

For FMCSA Use Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Household Goods Motor Carrier Cargo Liability

Certificate of Insurance

FORM BMC-34

This is to certify, that the _____
Name of Insurance Company *(USDOT Number)*

(hereinafter called Company) of _____
Company's Home Office Street Address/Route Number *City* *State* *Postal Code*

has issued to _____
Name of Motor Carrier

of _____
Motor Carrier's Street Address/Route Number *City* *State* *Postal Code*

a policy or policies of Cargo Insurance under terms described on the back of this form.

Effective from _____ (12:01 a.m., standard time at the address of the Insured as stated in said policy or policies)
and continuing until canceled as provided in the rules and regulations under [Section 13906 of Title 49](#) of the United States Code.

Countersigned at: _____
Street Address/Route Number of Countersigning Location *City* *State* *Postal Code*

Date: _____ Insurance Company Policy Number: _____

Issuing Office: _____
Full Name of Agency or Branch

Countersigned by: _____
Signature of Authorized Representative

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/registration>.

(continued on next page)

The receipt of this certificate by the FMCSA certifies that a policy or policies of cargo liability insurance has been issued by the company identified on the face of this form, that the company is qualified to make this filing under [Section 387.315](#) or [Section 387.411](#) of Title 49 of the Code of Federal Regulations, and that by the attachment of endorsement BMC-32 prescribed by the Federal Motor Carrier Safety Administration, is amended to provide compensation for loss of or damage to all property belonging to shippers or consignees and coming into the possession of the insured in connection with its transportation service under certificate issued to the insured by the Federal Motor Carrier Safety Administration or otherwise under [Chapter 139](#) of Title 49 United States Code, and the pertinent rules and regulations of the Federal Motor Carrier Safety Administration, regardless of whether or not the motor vehicles, terminals, warehouses, and other facilities used in connection with the transportation of such property are specifically described in the policy or policies. The liability of the Company extends to such losses or damages whether occurring on the route or in the territory authorized to be served by the insured or elsewhere.

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

The endorsement described herein may not be canceled without cancellation of the policy (or policies) 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 Federal Motor Carrier Safety Administration at its offices in Washington, DC, on the prescribed Form BMC-35, Notice of Cancellation Motor Carrier Policies of Insurance under [49 U.S.C. 13906](#), said thirty (30) days notice to commence to run from the date notice is actually received at the office of said FMCSA.

Falsification of this document can result in criminal penalties prescribed under [18 U.S.C. 1001](#).