



Cottingham & Butler

Independent Contractor Enrollment Form-Leased contractors of CWRV

***Please send **completed** application to CWRV—contractorsvc@cwrvtransport.com.*

General Information

Vehicle Information

Name:		Unit #	
Address:			
City:	State:	Year, Make:	
Zip:	Registration State:	Value:	
Phone:		VIN:	
Date of Birth:		Loss Payee:	
License Number & State:		-Address:	
Fax:			
Email:		-Email:	

Coverage Available

Select Coverage

Unladen Auto Liability - \$144.50 Per Month Michigan Registered Trucks \$158.67 Per Month <i>*includes \$6.50 processing fee</i>	
Physical Damage - \$3.44 Per \$1,000 Value Per Month	
Optional Physical Damage Endorsements for Additional \$18 Per Month <i>*includes Downtime, Personal Contents, Single Deductible, Diminishing Deductible, Tarps, chains and binders -refer to Coverage Overview for descriptive information.</i>	

Effective Date of Coverage:

Signature:

**Your signature acknowledges Unladen coverage is only afforded to qualified CWRV drivers such as a spouse which must be added as a named insured. There is no coverage for any other household members.*

Submit your application to CWRV follow these instructions to pay your monthly bill:

- Log on to Avant’s website at www.avantbrokerage.com.
- Click on the “Pay Here” button on the top-right corner—here you will see the fees associated with online payments.
- Click on the next “Pay Here” button which will grant you access to the payment portal. Here you will enter your Client ID and the first three letters of your last name.
- Once both fields are entered, you will click on the “Find Bills” button. Here you will find your monthly invoice.
- You will then have 2 payment options—Credit/Debit payment: 3% of total premium processing fee, OR \$2.50 automatic withdrawals from bank account.
- After choosing the option that best fits your needs, you will enter your information accordingly to submit payment to Avant Brokerage.
- After payment is processed, a confirmation email will then be sent to the email provided and certificates will be sent to the contractor, CWRV and any associated Loss Payee. **Please note coverage is not bound until payment is made.*
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Please contact Avant Brokerage at 629-203-7765 or abjaxsubmissions@avantbrokerage.com for more information.