



INDEPENDENT OWNER OPERATOR SUPPLEMENT

- Colony Insurance Company
- Colony Specialty Insurance Company

- Argonaut Insurance Company
- Argonaut Midwest Insurance Company

This Supplement must be completed, in conjunction with a For Hire Truck Application, when the applicant/insured hires Independent Owner-Operators to haul under the applicants/insured’s authority.

SECTION I - APPLICANT INFORMATION

- 1. Policy Number: _____ Insured Name or dba _____
- 2. Policy Period: _____ Phone # _____ Website _____

SECTION II – OPERATIONS

- 1. Are you a Freight Broker, Freight Forwarder or Load Arranger for Others? Yes No
- 2. How long have you been in business? _____ **OR** is this a New Venture operation? Yes No
- 3. How many years have you used Independent Owner-Operators in your business? _____
- 4. Do you require the Independent Owner-Operator to carry Non-Trucking Liability Insurance with limits of Liability equal to that of your company? Yes No
- 5. Are you a Certificate Holder for the Independent Owner-Operators Non-Trucking liability Insurance? Yes No
- 6. Do you allow the Independent Owner-Operator to backhaul for others while under your authority? Yes No

SECTION III – DRIVERS

- 1. Do you require the Independent Owner-Operator to report all drivers to you? Yes No
- 2. Do you require the drivers hired by the Independent Owner-Operator to comply with your driver selection guidelines?
 Yes No

SECTION IV – VEHICLES

- 1. Are the vehicles owned and operated by the Independent Owner-Operators permanently leased to your company?
 Yes No
- 2. Do you require the drivers of the Independent Owner-Operators to do pre and post trip checks of the vehicles?
 Yes No
- 3. Are Independent Owner-Operators required to provide your company with proof of regular routine maintenance of the vehicles? Yes No

SECTION V - SIGNATURE SECTION

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Applicant’s Signature Date

Witness Date