

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 194 (2009/03)</b>	<b>Truckers / Motor Carrier Supplement - Request for State / Federal Filing Action</b>	The title of the form. ACORD 194, Truckers / Motor Carrier Supplement Request For State / Federal Filing Action, is intended to supplement ACORD 132, Truckers/Motor Carrier Section, when state or federal filing action is required and the Regulation section in ACORD 132 is not adequate to provide the company with the necessary filing information.  Refer to your company for any specific instructions as to company-unique requirements.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>IDENTIFICATION SECTION</b>	<b>Insured Identification Name (Same As On Policy)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Insured Address</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address state or province code.

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IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	If Name/Address On Requested Filing Should Read Differently Than Policy-Not Applicable (Checkbox)	Check the box (if applicable): Indicates the name and address on requested filing should not read differently than the policy.
IDENTIFICATION SECTION	If Name/Address On Requested Filing Should Read Differently Than Policy, Please Explain	Enter text: The full name on the requested filing. As used here, this information is completed if the name and / or address on the requested filing should read differently than the name and address on the policy.
IDENTIFICATION SECTION		Enter text: The first address line for the filing.
IDENTIFICATION SECTION		Enter text: The second address line for the filing.
IDENTIFICATION SECTION		Enter text: The city of the filing address.
IDENTIFICATION SECTION		Enter code: The state or province of the filing address.
IDENTIFICATION SECTION		Enter code: The postal code of the filing address.
IDENTIFICATION SECTION		Enter text: The explanation of why the name and address requested on the filing differs from the policy.
POLICY INFORMATION	Liability Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
POLICY INFORMATION	Liability Limit	Enter limit: The liability limit amount. As used here, this is for the liability policy.
POLICY INFORMATION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
POLICY INFORMATION	Cargo Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
POLICY INFORMATION	Cargo Limit	Enter limit: The cargo limit amount. As used here, this is for the cargo policy.
POLICY INFORMATION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
POLICY INFORMATION	IF ICC-Regulated-Base State	Enter code: The base state or province of the truckers/motor carrier fleet.
TYPE OF AUTHORITY	AL-Liability-I (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is intrastate.
TYPE OF AUTHORITY	AL-Liability-E (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is exempt.











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TYPE OF AUTHORITY	VA-Cargo-I (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is intrastate.
TYPE OF AUTHORITY	VA-Cargo-E (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is exempt.
TYPE OF AUTHORITY	WA-Liability-I (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is intrastate.
TYPE OF AUTHORITY	WA-Liability-E (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is exempt.
TYPE OF AUTHORITY	WA-Cargo-I (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is intrastate.
TYPE OF AUTHORITY	WA-Cargo-E (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is exempt.
TYPE OF AUTHORITY	WV-Liability-I (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is intrastate.
TYPE OF AUTHORITY	WV-Liability-E (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is exempt.
TYPE OF AUTHORITY	WV-Cargo-I (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is intrastate.
TYPE OF AUTHORITY	WV-Cargo-E (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is exempt.
TYPE OF AUTHORITY	WI-Liability-I (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is intrastate.
TYPE OF AUTHORITY	WI-Liability-E (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is exempt.
TYPE OF AUTHORITY	WI-Cargo-I (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is intrastate.
TYPE OF AUTHORITY	WI-Cargo-E (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is exempt.
TYPE OF AUTHORITY	WY-Liability-I (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is intrastate.
TYPE OF AUTHORITY	WY-Liability-E (Checkbox)	Check the box (if applicable): Indicates the liability filing authority is exempt.
TYPE OF AUTHORITY	WY-Cargo-I (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is intrastate.
TYPE OF AUTHORITY	WY-Cargo-E (Checkbox)	Check the box (if applicable): Indicates the cargo filing authority is exempt.
TYPE OF AUTHORITY	For ICC Filings: Liability MC #	Enter identifier: The liability MC number for ICC filings.
TYPE OF AUTHORITY	For ICC Filings: Cargo MC #	Enter identifier: The cargo MC number for ICC filings.
TYPE OF AUTHORITY	Canadian Province(s)	Enter text: The description of the type of filing authority for Canadian provinces.
TYPE OF AUTHORITY	Oversize / Overweight Certificate(s)	Enter text: The description of any certificates for oversize / overweight cargo.
TYPE OF CHANGE	New (Checkbox)	Check the box (if applicable): Indicates this is a request for a new filing.
TYPE OF CHANGE	Renewal (Checkbox)	Check the box (if applicable): Indicates this is a request for a renewal of a previous filing.
TYPE OF CHANGE	Cancellation (Checkbox)	Check the box (if applicable): Indicates that a previous filing should be cancelled.
TYPE OF CHANGE	Other (Checkbox)	Check the box (if applicable): Indicates a request for a filing or a change to a filing other than the options listed.
TYPE OF CHANGE	Other Description	Check the box (if applicable): The description of the type of filing or change to a previous filing being requested.
REMARKS	Remarks	Enter text: The general remarks associated with the truckers / motor carrier request for state / federal filing action.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).