Complete with CWCO-SUP-CORE and ACORD 125/127. Use this form when the applicant has no scheduled fleet, or when only hired and non-owned exposure is being underwritten. If a fleet is scheduled, use

NAME OF APPLICANT | EFFECTIVE DATE REQUESTED | SUBMISSION / QUOTE REF.

MAILING ADDRESS | CITY | STATE / ZIP | PHONE

DESCRIPTION OF OPERATIONS — WHAT THE BUSINESS DOES AND WHY VEHICLES ARE INVOLVED

A COVERAGE REQUESTED & BASIS

Coverage requested (check all that apply):

- ☐ Hired auto liability
- ☐ Hired auto physical damage
- ☐ Non-owned auto liability
- ☐ Employers non-ownership liability
- ☐ Drive-other-car endorsement
- ☐ None — screening only

WHY IS HIRED AUTO AND/OR NON-OWNERSHIP LIABILITY COVERAGE BEING REQUESTED?

A1 Does the applicant own, lease long-term, or register ANY vehicle in the business name? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A1, a scheduled commercial auto policy is likely required — complete CWCO-SUP-AUTO instead of or in addition to this form.

TOTAL EMPLOYEES | OFFICERS / PARTNERS | NUMBER WHO DRIVE FOR BUSINESS | NUMBER OF VOLUNTEERS WHO DRIVE

B EMPLOYEE USE OF PERSONAL VEHICLES

Answer for every person who operates a personal vehicle for any business purpose, however occasional.

Personal vehicles are used for (check all that apply):

- ☐ Errands, banking, supply runs
- ☐ Client or customer visits
- ☐ Sales calls
- ☐ Deliveries of product
- ☐ Transporting clients or patients
- ☐ Transporting other employees
- ☐ Off-site meetings or training
- ☐ Job-site travel
- ☐ Courier or document runs
- ☐ Commuting only
- ☐ Equipment or tool transport
- ☐ None — no personal vehicle use

B1 Do employees use their own personal autos on the job? ☐ Yes ☐ No

B2 Is there a formal written policy on acceptable use of personal vehicles? ☐ Yes ☐ No

IF YES, EXPLAIN

B3 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

B4 Are motor vehicle records obtained for everyone who drives on company business? ☐ Yes ☐ No

MVRs are pulled:

- ☐ Pre-hire
- ☐ Annually
- ☐ Semi-annually
- ☐ Not pulled

B5 Are there written criteria to determine an acceptable MVR? ☐ Yes ☐ No

IF YES, EXPLAIN

B6 Is personal auto use by employees ever required as a condition of employment? ☐ Yes ☐ No

IF YES, EXPLAIN

MINIMUM LIABILITY LIMIT EMPLOYEES MUST CARRY | TOTAL NUMBER OF NON-OWNED AUTOS USED | ESTIMATED ANNUAL MILEAGE — ALL NON-OWNED AUTOS

Frequency of non-owned auto use:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Occasional / seasonal

ESTIMATED HOURS OF USE PER MONTH	LARGEST RADIUS DRIVEN FROM PREMISES (MILES)	STATES IN WHICH NON-OWNED AUTOS ARE OPERATED

B7 Do employees lease autos on the applicant's behalf? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to B7, state whether the autos are leased in the employee's name or the applicant's name.

B8 Will non-owned autos other than those owned by employees be used? ☐ Yes ☐ No
IF YES, EXPLAIN

B9 Are family members of employees ever permitted to drive on company business? ☐ Yes ☐ No
IF YES, EXPLAIN

C VOLUNTEERS & SOCIAL SERVICE OPERATIONS

Complete only if volunteers furnish vehicles in the applicant's operation.

TOTAL VOLUNTEERS FURNISHING AUTOS	MAXIMUM VOLUNTEERS AT ANY ONE TIME	MINIMUM LIMITS REQUIRED OF VOLUNTEERS	ESTIMATED ANNUAL VOLUNTEER MILEAGE

DESCRIBE HOW VOLUNTEERS USE THEIR VEHICLES IN THE OPERATION

C1 Are volunteers required to carry their own auto insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Are motor vehicle records obtained on all volunteer drivers? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Do volunteers transport clients, patients, students, or minors? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to C3, attach CWCO-SUP-ABUSE — transporting vulnerable persons is a separate underwriting exposure.

D HIRED, RENTED & BORROWED VEHICLES

D1 Does the applicant lease, hire, rent or borrow any vehicles from others? ☐ Yes ☐ No

Vehicles are hired:
☐ With drivers ☐ Without drivers ☐ Both ☐ None hired

D2 Is there a written agreement for each hired or leased vehicle? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Does the agreement contain a hold-harmless and indemnification clause in the applicant's favor? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is a copy of the insurance form listing 'named lessee as insured' obtained from the lessor? ☐ Yes ☐ No

D5 Are certificates of insurance obtained from every lessor, hauler or vehicle provider? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D5, state the minimum limits required in the explanation field.

D6 Are any vehicles or equipment loaned, rented, or leased BY the applicant to others? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 Will employees, subcontractors, or owner-operators ever lease vehicles in the applicant's name? ☐ Yes ☐ No
IF YES, EXPLAIN

D8 Are rental cars used for business travel? ☐ Yes ☐ No
IF YES, EXPLAIN

AVERAGE TERM OF LEASE OR RENTAL	COST OF HIRE — WITH DRIVERS ($)	COST OF HIRE — WITHOUT DRIVERS ($)	TOTAL COST OF HIRE — THIS YEAR / LAST YEAR ($)

Percentage of hired or rented units by type (enter %):

☐ Private passenger cars	☐ Pickup trucks or vans	☐ Box or straight trucks
☐ Truck-tractors	☐ Trailers	☐ Specialty or mobile equipment

D9 Does the applicant understand that records may be audited for hired and non-owned auto exposure, which may result in additional premium? ☐ Yes ☐ No

E DRIVER ROSTER

List everyone who drives a personal, hired, rented or borrowed vehicle on company business.

DRIVER NAME	DOB	LICENSE NO.	ST.	DATE OF LAST MVR	VEHICLE TYPE DRIVEN	ACCIDENTS & VIOLATIONS — PAST 3 YEARS

F LOSS HISTORY

Attach currently-valued auto loss runs for the last 5 years, or a no-loss letter if no auto policy has been in force.

POLICY TERM	CARRIER	COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

F1 Has any auto claim arisen from an employee, volunteer, or hired vehicle in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

F2 Has any carrier declined, cancelled or non-renewed auto coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

F3 Is the applicant aware of any incident or circumstance that could result in an auto claim and has not been reported? ☐ Yes ☐ No
IF YES, EXPLAIN

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

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — DRIVER TRAINING, TELEMATICS OR MILEAGE-TRACKING APPS, FLEET POLICY DOCUMENTS, OR PLANNED CHANGES

H 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 owner, partner, managing member or 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