

Commercial Trucking Application & Quote for: Emilio Ambriz

Quote can be bound if all application information in this document is correct. If any discrepancies are found or any conditions of coverage are not met, your policy may be subject to automatic price change, non-renewal, or cancellation. **Quote is valid for 30 days.**



Insured Name:	Emilio Ambriz
Address:	137 Village Way South Bend, IN 46619
Policy Term:	From: <u>May 18, 2023</u> To: <u>May 18, 2024</u>
Broker Contact:	CLEAR WATER INSURANCE LLC - TIMOTHY WILSON (TIM@CLEARWATERAGENCY.NET)
Issued On:	May 17, 2023 16:38:05 EST (Eastern Standard Time)

NOTICE:

- 1. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 2. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 3. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

D-1 (Effective January 1, 2017)

NOTE: ALL FEES ARE FULLY EARNED AT INCEPTION

Subjectivities

1. **Subject to Underwriting Review and Approval**
2. Any discrepancies in FMCSA/SAFER data vs this application must be explained and are subject to Underwriting review and approval
3. Any shared equipment, facilities or contacts (aka possible chameleon carrier review) must be explained and are subject to Underwriting review and approval
4. **Documents Required To Bind Coverage:**
 - o Hard copy MVR - not older than 30 days
 - o New Venture Supplemental with Driver Experience History
 - o Application
 - o Signed and fully completed Diligent Effort Affidavit
 - o Signed TRIA Rejection (or acceptance) Letter
 - o Signed Premium Finance Agreement
5. As part of this quote the insured is required to participate in the ELD data share and FAIR driving score program (no cost to insured).
Failure to comply with these requirements may result in cancellation of your policy
6. Quote is based on this digital application - NOT any uploaded files or documents you provided.
7. Please review the quote letter for accuracy. The agent is responsible for notifying us of any changes to be made on this quote and schedule. Any changes may result in a change in premium.
8. **Any change in this application info voids this quote and a new quote is required to bind**
9. Rate and eligibility may change depending Hard Copy Loss Runs and MVR results.
10. **Owners who are drivers must be scheduled.**

MGA DISCLAIMER: Cover Whale is a General Agency with professional responsibility only to the insurance carrier. Cover Whale has not entered into any agency relationship with or on behalf of the insured and as such has made no representations or recommendations to the insured with respect to any aspect of insurance including limits, sufficiency of coverage, type of coverage, policy terms. We rely solely on the documentation as disclosures made by the producer when procuring the coverage requested.

DILIGENCE EFFORT: This Certifies that a diligent effort to procure a quote with an Authorized/Standard insurer was attempted in compliance with state law. We provide this quote based on the producer acknowledges they have attempted to procure an Authorized/Standard insurer quote. Cover Whale cannot place or bind coverage if the producer is not compliant with state guidelines on Surplus line placements.

The Terms and conditions of this quotations may not comply with the specifications submitted and coverage provided may be different than requested. Please read quote carefully and compare it against your specification request.

Commercial Truck Insurance

Premium Finance Details

Down Payment	\$239.59
Number of Payments	9
Payment Amount	\$76.00
Effective APR	19.47%

Price Indication Summary

Coverage	Total Cost
Automobile Liability	Excluded
Automobile Physical Damage	Excluded
Motor Truck Cargo	Excluded
Truckers General Liability	Excluded
Non-Trucking Liability	\$871.25
Total Cost	\$871.25

See following pages for details and subjectivities

Non-Trucking Liability

Premium Detail 2

Total Cost	Taxes and Fees	Tax Rate	Taxable
<p>\$871.25</p> <p>Includes all Taxes and Fees</p>	Non-Trucking Liability Premium: \$750.00	N/A	N/A
	Policy Fee: \$100.00	N/A	Y
	Underwriting Fee: \$0.00	N/A	Y
	Surplus Lines Tax: \$21.25	2.5%	N/A
	Stamping Fee: \$0.00	0%	N/A

Coverages and Limits

Coverages	Limit
Aggregate Policy	\$1,000,000
Each Occurrence	\$1,000,000 Any one "Accident" regardless of the number of involved "Trucks"
Uninsured Motorist / Underinsured Motorist	\$30,000 for "Bodily Injury" to one person in any one "Accident" \$60,000 for "Bodily Injury" if there are two or more people involved in any one "Accident" or as per the Statutory State Minimum Limit.

Coverages included for the following Policy Symbols: Symbol 1 ("Specifically Described Truck"), Symbol 2 ("Substitute Truck"), Symbol 3 ("Newly Acquired Truck")

Carrier
<p>Cover Whale Insurance Solutions Inc. as Coverholder for Certain Underwriters at Lloyd's</p> <p>Carrier Rating: Non-Admitted, A+*</p> <p>* Check AM Best for latest changes</p>

Schedule of Forms

Non-Trucking Liability

Form Name	Form Number
Cover Whale Policy Jacket (Non-Trucking Liability)	CWIS Cover NTL 04 22
Cover Whale Policy Jacket (Non-Trucking Liability)	CWIS Cover NTL 04 22
NON-TRUCKING LIABILITY INSURANCE - SCHEDULE	ATR NTL 001 - SCHED 04 21
NON-TRUCKING LIABILITY INSURANCE - POLICY FORM	ATR NTL 002 - FORM 04 21
UNINSURED/UNDERINSURED MOTORIST COVERAGE ENDORSEMENT	ATR NTL 003 - UM - UIM 04 21
Motor Carrier Declarations - NTL - Atrium	CW NTL DEC 04 22
NTL DEC TAXES, FEES, TOTAL COST	CW NTL DEC SUM 06 22
COVER WHALE MOBILE APP NOTICE	CW APP 11 22
LLOYDS SERVICE OF SUIT CLAUSE	LLOYDS SERVICE OF SUIT 12 22
CANCELLATION CLAUSE	NMA 13 31 12 22
LLOYD'S PRIVACY STATEMENT	LSW 11 35B 12 22
WAR AND CIVIL WAR EXCLUSION CLAUSE	NMA 04 64 12 22
RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - PHYSICAL DAMAGE - DIRECT	NMA 11 91 12 22
NUCLEAR INCIDENT EXCLUSION CLAUSE-LIABILITY-DIRECT	NMA 12 56 12 22

Vehicle Schedule

It is hereby noted and agreed that only the vehicle(s) specified in the schedule are covered:

VIN	Year	Make/Model	Class	Body Type	Loss Payee
1XPBD49X3HD362508	2017	PETERBILT/375	8	Tractor	None
Garage Location: 137 Village Way, South Bend , IN 46619					

Trailer Schedule

Trailers are Excluded and not covered under this Policy

Driver Schedule

It is hereby noted and agreed that the vehicle(s) and trailer(s) specified in the schedule are only covered while being operated by the following person(s):

First Name	Last Name	License State	License Number	Date of Birth	Years Exp	Date of Hire	Accidents	Violations	Suspensions	Major Violations	Excluded (Y/N)
EMILIO	AMBRIZ	IN	3925556413	May, 04 1998	2.00	Nov, 01 2021	0	0	0	0	N (Covered)

Your insurance company may receive driving information including dangerous driving events. The insured will be given proper notice to take corrective action and training. However, if dangerous driving continues your policy may be changed or cancelled midterm due to failure to comply with insurance company recommendations for safe driving.

Driver Guidelines:

- MVR provided must be less than 30 days old
- Drivers 23 years old - 70 years old
- Drivers over 65 must provide a medical form
- Driver must have 2 years of continuous commercial driving experience with like vehicle CDL include required endorsements
- No more than 3 minor moving violations for prior three years
- No More than 1 accident for prior three years
- Driver excluded for the following major violations: (prior five years)
 - Alcohol or drug related offenses including driving under the influence, open container, possession, or refusal of a BAC test
 - Vehicular homicide or assault
 - Any felony involving the use of a motor vehicle
 - Any false information for a police report
 - Any restricted driving privileges (such as limited driving to/from work)
 - Leaving the scene of an accident or hit-and-run accident
 - Careless driving, reckless driving, negligent driving, exhibition of a speed contest, or racing
 - Speed of 20 mph or more over the posted speed limit
 - Attempting to elude a police officer
 - Driving while revoked or suspended
 - Texting or use of a cell phone while driving
 - Violating an out of service order

Cover Whale does not make hiring or firing decisions for our customers. Hiring drivers that do not meet these Transportation Underwriting Guidelines may result in premium increases, cancellation or non-renewal of coverage.

Commodities

Commodity	% of Hauls
General merchandise	100%

Terminals

Address	City	State	Zip
137 Village Way	South Bend	IN	46619

Scheduled Policy Acknowledgement

I understand any policy bound is on a scheduled basis and that only the listed Vehicles, Trailers, and Drivers would be covered by the policy. Vehicles, Trailers, and Drivers not listed are excluded from the policy and not covered.

I will report any new Vehicles, Trailers, and Drivers to the Company to request they be added to the policy.

I understand that the Company must approve the request and that changes to the policy are not automatically approved upon request.

Application Questionnaire

Question	Answer
Best description of your operation	• Intermediate

Question	Answer
<p>Does insured conduct any of the following Operations:</p> <ul style="list-style-type: none"> • Ambulance, EMT, Mobile Blood Banks • Armored Cars • Arms, Ammunition, Fireworks • Boat Haulers • Automobile Dismantlers • Boom Trucks • Brokerage • Cannabis Haulers • Carnivals, Circus • Cement Mixers, Pumpers • Coal Haulers • Contractors, Contractor Equipment Mobile Equipment • Cotton Haulers • Courier Services, magazines, news delivery, parcel, film delivery • Drive Away, Transporter Plates • Driving Schools • Dump Trucks S&G • Egg Haulers • Fast food delivery, including restaurant take-out delivery • Final Delivery • Freight Brokerage • Garbage/Refuse • Hazmat, Nuclear, Biological • Household Good Movers • Livestock Transporters • Logging Operations • Milk Haulers • Mobile cranes, Vehicles with buckets • Mobile Home Toters • Mobile Home Toters, Building Movers • Municipal • Operating outside of US • Operations using double/triple trailers • Oversized/Overweight haulers requiring pilot cars • Owned Units, Rented or Leased to Others • Private Passenger Vehicles • Public Livery: Buses, taxis, black car, ride share, shuttle, day care, church • Rental Leasing, Demo Vehicles • Salvage, Scrap Metal • Steel Dealers • Tankers Hauling Flammable Liquids • Towing/Repossession, • Vendor Trucks 	<p>No for all</p>
<p>Number of Years in Business</p>	<p>0</p>

Question	Answer
Radius of Operations	0-50 Miles: 0% 51-200 Miles: 0% 201-500 Miles: 100% 500+ Miles: 0%
Gross Annual Trucking Revenue (Projected - this Quote)	\$0
Annual Mileage (Projected - this Quote)	0
Do you haul non-owned trailers and require Trailer Interchange coverage?	0
Cargo: Commodities:	General merchandise: 100%
Commodities - Does the insured transport any of the following? <ul style="list-style-type: none"> • Live Animals, Hanging meat • Pharmaceuticals, controlled substances • Arms, ammunition, tobacco, fireworks, fire arms • Autos, Boats, motorcycles, ATV's • Overweight or oversize hauls • Mobile cranes, rigs • Mobile homes, buildings, RV's • Courier operations • Household Goods Movers • Chlorine, liquid gas, LPG, ammonia, Explosive material, Radioactive Materials • Fine arts, Furs, Money, currency, bullion, precious stones, jewelry, antiques • Human tissue, organs, specimens 	N
Refrigeration	N
Number of Drivers	1

LEGAL STATEMENT OF UNDERWRITING INFORMATION

Instructions		Please complete all sections. If you have questions or disagree with statements below contact Insurance Broker.																								
Insured Loss Experience	Have any claims been Paid, Open, or Reserved for any requested coverages?																									
2020 - 2021	Claim Count: 0 Claim(s) reported: \$0																									
2021 - 2022	Claim Count: 0 Claim(s) reported: \$0																									
2022 - 2023	Claim Count: 0 Claim(s) reported: \$0																									
Financial Condition	I hereby confirm under penalty of perjury that I have not declared bankruptcy, foreclosure, or financial imparement in the prior 3 years and do not plan to in the current year.																									
Drivers	<table border="1"> <thead> <tr> <th>First Name</th> <th>Last Name</th> <th>License State</th> <th>License Number</th> <th>Date of Birth</th> <th>Years Exp</th> <th>Date of Hire</th> <th>Accidents</th> <th>Violations</th> <th>Suspensions</th> <th>Major Violations</th> <th>Excluded (Y/N)</th> </tr> </thead> <tbody> <tr> <td>EMILIO</td> <td>AMBRIZ</td> <td>IN</td> <td>3925556413</td> <td>May, 04 1998</td> <td>2.00</td> <td>Nov, 01 2021</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>N (Covered)</td> </tr> </tbody> </table>	First Name	Last Name	License State	License Number	Date of Birth	Years Exp	Date of Hire	Accidents	Violations	Suspensions	Major Violations	Excluded (Y/N)	EMILIO	AMBRIZ	IN	3925556413	May, 04 1998	2.00	Nov, 01 2021	0	0	0	0	N (Covered)	
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I CERTIFY, UNDER PENALTY OF PERJURY AND MISREPRESENTATION, THAT THE STATEMENT ABOVE IS ACCURATE FOR THE PRIOR POLICY YEARS. THIS STATEMENT IS MATERIAL TO THE INSURANCE UNDERWRITING, ACCEPTABILITY AND QUOTATION.

POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Check <u>ONE</u> of the boxes below:	Acceptance or Rejection of Terrorism Insurance Coverage
	REJECT - I hereby DECLINE to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.
	ACCEPT - I hereby ELECT to purchase terrorism coverage for a prospective additional premium of 5% of the quoted premium.

Insured Signature

SIGNATURE PAGE

I have read and agree to all terms contained within this document including but not limited to:

- Subjectivities and Exclusions
- MGA Disclaimer
- Diligency Effort
- Quote and Program Exclusions
- Scheduled Policy Acknowledgement
- Application Questionnaire
- Legal Statement of Loss Experience and Bankruptcy
- Agreement To Participate In The Gauge My Fleet Risk Management Program And To Share Vehicle Data
 - (Located Online at: <https://www.coverwhale.com/gauge-my-fleet-data-share-agreement>)
- Disclosures, Terms & Conditions
 - (Located Online at: <https://www.CoverWhale.com/disclosures-terms-conditions>)
- Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
- Standard Broker Disclosure
- Notice: Surplus Lines
- Catastrophe Damage Confirmation
- New Venture Supplemental with Driver Experience History
- Notice: Driver Motor Vehicle Records
- A Summary Of Your Rights Under The Fair Credit Reporting Act
 - (Located Online at: <https://www.coverwhale.com/summary-rights-fair-credit-reporting-act>)
- Disclosure Regarding Background Investigation
- Notice Regarding Background Checks Per California Law
- Acknowledgment And Authorization For Background Check

Fraud Statement: For your protection, State law requires the following to appear on this form: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Legal Declaration: I the undersigned, Declare: That I am the legal authorized person stated in this action. I am over the age of 18 years. I have personal knowledge of the facts contained in this declaration, and if called upon to testify I could and would testify competently testify to the truth of the facts stated herein. I make this Declaration in support of my Insurance application and loss experience. I have provided honest evidence of the Named Insured loss experience. I declare under penalty of perjury under the laws of the State of IN that the foregoing is truthful and correct and that this Declaration is executed on May 18, 2023.

	INSURED	AGENT/BROKER
Signature:	**quote_signature_insured** _____	**quote_signature_agent** _____
Printed Name:	**quote_signature_name_insured** _____	**quote_signature_name_agent** _____
Title:	**quote_signature_title_insured** _____	**quote_signature_title_agent** _____
Email:	<u>emilioambriz83@gmail.com</u>	**quote_signature_email_agent** _____
Phone:	<u>5742223431</u>	**quote_signature_phone_agent** _____

	INSURED	AGENT/BROKER
Effective:	<u>May 18, 2023</u>	<u>May 18, 2023</u>

Diligent Effort Affidavit

Attention: Surplus Lines Association

DECLARATION BY PRODUCER

Insured Name:	Emilio Ambriz
Address:	137 Village Way, South Bend, IN 46619
Type of Coverage:	<input checked="" type="checkbox"/> Auto Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo <input type="checkbox"/> General Liability

I declare under the penalties provided for perjury, that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the kind of insurance involved and which provide, in the usual course of business, coverage comparable to the coverage being sought and have been unable to procure said insurance. I have documented a declination of coverage from at least three admitted insurers. (MUST PROVIDE AT 3 DECLINATIONS BELOW)

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that the insurer with whom the insurance is to be placed is not admitted to transact business in this State and is subject to limited regulation by the Department of Insurance; and in the event of the insolvency of the insurer, losses will not be paid by any Insurance Guaranty Association or fund.

Affidavit of Declination of Admitted Companies - I have attempted to provide the Insured Admitted Insurance from the following Insurance carriers:

Name of Insurer & Contact	Declination Code*	Month/Year
_____	<i>/quoteDiligentDeclinationReason1/</i>	_____
<i>/quoteDiligentInsurerAndContact2/</i>	_____	<i>/quoteDiligentMonthYear2/</i>
_____	<i>/quoteDiligentDeclinationReason3/</i>	_____

* Declination Code: **1-Company's capacity reached** **2-Underwriting Reasons** **3-Refused to state** **4-Other (provide reason)**

ALL applicable provisions of Surplus Lines Insurance have been or will be complied with.

Name of Producer		
Agency:	_____	_____
	(Type or Print Name of Producer Agency)	(Agency's License No.)
Signature of Producer	_____	Date _____
	(Signature of Producer)	