

## AGREEMENT TO ADD SUB-HAULER

**MOTOR CARRIER NAME:** \_\_\_\_\_

**SUB-HAULER/CONTRACTOR COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS OF SUBHAULER:** \_\_\_\_\_

1. Name of Registered Owner: \_\_\_\_\_

Driver Name: \_\_\_\_\_

License number: \_\_\_\_\_ License issued State: \_\_\_\_\_ DOB: \_\_\_\_\_

Is vehicle currently scheduled on mover's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of loss payee, if any: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

(Year) (Make & Model) (Full VIN#)

2. Name of Registered Owner: \_\_\_\_\_

Driver Name: \_\_\_\_\_

License number: \_\_\_\_\_ License issued State: \_\_\_\_\_ DOB: \_\_\_\_\_

Is vehicle currently scheduled on mover's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of loss payee, if any: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

(Year) (Make & Model) (Full VIN#)

3. Name of Registered Owner: \_\_\_\_\_

Driver Name: \_\_\_\_\_

License number: \_\_\_\_\_ License issued State: \_\_\_\_\_ DOB: \_\_\_\_\_

Is vehicle currently scheduled on mover's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of loss payee, if any: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

(Year) (Make & Model) (Full VIN#)

4. Name of Registered Owner: \_\_\_\_\_

Driver Name: \_\_\_\_\_

License number: \_\_\_\_\_ License issued State: \_\_\_\_\_ DOB: \_\_\_\_\_

Is vehicle currently scheduled on mover's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of loss payee, if any: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_  
(Year) (Make & Model) (Full VIN#)

**NOTE: List additional vehicles on a separate page. Names, driver license numbers, and dates of birth must be provided for all drivers operating additional units.**

Does sub-hauler need regulatory filings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please advise:

Filing type: \_\_\_\_\_ DMV  
Permit#/State: \_\_\_\_\_

Exact Name on operating authority: \_\_\_\_\_

\_\_\_\_\_ PUC  
Permit#/State: \_\_\_\_\_

Exact Name on operating authority: \_\_\_\_\_

**SUB-HAULER STATEMENT:**

My signature, below, verifies that I neither own nor operate any vehicles, other than those listed and that I am contracted for the above named motor carrier.

\_\_\_\_\_  
Sub-hauler Signature

\_\_\_\_\_  
Date

**MOTOR CARRIER STATEMENT:**

My signature, below, as an authorized representative of the moving company named above, indicates that I fully understand the extent of our liability and the possible consequences of adding the above mentioned sub-hauler to our policy and for requesting a separate filing(s), for the sub-hauler's authority(ies), if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Signer (PRINT)