

For owner-operators leased to a motor carrier who need coverage when the tractor is used outside the carrier's business — personal errands, commuting, and other off-dispatch use. Bobtail and unladen coverage use CWCO-SUP-BOBTAIL and CWCO-SUP-UNLADEN; owner-operators with their own authority use CWCO-SUP-AUTO. Attach the lease agreement.

1 APPLICANT / OWNER-OPERATOR INFORMATION

LEGAL NAME	DBA	FEIN / SSN LAST 4	YEARS OWNER-OPERATOR
HOME / GARAGING ADDRESS	CITY / STATE / ZIP	EMAIL	

Entity type:
☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Other

MOTOR CARRIER LEASED TO	CARRIER MC / USDOT NUMBER	LEASE START DATE / TERM

CARRIER'S LIABILITY INSURER	PHONE

2 TRACTOR, 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

Also requested (check all):
☐ Physical damage ☐ Occupational accident ☐ Bobtail ☐ Unladen

3 EXPOSURE & RISK QUESTIONS — LEASE & BUSINESS USE

A Louisiana court denied non-trucking coverage to an off-duty owner-operator driving to the terminal for an assigned load, because the policy excluded use "for any business purpose." The claim fell to the motor carrier's side.

3-1 Is there a written lease that complies with federal leasing rules and states when the carrier's coverage applies? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the lease require the owner-operator to maintain, wash, fuel, or inspect the tractor? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Does the owner-operator ever haul for anyone other than the leased carrier? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Does the owner-operator ever operate under their own authority? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Is the motor carrier's liability insurer also the non-trucking insurer? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Has the carrier given written confirmation of when its coverage ends (for example, at dispatch close-out)? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — OFF-DISPATCH USE

Each non-trucking insurer defines business use in its own words. Trips that feel personal — to a truck wash, a repair shop, or a terminal — may count as business use.

4-1 Is the tractor used for personal errands or family use while off dispatch? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is the tractor driven home between loads and parked at a residence? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is the tractor driven to repair shops, truck washes, or fuel stops while off dispatch? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the driver ever drive to the terminal or a shipper while logged off duty before a load is assigned? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is a trailer ever attached while the tractor is used for personal purposes? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does anyone other than the listed drivers ever drive the tractor? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is the tractor equipped with an electronic logging device that records duty status? ☐ Yes ☐ No
IF YES, EXPLAIN

PERSONAL / OFF-DISPATCH MILES PER YEAR DISTANCE FROM HOME TO TERMINAL (MILES)

5 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT NTL INSURER CURRENT LIMIT 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 claim been denied because the insurers disagreed about whether the tractor was under dispatch? ☐ 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 Is the owner-operator enrolled in a DOT drug and alcohol testing program? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Is a pre-trip inspection completed before every trip, including personal trips? ☐ 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