

Heavy Vehicle Checklist

Date: _____

Station: _____

Customer's Phone Number: _____

CSR: _____

Supervisor: _____

DO NOT HIGHLIGHT FORM 2290

- Heavy Use Tax Form 2290**
(required for GVW of 55,000 +)*
 - Form 2290 is required
 - Current tax period
 - Name on Form 2290 matches name on the registration or Lease Agreement or SunBiz
 - Unaltered EIN (Employer Identification #)
 - VIN correct/unaltered
 - Correct category listed for GVW (A – W)
 - Legible 2290 stamp

Form 2290 is not required, if Heavy Truck was acquired **less than 60 days.*
- Certificate of Liability Insurance**
(required for GVW of 26,000 +)
 - Name on Ins. must match name on registration; **if not, NEED lease agreement** or SunBiz
 - Includes the VIN (unless "Any Auto" is shown on the form)
 - Correct combined limits coverage
 - \$50,000 (26,000 lbs. – 34,999 lbs.)
 - \$100,000 (35,000 lbs. – 43,999 lbs.)
 - \$300,000 (44,000 lbs. or more)
 - Insurance is current
 - Includes 10,000 PIP coverage
 - Certificate holder listed as FLHSMV (Florida Highway Safety and Motor Vehicles)

ONLY REQUIRED FOR APPORTIONED VEHICLES
FLHSMV-BCVDS
2900 Apalachee Parkway, Mail Stop 62
Tallahassee, FL 32399-0626

 - Includes the cancellation clause
- Lease agreement as required in insurance section**
- Current and valid phone number for customer contact**
 - Entered in FRVIS database
 - Annotated on Form 2290

CSR PROVIDES THE FOLLOWING ON FORM 2290:

- **Circle the IRS Stamp**
- **Write IRS received date**
- **Write User ID (Ex: K7729ZZZ)**

A	55,000
B	55,001 – 56,000
C	56,001 – 57,000
D	57,001 – 58,000
E	58,001 – 59,000
F	59,001 – 60,000
G	60,001 – 61,000
H	61,001 – 62,000
I	62,001 – 63,000
J	63,001 – 64,000
K	64,001 – 65,000
L	65,001 – 66,000
M	66,001 – 67,000
N	67,001 – 68,000
O	68,001 – 69,000
P	69,001 – 70,000
Q	70,001 – 71,000
R	71,001 – 72,000
S	72,001 – 73,000
T	73,001 – 74,000
U	74,001 – 75,000
V	Over 75,000

**SCHEDULE 1
(Form 2290)**

(Rev. July 2019)
Department of the Treasury
Internal Revenue Service

1

Schedule of Heavy Highway Vehicles

For the period July 1, 2024 through June 30, 2025

▶ Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

OMB No. 1545-0143

2

YOUR CUSTOMER NAME IS HERE

Address (number, street, and room or suite no.)

YOUR CUSTOMER'S ADDRESS HERE

City or town, state or province, country, and ZIP or foreign postal code

CITY STATE ZIP

3

Employer identification number

□ □ - N U M B E R S

Type
or Print

Month of first use
(See instructions)

Y Y Y Y M M

Part I Vehicles You Are Reporting (enter VIN and category)

Category A through W
(category W for
suspended vehicles)

4

1 YOUR VIN NUMBER

5

v

6

IRS
RECEIVED
08/01/24

1. Current tax period
2. Name on Form 2290 matches name on the registration or Lease Agreement or SunBiz
3. Unaltered EIN (Employer Identification #)
4. VIN correct/unaltered
5. Correct category listed for GVW (A - W)
6. Legible 2290 stamp

Part II Summary of Reported Vehicles

a	Total number of reported vehicles	a	
b	Enter the total number of taxable vehicles on which the tax is suspended (category W)	b	
c	Total number of taxable vehicles. Subtract line b from line a	c	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 112500

Schedule 1 (Form 2290) (Rev. 7-2019)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stahl & Associates Insurance, Inc. 110 Carillon Parkway St. Petersburg, FL 33716	CONTACT NAME: Laurie Sack PHONE (A/C No. Ext): (727) 391-9791 FAX (A/C No.): (727) 393-5623 E-MAIL ADDRESS: laurie.sack@stahlinsurance.com
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Westfield Insurance Company	24112
INSURER B: Comp Options Insurance Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

1 Your Customer

COVERAGES CERTIFICATE NUMBER: CL1592428110 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			CMM7817146	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CMM7817146	12/06/2023	12/06/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			CMM7817146	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CWC1011831	12/06/2023	12/06/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine Coverage			CMM7817146	12/06/2023	12/06/2024	Rented/Leased 50,000 Scheduled/Unscheduled 744,127

2

4

3

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)

2 Your Vin Number if any auto is not shown in automobile liability section – also labeled as 2

CERTIFICATE HOLDER ADDRESS FOR APPORTIONED PLATES ONLY: FLHSMV-BCVDS 2900 Apalachee Parkway, Mail Stop 62 Tallahassee, FL 32399-0626	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Kelly Petzold/SACK
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ACORD 25 (2014/01)
INS025 (201401)

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1. Name of insured must match the name on the registration or have lease agreement
2. VIN# if "any auto" is not listed
3. Combined single limits for requested GWV
4. Effective dates of coverage
5. \$10,000 PIP must be shown somewhere on the Certificate of Liability document
6. Address for Apportioned Plates only. Certificate Holder not REQUIRED for straight plates
7. Cancellation clause must be as shown