TRUCKING & MOTOR CARRIER SUPPLEMENTAL

Complete with CWCO-SUP-CORE and ACORD 125/126/127/140. CWCO-SUP-AUTO carries the driver, vehicle and garaging schedules and is required with this form. Attach CWCO-SUP-PROP for owned te

APPLICANT NAME	EFFECTIVE DATE REQUESTED	YEARS AT CURRENT LOCATION

LOCATION ADDRESS	CITY	STATE / ZIP	YEAR BUSINESS STARTED

PRIMARY CONTACT EMAIL	PHONE	INSPECTION CONTACT / PHONE	AUDIT CONTACT / PHONE

Form of business:

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other

A OPERATIONS & FLEET

DESCRIPTION OF OPERATIONS — COMMODITIES HAULED, CUSTOMERS SERVED, AND HOW LOADS ARE OBTAINED

TOTAL NUMBER OF UNITS (INCLUDE OWNER-OPERATORS AND OWNED UNITS)	NUMBER OF OWNER-OPERATORS	NUMBER OF POWER UNITS	ANNUAL MILEAGE — ALL UNITS

Liability limit requested:

☐ $100,000 / $200,000 ☐ $300,000 / $300,000 ☐ $300,000 / $600,000
☐ $500,000 / $500,000 ☐ $500,000 / $1,000,000 ☐ $1,000,000 / $1,000,000
☐ $1,000,000 / $2,000,000 ☐ $1,000,000 / $3,000,000 ☐

A1 Is blanket additional insured coverage requested? ☐ Yes ☐ No

A2 Is a blanket waiver of recovery requested? ☐ Yes ☐ No

A3 Does the applicant perform appliance delivery or installation? ☐ Yes ☐ No

IF YES, EXPLAIN

Business-to-business transport to a warehouse or retail store for sale is generally acceptable; residential delivery and installation is not.

A4 Is the applicant a residential or commercial mover, including piano or other specialty moving? ☐ Yes ☐ No

IF YES, EXPLAIN

B ELIGIBILITY SCREENING — GENERAL LIABILITY

Answer True or False for each. A 'False' answer is not automatically a declination but requires full explanation.

B1 The applicant does NOT haul mix-in-transit, hot mix, bulk sealant or bulk dry cement. ☐ Yes ☐ No

IF YES, EXPLAIN

B2 The applicant does NOT own any pit, mine or quarry. ☐ Yes ☐ No

IF YES, EXPLAIN

B3 The applicant does NOT haul garbage, debris or refuse to a dump. ☐ Yes ☐ No

IF YES, EXPLAIN

B4 The applicant will NOT haul oversized loads. ☐ Yes ☐ No

IF YES, EXPLAIN

B5 The applicant does NOT haul hazardous materials and holds no permit or authority to do so, including bulk petroleum products, chemicals, explosives, medical or laboratory waste, acids, alkalines or compressed gases. ☐ Yes ☐ No

IF YES, EXPLAIN

B6 The applicant provides NO ice or snow treatment or removal services. ☐ Yes ☐ No

IF YES, EXPLAIN

B7 The applicant has NO locations, and performs no loading, unloading or transfer of goods, in Alaska, Louisiana or West Virginia. ☐ Yes ☐ No

IF YES, EXPLAIN

B8 The applicant has NO operations involving the warehousing of goods of others. ☐ Yes ☐ No
IF YES, EXPLAIN

B9 The applicant does NOT rent, lease or loan vehicles or equipment to others. ☐ Yes ☐ No
IF YES, EXPLAIN

B10 The applicant does NOT repair or service vehicles or equipment of others. ☐ Yes ☐ No
IF YES, EXPLAIN

B11 The applicant performs NO rigging operations. ☐ Yes ☐ No
IF YES, EXPLAIN

B12 The applicant performs NO towing operations, including flatbed towing. ☐ Yes ☐ No
IF YES, EXPLAIN

Vehicle transport trucks delivering vehicles to a dealer or auction are generally eligible; recovery and roadside towing are not.

B13 The applicant uses NO unlicensed vehicles or mobile equipment, including attached machinery. ☐ Yes ☐ No
IF YES, EXPLAIN

C COMMODITIES & RADIUS

COMMODITY HAULED	% OF LOADS	AVERAGE LOAD VALUE ($)	MAXIMUM LOAD VALUE ($)	RADIUS TYPICALLY HAULED

% OF TRIPS — LOCAL (UNDER 50 MI)	% — INTERMEDIATE (50–200 MI)	% — LONG HAUL (OVER 200 MI)	STATES OF OPERATION

C1 Does the applicant hold operating authority, and is it in the same name as the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Does the applicant broker or dispatch loads for others? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to C2, provide brokerage motor carrier number, whose name appears on the bill of lading, and brokerage revenue for the last and next twelve months.

C3 Is motor truck cargo coverage requested, and what is the maximum value carried on any one unit? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Are refrigerated commodities hauled, and is reefer breakdown coverage requested? ☐ Yes ☐ No
IF YES, EXPLAIN

D TERMINAL PROPERTY

Complete if the applicant owns or leases a terminal, yard or office. Attach CWCO-SUP-PROP for full COPE detail.

Operations at the premises:

☐ General storage warehouse (no goods of other ☐ Vehicle repair on premises (no vehicles of o ☐ Office
☐ Fuel island ☐ Truck wash ☐ Other

Construction:

☐ Frame ☐ Joisted masonry ☐ Noncombustible
☐ Masonry noncombustible ☐ Modified fire-resistive ☐ Fire-resistive

YEAR BUILDING CONSTRUCTED	TOTAL SQUARE FOOTAGE	PROTECTION CLASS	BUILDING LIMIT ($)	BPP LIMIT ($)

BUSINESS INCOME & EXTRA EXPENSE LIMIT ($)	AGE OF ROOF (YEARS)	YEARS SINCE PLUMBING / ELECTRICAL UPDATE	YEARS SINCE HEATING UPDATE

Roof type:

☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal
☐ Tile ☐ Slate ☐ Other ☐

Plumbing type:

☐ PVC ☐ Copper ☐ Lead ☐ Galvanized ☐ Other

Burglar alarm:

☐ Central station ☐ Local ☐ None

Requested property terms:

☐ Basic causes of loss ☐ Special causes of loss ☐ Replacement cost
☐ Actual cash value ☐ 80% coinsurance ☐ 90% coinsurance
☐ 100% coinsurance ☐ $1,000 deductible ☐ $2,500 deductible
☐ $5,000 deductible ☐ ☐

D1 Is any portion of the building leased to commercial tenants, or are any apartments leased at this location? ☐ Yes ☐ No

IF YES, EXPLAIN

E ELIGIBILITY SCREENING — PROPERTY & FINANCIAL

E1 All flammables are stored in a fire-resistive cabinet. ☐ Yes ☐ No

IF YES, EXPLAIN

E2 All gas pumps are protected by a vehicle barrier or stop. ☐ Yes ☐ No

IF YES, EXPLAIN

E3 For any building built prior to 1978, 100% of electrical wiring is on functioning circuit breakers. ☐ Yes ☐ No

IF YES, EXPLAIN

E4 For any building built prior to 1978, there is no aluminum wiring or knob-and-tube wiring. ☐ Yes ☐ No

IF YES, EXPLAIN

E5 Functioning fire extinguishers are available, and smoke or heat detectors are in all units and occupancies. ☐ Yes ☐ No

IF YES, EXPLAIN

E6 No smoking is allowed in any automobile or gas pump area. ☐ Yes ☐ No

IF YES, EXPLAIN

E7 There are no tax liens or back taxes owed on the property. ☐ Yes ☐ No

IF YES, EXPLAIN

E8 There is no past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner within the past five years. ☐ Yes ☐ No

IF YES, EXPLAIN

E9 Coverage has not been cancelled or non-renewed in the last three years. (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

F LOSS HISTORY

Provide detail for the past three years. Attach currently-valued loss runs for all lines.

YEAR	COVERAGE (LIABILITY / PROPERTY / CARGO / AUTO)	STATUS (OPEN / CLOSED)	INCURRED ($)	DESCRIPTION

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

G ADDITIONAL INTERESTS

NAME	RELATIONSHIP / INTEREST	ADDRESS, CITY, STATE, ZIP	AI / LP / MORTGAGEE

H ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — CSA SCORES, TELEMATICS, DRIVER RETENTION, OR PLANNED CHANGES

I 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 the president, chairperson of the board, managing member, or executive director.

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