

For tractors operated without a trailer attached. A true bobtail policy covers bobtail trips whether or not the tractor is under dispatch; off-dispatch personal use is CWCO-SUP-NTL and empty-trailer miles CWCO-SUP-UNLADEN. Complete with ACORD 125 and 127. Attach the lease agreement, if leased to a motor carrier.

1 APPLICANT / OWNER-OPERATOR INFORMATION

LEGAL NAME	DBA	FEIN / SSN LAST 4	YEARS OPERATING
GARAGING ADDRESS	CITY / STATE / ZIP	EMAIL	

Operating status:
☐ Leased to a motor carrier ☐ Own authority ☐ Both

MOTOR CARRIER LEASED TO (IF ANY)	MC / USDOT NUMBER	CARRIER'S LIABILITY INSURER

PRIMARY CONTACT	PHONE

2 TRACTORS, DRIVERS & COVERAGE REQUESTED

YEAR / MAKE / MODEL	VIN	GARAGING ZIP	LOSS PAYEE / LIENHOLDER

DRIVER NAME	LICENSE NO. / STATE	CDL YEARS	VIOLATIONS / ACCIDENTS (3 YRS)

Liability limit requested:
☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ Other

Coverage form requested:
☐ True bobtail (any purpose) ☐ Bobtail off dispatch only ☐ Not sure

3 EXPOSURE & RISK QUESTIONS — BOBTAIL OPERATIONS

"Bobtail" is used loosely. A true bobtail policy covers the tractor without a trailer regardless of trip purpose, while many policies sold as bobtail exclude any business use.

BOBTAIL MILES PER YEAR	BOBTAIL MILES UNDER DISPATCH (%)	TYPICAL BOBTAIL TRIP (MILES)

3-1 Does the operation use drop-and-hook, leaving trailers at shippers and running bobtail between them? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the tractor run power-only loads, picking up trailers owned by others? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Is the tractor driven bobtail to and from the terminal at the start or end of a dispatch? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Is the tractor driven bobtail home after the last delivery? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Are bobtail trips made in winter weather, where an unloaded tractor has less traction? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Have drivers been trained on braking and handling differences when bobtailing? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — LEASE & COVERAGE FIT

In one Louisiana case, an owner-operator bobtailing to the terminal for an assigned load was denied coverage under a non-trucking policy because the trip was business use.

4-1 Does the lease or the carrier's policy state who covers bobtail trips under dispatch? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the carrier's liability policy cover the tractor any time it is under the carrier's authority? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is the current "bobtail" policy actually a non-trucking form with a business-use exclusion? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the owner-operator haul for more than one carrier or broker? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is the tractor equipped with an electronic logging device and dash camera? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is the owner-operator enrolled in a DOT drug and alcohol testing program? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT BOBTAIL INSURER	CURRENT LIMIT / FORM	EXPIRATION DATE

5-1 Has coverage been declined, cancelled, or non-renewed in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has any accident occurred while bobtailing in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE	UNDER DISPATCH? (Y/N)	DESCRIPTION	PAID (\$, ILLUSTRATIVE)

5-3 Is the applicant aware of any accident or circumstance not yet reported that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

6 RISK MANAGEMENT & SAFETY

6-1 Are motor vehicle records reviewed for every driver at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Is a pre-trip inspection completed before every trip? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Does the owner-operator carry occupational accident or workers' compensation coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

7 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE