Complete with CWCO-SUP-CORE and ACORD 125/127. Attach vehicle registrations for all units and 4 years currently-valued loss runs. Answer every question; if a question does not apply, enter 'N/A'.

NAME OF APPLICANT | DBA | PROPOSED EFFECTIVE DATE — FROM | TO

STREET ADDRESS | CITY | STATE / ZIP | PHONE

DOT NUMBER | MOTOR CARRIER (MC) NUMBER | WEBSITE | YEARS IN BUSINESS

A APPLICANT & OPERATIONS

Applicant is:

☐ Individual ☐ Partnership ☐ Corporation
☐ LLC ☐ Joint venture ☐ Other (describe below)

DESCRIPTION OF OPERATIONS — WHAT THE BUSINESS DOES AND HOW THE VEHICLES SUPPORT IT

REGISTERED OWNER DL# / FEIN / STATE CUSTOMER OR SOUNDEX NO. | YEARS OF MANAGEMENT EXPERIENCE IN TRANSPORTATION | ENTITY TYPE — OTHER

A1 Has there been any change in ownership, management, or the name of the operation during the last five years? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Is the applicant a subsidiary of another entity, or does the applicant have any subsidiaries? ☐ Yes ☐ No
IF YES, EXPLAIN

DESCRIBE MANAGEMENT'S TRANSPORTATION EXPERIENCE

B USE OF VEHICLES

Check every use to which any vehicle is put, including incidental and seasonal use. Unchecked uses that later appear can void coverage.

The vehicles on this policy are used for:

☐ Local delivery of own product
☐ Transport of tools / crew to job sites
☐ Courier or parcel delivery
☐ Hazardous materials transport
☐ Dump, aggregate or gravel
☐ Towing or roadside assistance
☐ Crane or boom operations
☐ Passenger transportation for hire
☐ School, church or youth transport
☐ Farm or agricultural use
☐ Personal use by owners
☐ Long-haul freight (over 200 mi)
☐ Sales or service calls
☐ Food or catering delivery
☐ Auto hauling / car carrier
☐ Ready-mix concrete
☐ Landscaping equipment transport
☐ Bucket truck / aerial lift
☐ Non-emergency medical transport
☐ Armored or valuables transport
☐ Employee commuting only
☐ Other (describe below)
☐ Intermediate haul (50–200 mi)
☐ Mobile service / repair unit
☐ Refrigerated transport
☐ Livestock hauling
☐ Waste or refuse collection
☐ Snow removal or plowing
☐ Street sweeping
☐ Shuttle, limo or livery
☐ Rental or lease to others
☐ Errands, banking, supply runs

SPECIFICALLY IDENTIFY ALL COMMODITIES TRANSPORTED, AND DESCRIBE ANY USE CHECKED AS 'OTHER'

NORMAL AREAS OF OPERATION | ALL STATES VEHICLES OPERATE IN | LARGEST CITIES ENTERED

% OF TRIPS — LOCAL (UNDER 50 MI)	% — INTERMEDIATE (50–200 MI)	% — LONG HAUL (OVER 200 MI)	MAXIMUM RADIUS OPERATED (MILES)

B1 Is the operation subject to time restraints when delivering the commodity? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 If not hauling for others, will the vehicles be parked at a job site most of the day? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Is there any hauling of hazardous cargo? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Do you ever haul cargo owned by others? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Is there any exposure to flammables, explosives, chemicals or hazardous materials, including medical or contaminated waste? ☐ Yes ☐ No
IF YES, EXPLAIN

B6 Do you allow passengers to ride in your vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

C GARAGING LOCATIONS

List every location where vehicles are garaged overnight, including yards, job trailers and employee residences.

LOC #	GARAGING ADDRESS (STREET, CITY, STATE, ZIP)	PREMISES OWNED / LEASED	# VEHICLES GARAGED	SECURED / FENCED / LIT?

C1 Are any vehicles garaged at an employee residence or other location not listed above? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Are employees allowed to take vehicles home at night? ☐ Yes ☐ No
IF YES, EXPLAIN

D DRIVER SCHEDULE

List every driver as of the proposed effective date. If non-owned auto coverage is requested, list all employees.

DRIVER NAME	DOB	LICENSE NO.	ST.	CLASS	YRS EXP.	YRS EMPL.	ACCIDENTS & VIOLATIONS — PAST 3 YEARS

TOTAL NUMBER OF DRIVERS	TOTAL EMPLOYEES	TOTAL OFFICERS / PARTNERS	MAXIMUM HOURS DRIVEN IN ANY 24-HOUR PERIOD

E VEHICLE SCHEDULE

Attach copies of registration for all vehicles. Explain if any registration name differs from the applicant's name.

UNIT #	YEAR / MAKE / MODEL	TRADE NAME	TYPE OF VEHICLE	VIN	GVW / GCW OR SEATING

Continued — complete the same unit numbers below for garaging, value and deductibles.

UNIT #	RADIUS (MI)	GARAGING ADDRESS FOR THIS UNIT	REG. STATE	LICENSE PLATE NO.

UNIT #	STATED AMOUNT / ACV	VALUE OF ATTACHED EQUIPMENT	COMP. DEDUCTIBLE	COLL. DEDUCTIBLE	LOSS PAYEE

E1 Are any vehicles owned, operated or leased that are not included in the schedule above? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Are any units customized or altered, or do they have special equipment? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Do you have vehicles with mobile equipment permanently attached? ☐ Yes ☐ No

IF YES, EXPLAIN

IF A BOOM — COLLAPSED LENGTH BEYOND FRONT OR REAR BUMPER

DESCRIBE OTHER PERMANENTLY ATTACHED EQUIPMENT

E4 Do you contemplate using double or triple trailers? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to E4, state the percentage of trips involving multiple trailers in the explanation field.

E5 Do all trailers have DOT-required reflective tape? ☐ Yes ☐ No

F FLEET COMPOSITION & EXPOSURE

Number of vehicles OWNED, by class:

☐ Light trucks (0–10,000 GVW)	☐ Medium trucks (10,001–20,000)	☐ Heavy trucks (20,001–45,000)
☐ Extra-heavy trucks (45,001+)	☐ Truck-tractors	☐ Trailers
☐ Private passenger type	☐ Buses / vans (seating 9+)	☐ Mobile equipment units

Number of vehicles LEASED, by class:

☐ Light trucks (0–10,000 GVW)	☐ Medium trucks (10,001–20,000)	☐ Heavy trucks (20,001–45,000)
☐ Extra-heavy trucks (45,001+)	☐ Truck-tractors	☐ Trailers
☐ Private passenger type	☐ Buses / vans (seating 9+)	☐ Mobile equipment units

YEAR	GROSS RECEIPTS ($)	TOTAL MILEAGE	NUMBER OF POWER UNITS

Complete rows for the three prior years, the current year, and projected for the coming year.

G DRIVER QUALIFICATION & SAFETY MANAGEMENT

G1 Are you familiar with U.S. Department of Transportation driver requirements? ☐ Yes ☐ No

G2 Is there a formal driver hiring procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

G3 Are motor vehicle records obtained on all drivers? ☐ Yes ☐ No

MVRs are pulled:
☐ Pre-hire ☐ Annually ☐ Semi-annually ☐ Not pulled

G4 Are there written criteria to determine an acceptable MVR? ☐ Yes ☐ No
IF YES, EXPLAIN

G5 Are background checks done on all potential drivers? ☐ Yes ☐ No

G6 Do all drivers receive pre-employment physicals? ☐ Yes ☐ No

G7 Is a driving test required for new drivers? ☐ Yes ☐ No

G8 Are all drivers required to have at least five years of acceptable driving experience? ☐ Yes ☐ No

G9 Are employees under age 25 allowed to drive company vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

G10 Are family members of employees allowed to drive vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

G11 Is any personal use of company vehicles allowed? ☐ Yes ☐ No
IF YES, EXPLAIN

G12 Are all drivers employees? ☐ Yes ☐ No
IF YES, EXPLAIN

Drivers are paid:

☐ Per load	☐ Per hour	☐ Per mile
☐ Salary	☐ Percentage of revenue	☐ Other

G13 Are all drivers covered by workers' compensation insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

G14 Is there a fleet safety program in use? ☐ Yes ☐ No

Safety program includes:

☐ Formal / written program ☐ Designated safety manager ☐ Regular safety meetings
☐ Driver training program ☐ Safe driving incentive awards ☐ Written disciplinary policy
☐ Accident reporting instruction ☐ Individual driver files maintained ☐ Driver activity files maintained

G15 Does the applicant have a driver monitoring program? ☐ Yes ☐ No

Monitoring methods used:
☐ 800 'How's my driving' number ☐ Road observation ☐ GPS system
☐ Telematics / ELD data review ☐ Inward or outward dashcam ☐ None

G16 Do you agree to screen and report all potential operators immediately upon hiring? ☐ Yes ☐ No

G17 Are driver teams used, or will more than one driver use a specific truck? ☐ Yes ☐ No

IF YES, EXPLAIN

H MAINTENANCE

H1 Is there a vehicle maintenance program in operation? ☐ Yes ☐ No

Preventative maintenance is performed:
☐ By employees ☐ By others ☐ Both

Repairs are performed:
☐ By employees ☐ By others ☐ Both

H2 Are pre-trip and post-trip inspections performed and documented? ☐ Yes ☐ No

PROVIDE DETAILS OF THE VEHICLE MAINTENANCE PROGRAM — INTERVALS, RECORDS KEPT, AND WHO PERFORMS THE WORK

I FILINGS & PERMITS

I1 Do you hold an FHWA permit? ☐ Yes ☐ No

I2 Are state filings required? ☐ Yes ☐ No

I3 Are there any special requirements for city permits, certificates of insurance, or oversize / overweight permits? ☐ Yes ☐ No

IF YES, EXPLAIN

DOCKET NUMBER (MC#) AND BASE STATE | **STATE MOTOR CARRIER NUMBER** | **EXACT NAME PERMITS ARE ISSUED IN**

EXACT ADDRESS IN WHICH PERMITS ARE TO BE ISSUED

J HIRED AUTO

WHY IS HIRED AUTO COVERAGE BEING REQUESTED?

J1 Do you haul for others? ☐ Yes ☐ No

IF YES, EXPLAIN

J2 Are any vehicles or equipment loaned, rented, or leased to others? ☐ Yes ☐ No

IF YES, EXPLAIN

J3 Do you lease, hire, rent or borrow any vehicles from others? ☐ Yes ☐ No

J4 Is there a written agreement, and does it contain a hold-harmless clause in your favor? ☐ Yes ☐ No

IF YES, EXPLAIN

J5 Do you obtain a copy of the insurance form listing 'named lessee as insured' from the truckers you hire? ☐ Yes ☐ No

J6 Do you obtain certificates of insurance from the truckers you hire? ☐ Yes ☐ No

J7 Do you understand that certificates with limits of at least $750,000 are required from sub-haulers, and that missing certificates at audit will result in a charge for primary hired auto insurance? ☐ Yes ☐ No

J8 If owner-operators are leased for six months or longer, will they be scheduled on your policy? ☐ Yes ☐ No

J9 Do you lease, hire, rent or borrow any vehicles WITHOUT drivers, and will they be scheduled on the policy? ☐ Yes ☐ No

IF YES, EXPLAIN

J10 Will employees, subcontractors, or owner-operators ever lease vehicles in your name? ☐ Yes ☐ No

IF YES, EXPLAIN

AVERAGE TERM OF LEASE	COST OF HIRE — WITH DRIVERS ($)	COST OF HIRE — WITHOUT DRIVERS ($)	ESTIMATED COST OF HIRED AUTOS — THIS YEAR / LAST YEAR

Percentage of hired / leased units by type (enter %):

☐ Truck-tractors ☐ Trailers ☐ Heavy & extra-heavy trucks

☐ Pickup trucks or vans ☐ Private passenger cars ☐ Other

J11 Do you arrange or dispatch loads for others, not including your own hired truckers? ☐ Yes ☐ No

IF YES, EXPLAIN

J12 Are you named on the bills of lading? ☐ Yes ☐ No

J13 Do you have brokerage authority? ☐ Yes ☐ No

J14 If yes — is the brokerage authority held under the same name and motor carrier number as the trucking operation? ☐ Yes ☐ No

IF YES, EXPLAIN

BROKERAGE MOTOR CARRIER NUMBER	WHOSE NAME APPEARS ON THE BILL OF LADING AS CARRIER	BROKERAGE REVENUE — LAST 12 MONTHS ($)	ESTIMATED NEXT 12 MONTHS ($)

ANNUAL NUMBER OF TRUCKER LOADS	PERCENTAGE HAULED FOR OTHERS, AND FOR WHOM

K NON-OWNED AUTO

WHY IS NON-OWNERSHIP LIABILITY COVERAGE BEING REQUESTED? DESCRIBE THE TYPES OF NON-OWNED AUTOS USED AND HOW THEY ARE USED.

K1 Do any employees use their own personal autos in the business? ☐ Yes ☐ No

K2 Is there a formal written policy on acceptable use of personal vehicles? ☐ Yes ☐ No

K3 Do you require evidence of auto insurance from employees or volunteers using personal autos? ☐ Yes ☐ No

Evidence obtained:

☐ Certificate of insurance ☐ Copy of auto ID card ☐ Copy of auto policy ☐ None obtained

Frequency of non-owned auto use:

☐ Daily ☐ Weekly ☐ Monthly ☐ Occasional

TOTAL NUMBER OF NON-OWNED AUTOS USED	ESTIMATED HOURS OF USE PER MONTH	ESTIMATED ANNUAL MILEAGE — ALL NON-OWNED AUTOS	MINIMUM LIABILITY LIMIT EMPLOYEES MUST CARRY

K4 Do employees lease autos on your behalf? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to K4, state whether the autos are leased in the employee's name or the applicant's name.

K5 Will you use non-owned autos other than those owned by employees? ☐ Yes ☐ No

IF YES, EXPLAIN

K6 If a social service operation — are volunteers required to carry their own insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

TOTAL VOLUNTEERS FURNISHING AUTOS	MAXIMUM VOLUNTEERS AT ANY ONE TIME	MINIMUM LIMITS REQUIRED OF VOLUNTEERS	HOW VOLUNTEERS USE THEIR VEHICLES

K7 Do you understand that we may audit records for hired and non-owned auto exposure, which may result in additional premium? ☐ Yes ☐ No

L LIMITS & COVERAGE REQUESTED

LIABILITY — BODILY INJURY	LIABILITY — PROPERTY DAMAGE	COMBINED SINGLE LIMIT	LIABILITY DEDUCTIBLE

HIRED AUTO — STATES	HIRED AUTO — COST OF HIRE ($)	NON-OWNED AUTO — STATES	MEDICAL PAYMENTS LIMIT

Uninsured / underinsured motorist:

☐ UM — rejected ☐ UM — limits accepted ☐ UIM — rejected ☐ UIM — limits accepted

Physical damage deductibles requested:

☐ $500 ☐ $1,000 ☐ $2,500 ☐ Other (state below)

L1 Optional no-fault state — is PIP rejected? ☐ Yes ☐ No

L2 Mandatory no-fault state — are PIP basic limits accepted? ☐ Yes ☐ No

L3 Do you understand that we may audit your records, which might result in additional premium? ☐ Yes ☐ No

UM / UIM LIMITS REQUESTED	PHYSICAL DAMAGE DEDUCTIBLE — OTHER	COMPREHENSIVE DEDUCTIBLE

Complete the applicable state UM/UIM and PIP selection or rejection forms; those are separate statutory documents.

M PRIOR CARRIER & LOSS EXPERIENCE

Include a minimum of four years currently-valued company loss runs for all accounts.

M1 Have you had any insurance cancelled, declined or non-renewed in the last three years? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

POLICY PERIOD	PRIOR CARRIER	POLICY NO.	DEDUCTIBLE	LIABILITY PREM.	PHYS. DAM. PREM.	# LOSSES	LIAB. PAID / OPEN	P.D. PAID / OPEN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

N ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — FAVORABLE SAFETY RESULTS, CSA SCORES, RECENT FLEET UPGRADES, TELEMATICS DATA, OR PLANNED CHANGES

O REPRESENTATIONS & SIGNATURE

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 must be signed by an active owner, partner, managing member or executive officer of the applicant.

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