

# Commercial Trucking Application & Quote for: Drive Logistics

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.**



<b>Insured Name:</b>	Drive Logistics
<b>Address:</b>	7645 Marbut Rd Lithonia, GA 30058
<b>Policy Term:</b>	From: <u>June 3, 2023</u> To: <u>June 3, 2024</u>
<b>Broker Contact:</b>	CLEAR WATER INSURANCE LLC - TIMOTHY WILSON (TIM@CLEARWATERAGENCY.NET)
<b>Issued On:</b>	June 5, 2023 08:53:46 EST (Eastern Standard Time)

## Surplus Lines Notice: Georgia

This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.

**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 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.

**DILIGENCY 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

<b>Down Payment</b>	\$1,320.63
<b>Number of Payments</b>	9
<b>Payment Amount</b>	\$418.94
<b>Effective APR</b>	19.49%

## Price Indication Summary

Coverage	Total Cost
<b>Automobile Liability</b>	Excluded
<b>Automobile Physical Damage</b>	\$4,802.30
<b>Motor Truck Cargo</b>	Excluded
<b>Truckers General Liability</b>	Excluded
<b>Non-Trucking Liability</b>	Excluded
<b>Total Cost</b>	<b>\$4,802.30</b>

**See following pages for details and subjectivities**

# Automobile Physical Damage

## Price Indication

For monthly payment, see finance agreement

Yearly Payment	Taxes and Fees	Tax Rate	Taxable
<b>\$4,802.30</b> Includes all Taxes and Fees	Policy Fee: \$300.00	N/A	Y
	Underwriting Fee: \$0.00	N/A	Y
	Surplus Lines Tax: \$184.70	4%	N/A
	Stamping Fee: \$0.00	0%	N/A

Carrier
<b>General Security Indemnity Company of Arizona</b>  Carrier Rating: Non-Admitted, A+ (Superior), XV (\$2 Billion or greater), Stable* * Check AM Best for latest changes

## Premium Detail

Coverage	Premium
<b>Automobile Physical Damage</b> (Rate: 7.5% of TIV)	\$4,017.60
<b>Towing, Storage and Labor</b> (Rate: \$300.00 per Power Unit)	\$300.00
<b>Trailer Interchange</b>	\$0.00
<b>Premium Subtotal (APD)</b>	<b>\$4,317.60</b>

# Automobile Physical Damage

## Coverage and Limits

Coverage Limits		Limit
Limit in respect of any combination of Automobile, truck, tractor, trailer or semi-trailer:		\$53,568
Limit any one event, catastrophe or terminal loss:		\$53,568
Towing, Labor and Storage		\$25,000
Optional Endorsements		Limit
Trailer Interchange Endorsement		Excluded
Deductibles		Limit
Deductible		See Equipment Schedule

## Schedule of Forms

### Automobile Physical Damage

Form Name	Form Number
EARLIER NOTICE OF CANCELLATION PROVIDED BY US	CA 04 22 11 20
CALCULATION OF PREMIUM	IL 00 03 09 08
U.S. TREASURY DEPARTMENT'S OFAC NOTICE	IL P 001 01 04
Surplus Lines Notice (Multi-State)	CW SL 12 20
Claims Notice	CW Claim Notice 12 20
EXCLUSION OF TERRORISM	CA 23 84 10 13
State Fraud Warnings	CW SFW 01 21
UNDECLARED DRIVER EXCLUSION	CW CA 402 11 20
NON-OWNED TRAILER ENDORSEMENT	CWISNOT1 12 21
Motor Carrier Declarations	CWPDDEC2 02 22
PROPERTY CYBER AND DATA EXCLUSION	GSIVPD 40 02 10 20
COMMUNICABLE DISEASE EXCLUSION	GSIVPD 40 03 10 20
VEHICLE INSURANCE CYBER EXCLUSION	GSIVPD 40 05 10 20
SERVICE OF SUIT	SOS 00 01 10 20
COVER WHALE POLICY JACKET APD GA	CWIS Cover APD GA 04 22
COMMON POLICY CONDITIONS	IL 00 17 11 98
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT	IL 00 21 09 08
APD DEC TAXES, FEES, TOTAL COST	CW APD DEC SUM 06 22
COVER WHALE MOBILE APP NOTICE	CW APP 11 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	APD Limit	APD Deductible
3HSDJAPR7HN462851	2017	INT'L/PROSTAR+	8	Tractor	None	\$53,568	\$2,500
<b>Garage Location:</b> 7645 Marbut Rd,Lithonia , GA 30058							

## Trailer Schedule

Trailers are Excluded and not covered under this Policy

## Driver Schedule

First Name	Last Name	License State	License Number	Date of Birth	Years Exp	Date of Hire	Accidents	Violations	Suspensions	Major Violations	Excluded (Y/N)
MARTIN	BAILEY	GA	056264111	Jul, 30 1971	10.00	Jan, 01 1970	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
7645 Marbut Rd	Lithonia	GA	30058

# 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"> <li>• Ambulance, EMT, Mobile Blood Banks</li> <li>• Armored Cars</li> <li>• Arms, Ammunition, Fireworks</li> <li>• Boat Haulers</li> <li>• Automobile Dismantlers</li> <li>• Boom Trucks</li> <li>• Brokerage</li> <li>• Cannabis Haulers</li> <li>• Carnivals, Circus</li> <li>• Cement Mixers, Pumpers</li> <li>• Coal Haulers</li> <li>• Contractors, Contractor Equipment Mobile Equipment</li> <li>• Cotton Haulers</li> <li>• Courier Services, magazines, news delivery, parcel, film delivery</li> <li>• Drive Away, Transporter Plates</li> <li>• Driving Schools</li> <li>• Dump Trucks S&amp;G</li> <li>• Egg Haulers</li> <li>• Fast food delivery, including restaurant take-out delivery</li> <li>• Final Delivery</li> <li>• Freight Brokerage</li> <li>• Garbage/Refuse</li> <li>• Hazmat, Nuclear, Biological</li> <li>• Household Good Movers</li> <li>• Livestock Transporters</li> <li>• Logging Operations</li> <li>• Milk Haulers</li> <li>• Mobile cranes, Vehicles with buckets</li> <li>• Mobile Home Toters</li> <li>• Mobile Home Toters, Building Movers</li> <li>• Municipal</li> <li>• Operating outside of US</li> <li>• Operations using double/triple trailers</li> <li>• Oversized/Overweight haulers requiring pilot cars</li> <li>• Owned Units, Rented or Leased to Others</li> <li>• Private Passenger Vehicles</li> <li>• Public Livery: Buses, taxis, black car, ride share, shuttle, day care, church</li> <li>• Rental Leasing, Demo Vehicles</li> <li>• Salvage, Scrap Metal</li> <li>• Steel Dealers</li> <li>• Tankers Hauling Flammable Liquids</li> <li>• Towing/Repossession,</li> <li>• Vendor Trucks</li> </ul>	<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"> <li>• Live Animals, Hanging meat</li> <li>• Pharmaceuticals, controlled substances</li> <li>• Arms, ammunition, tobacco, fireworks, fire arms</li> <li>• Autos, Boats, motorcycles, ATV's</li> <li>• Overweight or oversize hauls</li> <li>• Mobile cranes, rigs</li> <li>• Mobile homes, buildings, RV's</li> <li>• Courier operations</li> <li>• Household Goods Movers</li> <li>• Chlorine, liquid gas, LPG, ammonia, Explosive material, Radioactive Materials</li> <li>• Fine arts, Furs, Money, currency, bullion, precious stones, jewelry, antiques</li> <li>• Human tissue, organs, specimens</li> </ul>	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.
<b>Insured Loss Experience</b>	Have any claims been Paid, Open, or Reserved for any requested coverages?
<b>2020 - 2021</b>	Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u>
<b>2021 - 2022</b>	Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u>
<b>2022 - 2023</b>	Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u>
<b>Financial Condition</b>	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.

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.

## 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
- 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> )
- 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 GA that the foregoing is truthful and correct and that this Declaration is executed on June 3, 2023.

	INSURED	AGENT/BROKER
<b>Signature:</b>	**quote_signature_insured** _____	**quote_signature_agent** _____
<b>Printed Name:</b>	**quote_signature_name_insured** _____	**quote_signature_name_agent** _____
<b>Title:</b>	**quote_signature_title_insured** _____	**quote_signature_title_agent** _____
<b>Email:</b>	<u>operationknockout@usa.com</u>	**quote_signature_email_agent** _____
<b>Phone:</b>	<u>9012701077</u>	**quote_signature_phone_agent** _____
<b>Effective:</b>	<u>June 3, 2023</u>	<u>June 3, 2023</u>



## Diligent Effort Affidavit

**Attention: Surplus Lines Association**

**DECLARATION BY PRODUCER**

<b>Insured Name:</b>	Drive Logistics
<b>Address:</b>	7645 Marbut Rd, Lithonia, GA 30058
<b>Type of Coverage:</b>	<input type="checkbox"/> Auto Liability <input checked="" 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
_____	/quoteDiligentDeclinationReason1/	_____
_____	_____	_____
_____	/quoteDiligentDeclinationReason3/	_____

\* 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)	