

## Tyler Insurance Filings

### Tips for Filing Form E, Form H, and Form K to Georgia Using Tyler Insurance Filings

Forms E, H, and K filed to Georgia require information that is determined during the motor carrier's registration process for operating authority, like state ID number, to be included on the form. Make sure the insured motor carrier has completed this registration before you file the proof of insurance on behalf of your policyholder.

#### **Motor Carrier Operating Status and Authority Types**

To file Forms E, H, and K to Georgia, you are required to enter state-specific information about the motor carrier registered to operate in Georgia. Each motor carrier should have this information as part of their Georgia registration:

- **Operating Status**: Interstate or Intrastate
  
- **Type of Authority/Service**: Georgia Intrastate Motor Carrier (GIMC), Household Goods, Passenger Carrier, or Passenger Carrier (10 passengers or fewer)
  - If Household Goods, Passenger Carrier or Passenger Carrier (10 passengers or fewer) is selected, additional classification data is required:
    - Household Goods Types: Truck-Only
  
    - Passenger Carrier Types: Stretch Limo, Limo Bus, Passenger Carrier, Motor Coach, Party Bus, Tours Bus, Adult Day Care, Child Day Care, Non-Emergency Medical, Shuttle Bus, Trolley Bus, Mega Bus, Hotel Shuttle
  
    - Passenger Carrier Types (10 passengers or fewer): Child Day Care, Adult Day Care, Passenger Carrier

The following pages walk through the different steps and options for each form.

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After you select a Form Type (Form E, Form H, or Form K), the second page of the form will display questions to enter the following information about the insured motor carrier registered to operate in Georgia.

1. Select the **Operating Status Type**: *Interstate* or *Intrastate*
  - Hover over the  icon to display information on each option.
2. Check one or more **Type of Authority/Service**. Choices presented are based on the form type (E, H, or K) and *Operating Status Type* you selected:
  - GIMC will appear as a choice for Form E filings for motor carriers with *Intrastate* operating status.
  - Household Goods will appear as a choice for Forms E, H, and K. Form H is only required for motor carriers with *Household Goods* authority.
  - Passenger Carrier will appear as a choice for Forms E and K.
  - Passenger Carrier (10 passengers or fewer) will appear as a choice for Form E and K filings for motor carriers with *Intrastate* operating status. Passenger Carriers with vehicles that hold 10 passengers or fewer do not require GIMC authority. This *Type of Authority/Service* may not be used in combination with other options.

**Form E:**

Create Filing - Form Type Form E	Create Filing - Form Type Form E
The estimated cost of the filing is: \$5.50	The estimated cost of the filing is: \$5.50
<b>Certificate of Insurance</b>	<b>Certificate of Insurance</b>
Policy Number: GA123678	Policy Number: GA123678
Underlying Limit: <input type="text"/>	Underlying Limit: <input type="text"/> <small>Amount will be multiplied by 1000.</small>
<b>Liability Limit *</b>	<b>Liability Limit *</b>
Enter value for either Combined Single Limit, OR all three split limit fields (Bodily Injury and Property Damage). Amounts will be multiplied by 1,000.	Enter value for either Combined Single Limit, OR all three split limit fields (Bodily Injury and Property Damage). Amounts will be multiplied by 1,000.
Combined Single Limit: \$ <input type="text"/> .00	Combined Single Limit: \$ <input type="text"/> .00
-OR-	-OR-
Bodily Injury Or Death (One Person): \$ <input type="text"/> .00	Bodily Injury Or Death (One Person): \$ <input type="text"/> .00
Bodily Injury Or Death (More Than One Person): \$ <input type="text"/> .00	Bodily Injury Or Death (More Than One Person): \$ <input type="text"/> .00
Property Damage: \$ <input type="text"/> .00	Property Damage: \$ <input type="text"/> .00
Effective Date *: <input type="text"/>	Effective Date *: <input type="text"/>
USDOT #: <input type="text"/>	USDOT #: <input type="text"/>
FMCSA #: <input type="text"/>	FMCSA #: <input type="text"/>
Operating Status Type * <input checked="" type="radio"/> Interstate  <input type="radio"/> Intrastate 	Operating Status Type * <input type="radio"/> Interstate  <input checked="" type="radio"/> Intrastate 
Type Of Authority/Service * <input type="checkbox"/> Household Goods  <input type="checkbox"/> Passenger Carrier 	Type Of Authority/Service * <input type="checkbox"/> Intrastate (GIMC)  <input type="checkbox"/> Household Goods  <input type="checkbox"/> Passenger Carrier  <input checked="" type="checkbox"/> Passenger Carrier (10 passengers or fewer) 

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**Form H:**

Create Filing - Form Type Form H	Create Filing - Form Type Form H
The estimated cost of the filing is: \$5.50	
<b>Certificate of Insurance</b>	
Policy Number	GA123678
Effective Date *	<input type="text"/>
USDOT #	<input type="text"/>
FMCSA #	<input type="text"/>
Operating Status Type *	<input checked="" type="radio"/> Interstate <input type="radio"/> Intrastate
Type Of Authority/Service *	<input checked="" type="checkbox"/> Household Goods

**Form K:**

Create Filing - Form Type Form K	Create Filing - Form Type Form K
The estimated cost of the filing is: \$5.50	
<b>Certificate of Insurance</b>	
Policy Number	GA123678
Cancellation Type *	<input type="checkbox"/> Cargo <input type="checkbox"/> BI and PD
Effective/Cancellation Date *	<input type="text"/>
USDOT #	<input type="text"/>
FMCSA #	<input type="text"/>
Operating Status Type *	<input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate
Type Of Authority/Service *	<input checked="" type="checkbox"/> Intrastate (GIMC) <input type="checkbox"/> Household Goods <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Passenger Carrier (10 passengers or fewer)

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3. For **Household Goods, Passenger Carrier, and Passenger Carrier (10 passengers or fewer)** authority, select from the presented list of authority/service subtypes. You may select up to 3 subtypes for *Passenger Carrier*.

**Form E:**

<p>Type Of Authority/Service* <input checked="" type="checkbox"/> Household Goods ⓘ <input checked="" type="checkbox"/> Passenger Carrier ⓘ</p> <p>Household Goods Type* <input checked="" type="checkbox"/> Truck-Only Household Goods</p> <p>Passenger Carrier Type (LIMIT OF 3)* ⓘ</p> <p><input type="checkbox"/> Adult Day Care Passenger Carrier <input type="checkbox"/> Non-Emergency medical (only 11 or more passengers)</p> <p><input type="checkbox"/> Child Day Care Passenger Carrier <input type="checkbox"/> Party Bus</p> <p><input type="checkbox"/> Hotel Shuttle <input checked="" type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Limo Bus (does not exceed 16 passengers) <input type="checkbox"/> Shuttle Bus</p> <p><input type="checkbox"/> Mega Bus <input type="checkbox"/> Stretch Limo</p> <p><input type="checkbox"/> Motor Coach <input type="checkbox"/> Tours Bus</p> <p><input type="checkbox"/> Trolley Bus</p>	<p>Type Of Authority/Service* <input checked="" type="checkbox"/> Household Goods ⓘ <input checked="" type="checkbox"/> Passenger Carrier ⓘ</p> <p>Household Goods Type* <input checked="" type="checkbox"/> Truck-Only Household Goods</p> <p>Passenger Carrier Type (LIMIT OF 3)* ⓘ</p> <p><input type="checkbox"/> Adult Day Care Passenger Carrier <input type="checkbox"/> Non-Emergency medical (only 11 or more passengers)</p> <p><input type="checkbox"/> Child Day Care Passenger Carrier <input type="checkbox"/> Party Bus</p> <p><input type="checkbox"/> Hotel Shuttle <input checked="" type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Limo Bus (does not exceed 16 passengers) <input type="checkbox"/> Shuttle Bus</p> <p><input type="checkbox"/> Mega Bus <input type="checkbox"/> Stretch Limo</p> <p><input checked="" type="checkbox"/> Motor Coach <input type="checkbox"/> Tours Bus</p> <p><input type="checkbox"/> Trolley Bus</p>
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<p>Type Of Authority/Service* <input type="checkbox"/> Intrastate (GIMC) ⓘ <input type="checkbox"/> Household Goods ⓘ <input type="checkbox"/> Passenger Carrier ⓘ <input checked="" type="checkbox"/> Passenger Carrier (10 passengers or fewer) ⓘ</p> <p>Passenger Carrier Type (10 passengers or fewer)* ⓘ <input type="checkbox"/> Adult Day Care Passenger Carrier <input checked="" type="checkbox"/> Child Day Care Passenger Carrier <input type="checkbox"/> Passenger Carrier</p>
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**Form H:**

<p>Type Of Authority/Service* <input checked="" type="checkbox"/> Household Goods ⓘ</p> <p>Household Goods Type* <input checked="" type="checkbox"/> Truck-Only Household Goods</p>
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**Form K:**

<p>Household Goods Type* <input checked="" type="checkbox"/> Truck-Only Household Goods</p> <p>Passenger Carrier Type (LIMIT OF 3)* ⓘ</p> <p><input type="checkbox"/> Adult Day Care Passenger Carrier <input type="checkbox"/> Party Bus</p> <p><input type="checkbox"/> Child Day Care Passenger Carrier <input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Hotel Shuttle <input checked="" type="checkbox"/> Shuttle Bus</p> <p><input type="checkbox"/> Limo Bus (does not exceed 16 passengers) <input type="checkbox"/> Stretch Limo</p> <p><input type="checkbox"/> Mega Bus <input checked="" type="checkbox"/> Tours Bus</p> <p><input checked="" type="checkbox"/> Motor Coach <input type="checkbox"/> Trolley Bus</p> <p><input type="checkbox"/> Non-Emergency medical (only 11 or more passengers)</p>
<p>Type Of Authority/Service* <input type="checkbox"/> Intrastate (GIMC) ⓘ <input type="checkbox"/> Household Goods ⓘ <input type="checkbox"/> Passenger Carrier ⓘ <input checked="" type="checkbox"/> Passenger Carrier (10 passengers or fewer) ⓘ</p> <p>Passenger Carrier Type (10 passengers or fewer)* ⓘ <input type="checkbox"/> Adult Day Care Passenger Carrier <input checked="" type="checkbox"/> Child Day Care Passenger Carrier <input type="checkbox"/> Passenger Carrier</p>

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4. Complete the *Motor Carrier Information - Electronic Filing States* section. In this section you will need to enter the motor carrier’s Georgia-specific **state ID number(s)** based on the authority types applicable to the motor carrier.

**A motor carrier may have up to three state ID numbers**, depending on the types of authority they hold in Georgia. You will be prompted to provide the required numbers for each motor carrier:

**Motor Carrier Information - Electronic Filing States**

Georgia

Insurer #

MCA ID (GIMC) \*  ⓘ

Household Goods ID \*  ⓘ

Passenger Carrier ID \*  ⓘ

\* These numbers are assigned during the registration process for operating in Georgia.

Tyler Insurance Filings will collect all required numbers and attempt to ensure the state ID numbers meet all formatting requirements before you can submit successfully. Please refer to the table below for guidance:

Number Type	Formatting Requirements
GIMC	<ul style="list-style-type: none"> <li>Begins with the letter A</li> <li>Only "A" and numeric characters are accepted</li> <li>7 characters maximum, including leading zeros (e.g., A000123)</li> </ul>
Household Goods	<ul style="list-style-type: none"> <li>Only numeric characters are accepted</li> <li>Numbers should be in 9000s-10000s range</li> <li>7 characters maximum</li> </ul>
Passenger Carrier	<ul style="list-style-type: none"> <li>Only numeric characters are accepted</li> <li>Numbers should be in 9000s-10000s range</li> <li>7 characters maximum</li> </ul>

5. Confirm the Name of Motor Carrier and Address of Motor Carrier exactly matches information on the MCS-150 form – no exceptions. This information is available in the motor carrier’s [FMCSA SAFER Company Snapshot](#).

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