgia              | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Hawaii               | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming        |
| <input type="checkbox"/> Idaho                | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Pennsylvania   |   |

3. This endorsement 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 with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No.

issued by Oregon Mutual Insurance Company herein called company,

of 400 NE Baker Street, PO Box, McMinnville, Oregon 97128

to

of

Dated at McMinnville, Oregon                      this                      day of

  
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 Authorized Company Representative