
THE HIGHWAY TRAFFIC ACT
(C.C.S.M. c. H60)

Motor Carrier Insurance Requirements Order, amendment

Regulation 39/2000
Registered April 6, 2000

Manitoba Regulation 238/97 amended

1 *The Motor Carrier Insurance Requirements Order, Manitoba Regulation 238/97, is amended by this regulation.*

2 **Subsection 2(3) is amended**

(a) in the part before clause (a), by striking out "transport board" and substituting "department"; and

(b) in the part after clause (b), by striking out "30 days" and substituting "15 days".

3(1) **Subsection 4(1) is repealed and the following is substituted:**

Filing of insurance certificates

4(1) A motor carrier to whom the transport board has determined to issue a public service vehicle certificate shall file with the department an Insurance Certificate, in the form set out in the Schedule, completed and duly executed by an authorized representative of the motor carrier's insurer. If the insurance policies required by section 2 are with more than one insurer, the motor carrier shall file an Insurance Certificate from each of them.

3(2) **Subsection 4(2) is repealed.**

3(3) **Subsection 4(3) is repealed and the following is substituted:**

Filing requirements on change of policy or coverage

4(3) When there is a change of policy or coverage in respect of an insurance policy listed in an Insurance Certificate filed under subsection (1), the motor carrier shall file with the department a replacement Insurance Certificate stating the motor carrier's current policies and coverages, in the form set out in the Schedule, completed and duly executed by an authorized representative of the motor carrier's insurer.

4 The Schedule is repealed and the Schedule to this regulation is substituted.

April 4, 2000

THE MOTOR TRANSPORT BOARD:

Ed Penner
Chairperson

H. Clare Moster
Secretary

SCHEDULE
(Section 4)

INSURANCE CERTIFICATE

ISSUED TO: TRANSPORTATION SAFETY AND REGULATION, Winnipeg, Manitoba

This certificate is evidence of continuing insurance coverage for:

INSURED NAME: _____

ADDRESS: _____

Policy No.	Type of Coverage	Effective Date MM/DD/YY	Limits of Coverage (\$ Canadian Funds)
	<input type="checkbox"/> Motor Vehicle Liability		\$
	<input type="checkbox"/> Cargo		\$

Vehicles Covered - All

Specified (if vehicles are specified, a list must be attached)

I hereby certify that all insurance policies listed herein are valid and subsisting and contain an endorsement under which the insurer agrees to give Transportation Safety and Regulation a minimum of 15 days' prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits.

NAME OF INSURER: _____

ADDRESS: _____

TELEPHONE: _____ **FACSIMILE:** _____

DATED THIS _____ **DAY OF** _____, 20__.

NAME OF REPRESENTATIVE: _____

(please type or print)

SIGNATURE: _____

(Authorized Representative of Insurer)

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