

# *MoDOT Carrier Express Online Procedures*



*Proof of insurance is the evidence that a motor carrier is insured to the extent required by the State of Missouri. This section describes how to perform various insurance processes using MoDOT Carrier Express. MCE Users and Insurance Representatives with access privileges can perform these tasks, which include adding, maintaining and canceling insurance as well as viewing insurance detail.*

# Working with Insurance Procedures

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## System Access Overview

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The URL address for the MoDOT Carrier Express system is [www.modot.org/mce](http://www.modot.org/mce).

Access to MoDOT Carrier Express (MCE) will allow you to make and cancel insurance filings for motor carriers operating in and through the state as required by Missouri law. Access is limited to one or more insurance companies dependent upon your legal ability to make filings on behalf of the insurance company(s). The system will allow you to see any filings previously made for your client but you will only be able to access or make filings on behalf of companies you have authorization for and as set up in the security process.

To request a User ID and Password send an email to [ContactMCS@modot.mo.gov](mailto:ContactMCS@modot.mo.gov).

The email must include the following information

- Name of the individual to receive access;
- Insurance company the individual is employed by;
- Insurance company(s) the individual will file on behalf of;
- Contact phone number; and
- Contact email address.

## Rules and Regulations

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- Proof of insurance is the evidence that a motor carrier is insured to the extent required by the State of Missouri. Insurance forms must be received from an insurance company authorized to do business in the State of Missouri.
- Every motor carrier operating motor vehicles within Missouri in intrastate commerce must at all times have on file and approved a surety bond or a certificate of public liability and property damage insurance (on an approved form) which must show specifically that the required uniform endorsements are attached to the policy covering each motor vehicle in amounts in accordance with state law.
- Motor carriers transporting household goods, passengers (intrastate program), and house movers within the State of Missouri are required to file insurance that also covers loss or damage to the cargo in case of accident (cargo insurance).
- MoDOT Motor Carrier Services (MCS) accepts filings electronically via MCE, but faxed or mailed copies may be requested MoDOT MCS in certain situations. Electronic filings are bound as if they were signed originals. All documents offered for filing must comply with the applicable requirements and be properly signed or otherwise authenticated in accordance with this agency's rule. All insurance forms, including duplicates and copies, must be legible.

# Types of Insurance Forms & Amounts Required

INSURANCE FORM	PROGRAM	INSURANCE CANCELLATION FORM
FORM-E	PCR, PC, POC, HHG, NPC, House Movers, HW/WT	FORM-K – cancellation
FORM-G (surety bond)	PCR, PC, POC, HHG, NPC, HM, HW/WT	FORM-L – cancellation
FORM-H (cargo)	HHG, House Movers	FORM-K – cancellation
FORM-J (cargo surety bond)	HHG, House Movers	FORM-L – cancellation
Certificate of Insurance	House Movers	

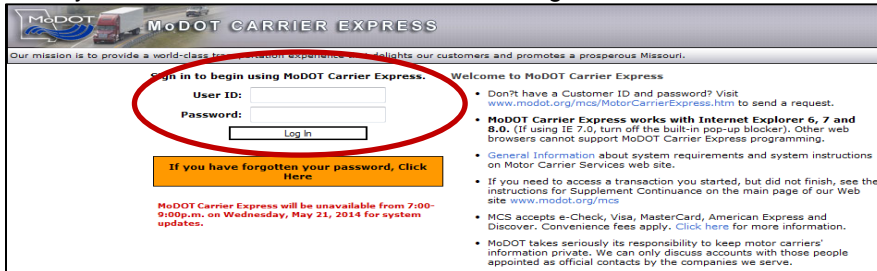
Key to table above	
APPREVIATION	PROGRAM
PCR	Property
PC	Passenger in Charter
POC	Passenger other than Charter
HHG	Household Goods Mover
NPC	Passenger other than Charter Not-For Profit

COMMODITY TRANSPORTED	INSURANCE AMOUNT REQUIRED
Property (nonhazardous)	\$100,000 for injury or death of 1 person; \$300,000 for 1 accident; <u>and</u> \$50,000 property damage for 1 accident
Passenger – Twelve (12) or less capacity	\$100,000 for injury or death of 1 person; \$300,000 for 1 accident; <u>and</u> \$50,000 property damage for 1 accident
Passenger – More than twelve (12) capacity	\$100,000 for injury or death of 1 person; \$500,000 for 1 accident; <u>and</u> \$50,000 property damage for 1 accident
Household Goods	\$2,500 loss or damage to property carried on any 1 motor vehicle. \$5,000 loss or damage to or aggregate of losses or damages of or to property occurring at any 1 time and place.
Hazardous Materials ( <b>Bulk Only – GVWR of 10,0001 or more pounds</b> ) <ul style="list-style-type: none"> <li>Oil listed in 49 CFR 172.010</li> <li>Hazardous waste, materials, and substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101 not mentioned below.</li> </ul>	\$1,000,000
Hazardous Materials ( <b>GVWR of 10,001 or more pounds</b> ) <ul style="list-style-type: none"> <li>Hazardous substances as defined in CFR 171.8, transported in cargo tanks or hopper-type vehicles with capacities in excess of 3,500 water gallons.</li> <li>In Bulk Division 1.1, 1.2, and 2.3 material</li> <li>Division 2.3 Hazard Zone A material</li> <li>Division 6.1, Packing Group I, Hazard Zone A material</li> <li>In Bulk Division 2.1 or 2.2 material</li> <li>Highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403</li> </ul>	\$5,000,000
Hazardous Materials ( <b>GVWR less than 10,001 pounds</b> ) <ul style="list-style-type: none"> <li>Zone A material.</li> <li>Highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403</li> </ul>	\$5,000,000

## Log into MCE

1. MCE can be accessed at the following address: [www.modot.org/mce](http://www.modot.org/mce).  
*Note: Save this address to your Favorites tab for easy access.*

2. Enter your User ID and Password and click Log In:



MoDOT CARRIER EXPRESS

Our mission is to provide a world-class transportation experience that delights our customers and promotes a prosperous Missouri.

**Sign in to begin using MoDOT Carrier Express.**

User ID:

Password:

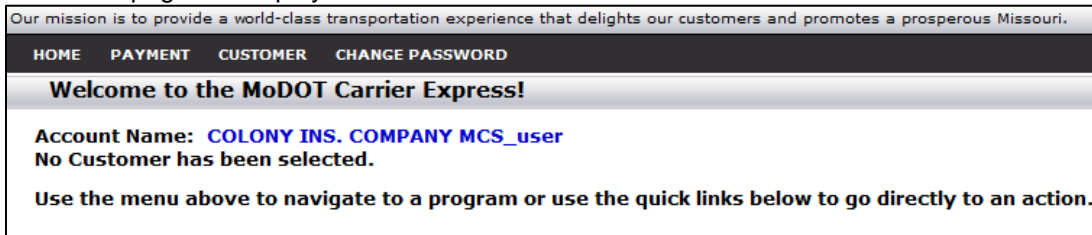
**If you have forgotten your password, Click Here**

MoDOT Carrier Express will be unavailable from 7:00-9:00p.m. on Wednesday, May 21, 2014 for system updates.

Welcome to MoDOT Carrier Express

- Don't have a Customer ID and password? Visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to send a request.
- **MoDOT Carrier Express works with Internet Explorer 6, 7 and 8.0.** (If using IE 7.0, turn off the built-in pop-up blocker). Other web browsers cannot support MoDOT Carrier Express programming.
- **General Information** about system requirements and system instructions on Motor Carrier Services web site.
- If you need to access a transaction you started, but did not finish, see the instructions for Supplement Continuation on the main page of our Web site [www.modot.org/mcs](http://www.modot.org/mcs)
- MCS accepts e-Check, Visa, MasterCard, American Express and Discover. Convenience fees apply. [Click here](#) for more information.
- MoDOT takes seriously its responsibility to keep motor carriers' information private. We can only discuss accounts with those people appointed as official contacts by the companies we serve.

3. The home page will display:



Our mission is to provide a world-class transportation experience that delights our customers and promotes a prosperous Missouri.

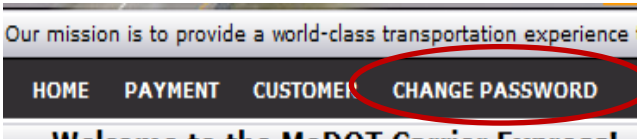
HOME PAYMENT CUSTOMER CHANGE PASSWORD

**Welcome to the MoDOT Carrier Express!**

Account Name: **COLONY INS. COMPANY MCS\_user**  
No Customer has been selected.

Use the menu above to navigate to a program or use the quick links below to go directly to an action.

4. If you have forgotten your User Id or password you will need to contact MoDOT Motor Carrier Services to have it reset (*contact information is located at the end of this document*).
5. Once you are successfully logged into MCE you can change your password by clicking the CHANGE PASSWORD tab:

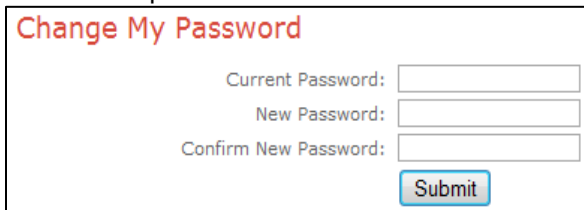


Our mission is to provide a world-class transportation experience t

HOME PAYMENT CUSTOMER CHANGE PASSWORD

Welcome to the MoDOT Carrier Express!

6. Fill in the requested information and click submit:



**Change My Password**

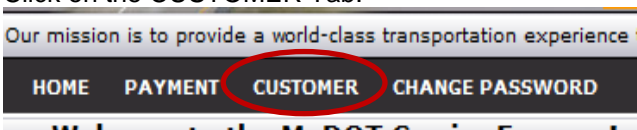
Current Password:

New Password:

Confirm New Password:

## View Client Information

1. Click on the CUSTOMER Tab:



Our mission is to provide a world-class transportation experience t

HOME PAYMENT CUSTOMER CHANGE PASSWORD

Welcome to the MoDOT Carrier Express!

- Search for your client by one of the following fields:

### Customer Search

(Please fill in only one field.)

USDOT Number:

Legal Name:

DBA Name:

FMCSA MC:

IRP No:

Customer ID:

- The Customer Profile page will display. From this page you can view the clients Addresses, Contacts, and Officers by clicking on one of these options on the left side of the screen:

- Customer Search
- Customer Profile
- Address List
- Contact List
- Officer List

### Customer Profile

Legal Name: ERIC L MERCKLING
USDOT No: 612632

DBA Name: ENERGY SUPER SAVERS
Customer ID: 171929

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Customer Status: ACTIVE

Customer ID: 171929      Date Incorporated:

USDOT No: 612632 Active      State Incorporated: MO

Legal Name: ERIC L MERCKLING      SOS Registration No: fx123456789

DBA Name: ENERGY SUPER SAVERS      SOS Expiration Date: 02/10/2019

Business Type: Sole Proprietorship      Certificate Good Standing:

Tax Type: S - SSN      DBA SOS Registration No:

FMCSA MC No:      DBA SOS Expiration Date:

IRP No:      Partnership Agreement:

EPA No:      Returned Mail:

**Physical [Safety]**

Address 1: 1221 FOREST TRAIL CT      City: FENTON      Zip: 63026

Address 2:      County:      Jurisdiction: MO      Country: USA

**Business Location**

Address 1: 1221 FOREST TRAIL CT      City: FENTON      Zip: 63026

Address 2:      County:      Jurisdiction: MO      Country: USA

**Principle Place of Business**

Address 1: PO BOX 457      City: FENTON      Zip: 630260457

Address 2:      County:      Jurisdiction: MO      Country: USA

**Mailing Address**

Address 1: PO BOX 457      City: FENTON      Zip: 630260457

Address 2:      County:      Jurisdiction: MO      Country: A

- You can search for another customer by clicking the Customer Search option on the left side of the screen:

HOME
PAYMENT
CUSTOMER
CHANGE PASSWORD

- Customer Search
- Customer Profile
- Address List
- Contact List
- Officer List

### Customer Profile

Legal Name: ERIC L MERC
DBA Name: ENERGY SUP

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Customer Status: NONCOMPLIANT

Customer ID: 171929

USDOT No: 612632 Active

Legal Name: ERIC L MERCKLING

DBA Name: ENERGY SUPER SAVERS

Business Type: Sole Proprietorship

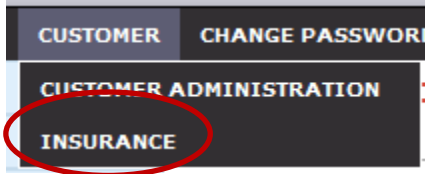
Tax Type: S - SSN

FMCSA MC No:

IRP No:

EPA No:

- To view Insurance information hover on the CUSTOMER tab and click INSURANCE:



- The Insurance Selection page will display. This page will show all filings that have been made for this carrier (canceled, opened, and replaced).

**Insurance Selection**

Name: ERIC L MERCKLING  
ENERGY SUPER SAVERS  
Address: PO BOX 457  
FENTON, MO 630260457  
Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,

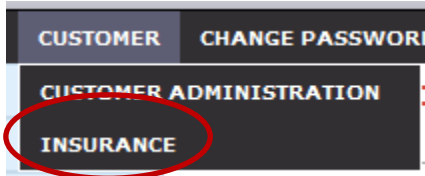
USDOT: 612632  
Customer Nbr: 171929  
MC:  
Customer Status: ACTIVE

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind	Company Name	Legal Name
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId	Create Timestamp	DBA Name
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
			LAW		CLONY10	04/03/2014 08:19	ENERGY SUPER SAVERS
<input type="checkbox"/>	FORM-E	PCR040314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
		PCR24314	LAW	04/03/2014	CLONY10	04/03/2014 08:18	ENERGY SUPER SAVERS

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## Add Insurance

- Hover on the CUSTOMER tab and click INSURANCE:



**NOTE:**  
You must have a customer selected before you can enter insurance  
(see the View Client Information section for instructions to do this).

If you receive the following message you DO NOT have a customer selected:  
**NO CUSTOMER ID IN REQUEST HEADER, CANNOT CONTINUE**

- The Insurance Selection page will display:

**Insurance Selection**

Name: ERIC L MERCKLING  
ENERGY SUPER SAVERS  
Address: PO BOX 457  
FENTON, MO 630260457  
Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,

USDOT: 612632  
Customer Nbr: 171929  
MC:  
Customer Status: ACTIVE

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind	Company Name	Legal Name
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId	Create Timestamp	DBA Name
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
			LAW		CLONY10	04/03/2014 08:19	ENERGY SUPER SAVERS
<input type="checkbox"/>	FORM-E	PCR040314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
		PCR24314	LAW	04/03/2014	CLONY10	04/03/2014 08:18	ENERGY SUPER SAVERS

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If you see one of the following messages contact MoDOT Motor Carrier Services.

**Customer does not hold operating authority or an OSOW account – no insurance filing needed at this time**  
OR  
**NAME OR ADDRESS DISCREPANCY FOUND – FILING MUST BE FAXED OR E-MAILED.**

You cannot be enter this filing electronically and will need to send a hard copy by e-mail or fax.

3. Select Add Insurance:

4. The Add Insurance page will display:

**Add Insurance**

Name: ERIC L MERCKLING  
 Address: PO BOX 457  
 FENTON, MO 630260457  
 Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,

USDOT: 612632  
 Customer Nbr: 171929  
 MC: Customer Status: ACTIVE

**Insurance Information**

INSURANCE FORM:  PRIMARY COVERAGE  SECONDARY COVERAGE

POLICY NBR:

EFFECTIVE DATE:  /  /  RECEIVED DATE:  /  /

COVERAGE TYPE:  COVER LIMIT:

**Insurance Company Information**

INSURANCE CODE:

UNDERWRITER NAME:

UNDERWRITER ADDRESS:

CITY:  STATE:  ZIP:

5. The following fields are required:

INSURANCE FORM	Select the Form Type you are entering (E, G, H, J).
PRIMARY/SECONDARY COVERAGE	Select if this is Primary or Secondary Coverage.
POLICY NUMBER	Enter the policy number of the insurance policy. <i>Note – Multiple policies require separate filings (eg. primary and excess coverage).</i>
EFFECTIVE DATE	Enter the date that the policy takes effect. <i>Note – This can be the current date or a date in the future.</i>
RECEIVED DATE	Enter the date the filing is being made – Current Date.
COVERAGE TYPE	This is automatically generated based upon what is entered in the Insurance Form field (above). <b>Check to make sure this is correct before continuing.</b>
COVER LIMIT	Enter the amount of coverage provided, or select LAW.
INSURANCE CODE	Select the insurance company that is covering the filing.
UNDERWRITER INFORMATION	Enter if applicable. <i>This information is <u>not</u> required.</i>

6. Click Submit **twice** to complete filing:

7. The filing will display on the Insurance Selection page:

**Insurance Selection**

Name: ERIC L MERCKLING  
 Address: PO BOX 457  
 FENTON, MO 630260457  
 Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,

USDOT: 612632  
 Customer Nbr: 171929  
 MC: Customer Status: ACTIVE

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind	Company Name	Legal Name
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
<input type="checkbox"/>			LAW		CLONY10	04/03/2014 08:19	ENERGY SUPER SAVERS
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
<input type="checkbox"/>			LAW		CLONY10	04/03/2014 08:18	ENERGY SUPER SAVERS

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- If you are replacing a current filing, you will see the replacement policy number under the previous policy number located on the previous filing:

Policy Nbr	Replacement Policy Nbr
PCR24314	
PCR040314	PCR24314
PCR24314	

Red callouts: "Previous" points to PCR040314, "Current" points to PCR24314.

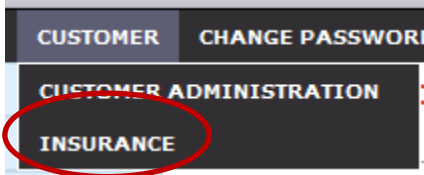
## Cancel Insurance

Upon cancellation of a policy, the insurance company must file a notice of cancellation in order to stop their legal liability of coverage. **MoDOT MCS must receive notice of cancellation 10 days in advance.** The effective cancellation date in MCE will automatically reflect 10 days advance notice based upon the received date entered.

**NOTE: Upon the effective date of the cancellation, unless a new filing has been made, the carrier's Intrastate Operating Authority will be suspended and they will not be able to operating legally within the state of Missouri.**

MoDOT MCS will send the carrier a Notification of Suspension for failure to comply with insurance requirements pursuant to section 390.126, RSMo and 7 CSR 235-10.030.

- Hover on the CUSTOMER tab and click INSURANCE:



- The Insurance Selection page will display:

Insurance Selection

Name: ERIC L MERCKLING  
ENERGY SUPER SAVERS  
Address: PO BOX 457  
FENTON, MO 630260457  
Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,

USDOT: 612632  
Customer Nbr: 171929  
MC:  
Customer Status: ACTIVE

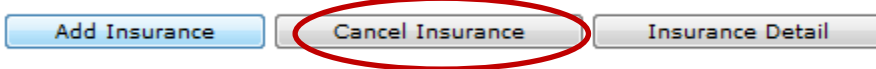
Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind	Company Name	Legal Name
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId	Create Timestamp	DBA Name
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
			LAW		CLONY10	04/03/2014 08:19	ENERGY SUPER SAVERS
<input type="checkbox"/>	FORM-E	PCR040314	BODILY INJURY	04/03/2014	Primary	COLONY INSURANCE COMPANY	ERIC L MERCKLING
		PCR24314	LAW	04/03/2014	CLONY10	04/03/2014 08:18	ENERGY SUPER SAVERS

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- Check the box of the filing you want to cancel:

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId
<input checked="" type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary
			LAW	05/17/2014	CLONY10

- Select Cancel Insurance:





5. The Cancel Insurance page will display:

Name: ERIC L MERCKLING ENERGY SUPER SAVERS Address: PO BOX 457 FENTON, MO 630260457 Programs: PROPERTY CARRIER: PEN, HAZ WASTE: ISS, WASTE TIRE: PEN,		USDOT: 612632 Customer Nbr: 171929	MC: Customer Status: ACTIVE
<b>Cancel Insurance</b>			
<b>Insurance Information</b>			
INSURANCE FORM: FORM-E POLICY NBR: PCR24314 EFFECTIVE DATE: 05 / 20 / 2014 COVER TYPE: BP - BODILY INJURY AND PROPERTY DAMAGE		PRIMARY COVERAGE RECEIVED DATE: 05 / 20 / 2014 COVER LIMIT: 9999999	
<b>Insurance Cancellation</b>			
CANCELLATION FORM: FORM-K CANCEL RECEIVED DATE: [ ] / [ ] / [ ]		CANCEL DATE: [ ] / [ ] / [ ]	
<b>Print Delivery Options</b>			
PRINT DELIVERY TYPE: V - Preview FAX NUMBER: ( [ ] ) [ ] - [ ]		EMAIL: [ ]	
<b>Insurance Company Information</b>			
INSURANCE CODE: 21ST CENTURY CENTENNIAL INSURANCE COMPANY - 0001785 UNDERWRITER NAME: UNDERWRITER ADDRESS: CITY: STATE: ZIP:			
CONTINUE		Submit Refresh	

6. The following fields are required:

CANCEL RECEIVED DATE	Enter the date the filing is being made – Current date.
CANCEL DATE	Enter the effective date of cancellation. <i>Note – this must be 10 days after the received date. If you enter a date less than 10 days, MCE will automatically change this to 10 days after the cancel received date.</i>
PRINT DELIVERY OPTIONS	Select how you would like to receive notice of the cancellation letter: V-Preview: no confirmation will be sent E-Email: enter the email address to send confirmation F-Fax: enter the fax number to send confirmation

7. Click Submit **twice** to complete filing:

8. The cancellation date will show below the effective date:

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind	
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId	
<input type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	05/20/2014	Primary	21S
<input type="checkbox"/>			LAW	05/20/2014	CLONY10	05/

9. A letter will automatically generate informing the carrier of the cancellation. If you selected Email or Fax from the Print Delivery Options (shown above) this letter will be sent to the address or fax number you entered. If you selected Preview, you can view this letter in two ways:

- Click the link "View the OPA Cancel Insurance PDF Print File" located above the action buttons.  
*Note: this link will only be available once you have completed the cancellation process, and only while you are still on the Insurance Selection page for that carrier.*

[View the OPA Cancel Insurance PDF Print File](#)

- Select Reports – Report List. Click on the magnifying glass icon to view the letter  
*Note: the letters are named with a series of numbers and may be difficult to find if you do several cancellations before printing the letters.*

REPORTS	CHANGE PASSWORD		
REPORT REQUEST			
REPORT LIST			

Report	Report Name	Create Date	Delete
	14020751470487024023.pdf	June 6, 2014	X

It is your responsibility to send this letter to the carrier if you choose to do so. MoDOT MCS receives no notification of cancellations made in the system and does not have the ability to generate this letter unless the cancellation is processed in our office.

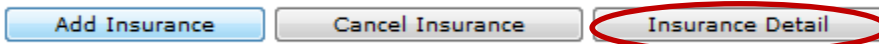
# View Insurance Detail

The Insurance Detail Inquiry option is used for those looking up information for display purposes only. The information cannot be changed. You may only view those filings that you have entered in the system for your company.

- From the Insurance Selection Screen, check the box of the filing you want to view detail for:

Select	Ins Form	Policy Nbr	Coverage Type	Effective Date	Primary/Excess Ind
		Replacement Policy Nbr	Coverage Limit	Cancel Date	Create UserId
<input checked="" type="checkbox"/>	FORM-E	PCR24314	BODILY INJURY	04/03/2014	Primary
			LAW	05/17/2014	CLONY10

- Select Insurance Detail:



- The Insurance Detail Inquiry Screen will appear. This screen will show you all filings that have been made on this policy, including any cancelations, if applicable.

Name: ERIC L MERCKLING      USDOT: 612632      MC:  
ENERGY SUPER SAVERS      Customer Nbr: 171929      Customer Status: ACTIVE

**Insurance Detail Inquiry**  
Address: PO BOX 457  
FENTON, MO 630260457

Programs:

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**Current Insurance**

Company Name: 21ST CENTURY CENTENNIAL INSURANCE COMPANY	Coverage Type: BODILY INJURY	Coverage Limit: LAW - 9999999
Insurance Form: FORM-E	Coverage: PRIMARY	
Policy Nbr: PCR24314	Cancel Type: FORM-K	Replacement Nbr:
Effective Date: 05/20/2014	Citation Case Nbr:	Revocation Date:
Cancellation Date: 05/20/2014	Create Timestamp: 2014/05/20 13:38:44:013395	
Suspension Date:	Update Timestamp: 2014/05/20 13:43:00:397809	
Create Userid: CLONY10		
Update Userid: CLONY10		

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**Insurance History**

Company Name: 21ST CENTURY CENTENNIAL INSURANCE COMPANY	Coverage Type: BODILY INJURY	Coverage Limit: LAW - 9999999
Insurance Form: FORM-E	Coverage: PRIMARY	
Policy Nbr: PCR24314	Cancel Type:	Replacement Nbr:
Effective Date: 05/20/2014	Citation Case Nbr:	Revocation Date:
Cancellation Date:	Create Timestamp: 2014/05/20 13:38:44:013395	
Suspension Date:	Update Timestamp: 2014/05/20 13:38:44:013395	
Create Userid: CLONY10		
Update Userid: CLONY10		

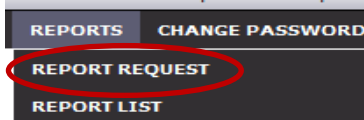
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RETURN    Submit

# Reports

You have the ability to run a report that will tell you all of the filings for the insurance company(s) for which you have access to make filings on behalf.

- Select Reports – Report Request



- Select the Report – “OPA-LISTING OF FILINGS FOR INSURANCE COMPANY(S)”

Report Name:

Parameters:   
OPA - LISTING OF FILINGS FOR INSURANCE COMPANY(S)

- Enter the Insurance Code

**This number was sent to you when you received your User ID and Password. If you do not have this number, contact MoDOT MCS to obtain.**

Insurance Code:  \*

4. Under Document Delivery Type select Preview

**Document Delivery Type:**  
(At least one Document Delivery Type must be selected.)

Email  
 Fax  
 US Mail  
 Preview (Report can be viewed in Report List)


5. Submit Report

6. Select Report – Reports List and click on the magnifying glass icon next to the report named “LISTING OF FILINGS FOR INSURANCE COMPANY(S)” to view the report:

**REPORTS**   **CHANGE PASSWORD**

**REPORT REQUEST**

**REPORT LIST**

 LISTING OF FILINGS FOR INSURANCE COMPANY(S)

## Contact Us

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**Our business hours are 7:30 a.m. to 4:00 p.m., Monday through Friday**

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