

For tractors running without cargo — pulling an empty trailer (deadheading) or no trailer — whether or not under dispatch. Bobtail-only coverage uses CWCO-SUP-BOBTAIL; off-dispatch personal use CWCO-SUP-NTL. Complete with ACORD 125 and 127. Attach the lease agreement and any trailer interchange agreements.

1 APPLICANT / OWNER-OPERATOR INFORMATION

LEGAL NAME	DBA	FEIN / SSN LAST 4	YEARS OPERATING
GARAGING ADDRESS	CITY / STATE / ZIP	EMAIL	

Operating status:
☐ Leased to a motor carrier ☐ Own authority ☐ Both

MOTOR CARRIER LEASED TO (IF ANY)	MC / USDOT NUMBER	CARRIER'S LIABILITY INSURER

PRIMARY CONTACT	PHONE

2 EQUIPMENT, DRIVERS & COVERAGE REQUESTED

UNIT (TRACTOR / TRAILER)	YEAR / MAKE / VIN	OWNED BY	VALUE (\$)

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):
☐ Trailer interchange ☐ Physical damage ☐ Occupational accident ☐ Non-trucking liability

3 EXPOSURE & RISK QUESTIONS — EMPTY MILES

Unladen liability covers the tractor with an empty trailer or none, whether or not it is under dispatch — broader than bobtail or non-trucking coverage, and less often disputed.

TOTAL MILES PER YEAR	EMPTY / DEADHEAD MILES (%)	LONGEST TYPICAL DEADHEAD (MILES)

3-1 Does the tractor regularly deadhead long distances to reach the next load? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Is an empty trailer pulled home or to a yard between dispatches? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are empty trailers returned to shippers, pools, or rental yards for others? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Does the tractor pull trailers owned by the carrier, a shipper, or a leasing company? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Are empty trailers pulled in high-wind areas or seasons, where empty trailers are prone to blowing over? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are empty trailers inspected (lights, brakes, tires) before every move? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — LEASE & COVERAGE FIT

Empty legs to or from a load are where the carrier's policy, the lease, and the owner-operator's policy most often disagree.

4-1 Does the lease or the carrier's policy state who covers empty miles to and from loads? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the carrier require the owner-operator to carry unladen rather than non-trucking coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a written trailer interchange agreement for trailers owned by others? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the owner-operator haul for more than one carrier or broker? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is the tractor equipped with an electronic logging device and dash camera? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is the owner-operator enrolled in a DOT drug and alcohol testing program? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT UNLADEN 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 accident occurred while running empty in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE	TRAILER ATTACHED? EMPTY?	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 Are motor vehicle records reviewed for every driver at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Do drivers stop or slow down when high-wind warnings are issued for empty trailers? ☐ 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