OWNER-OPERATOR SUPPLEMENTAL — BOBTAIL & NON-TRUCKING

For owner-operators leased to a motor carrier. Complete with CWCO-SUP-CORE and ACORD 125. Attach the lease agreement. Owner-operators running under their own authority need primary auto liability: complete CWCO-SUP-AUTO instead.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

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

2 COVERAGE, EQUIPMENT & DRIVERS

Coverage requested (check all that apply):

☐ Non-trucking liability ☐ Bobtail liability ☐ Physical damage ☐ Occupational accident ☐ Trailer interchange

Liability limit:

☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ Other

UNIT	YEAR / MAKE / MODEL	VIN	STATED VALUE ($)	LOSS PAYEE / LIENHOLDER

DRIVER NAME	DOB	LICENSE NO. / STATE	CDL CLASS	YEARS CDL

RADIUS OF OPERATION (MILES)	HOME TERMINAL / GARAGING ZIP	ANNUAL MILES

3 EXPOSURE & RISK QUESTIONS — DISPATCH, PERSONAL USE & COVERAGE GAPS

Under dispatch, the motor carrier's policy generally covers a leased owner-operator; non-trucking and bobtail policies cover other use. Claims turn on the lease wording and what the tractor was doing at the time — and auto liability claims are among the most severe in commercial insurance.

3-1 Is there a written lease with the motor carrier that complies with federal leasing rules? ☐ Yes ☐ No

IF NO, EXPLAIN

3-2 Does the lease state when the motor carrier's liability coverage applies and ends? ☐ Yes ☐ No

IF NO, EXPLAIN

3-3 Does the owner-operator ever haul for anyone other than the leased motor 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 tractor used for personal errands or commuting while off dispatch? (describe how often) ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Is the tractor ever used for paid or business purposes while off dispatch? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is a trailer ever pulled while not under dispatch? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Is the owner-operator in a DOT drug and alcohol testing program? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Is the tractor equipped with an electronic logging device? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Has any driver had a moving violation or at-fault accident in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Does the owner-operator carry occupational accident or workers' compensation coverage? ☐ Yes ☐ No
IF NO, EXPLAIN

4 LOSS HISTORY

4-1 Has any auto claim been made against the owner-operator in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

5 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE