Atlantic Specialty Insurance Company

DRIVER ENROLLMENT AND BENEFICIARY FORM
FOR
CONTRIBUTORY BLANKET OCCUPATIONAL ACCIDENT INSURANCE
FOR CERTAIN MEMBERS OF THE
NATIONAL INDEPENDENT TRUCKERS AND CONTRACTORS ASSOCIATION, INC. ("ASSOCIATION")
BROKER: PALLAY INSURANCE AGENCY, INC.
Policy #: 216-001-684

This coverage will only be in effect if you are an eligible Owner-Operator or a Contract Driver* for an Owner-Operator or Owner, and an active, dues paying member of the Association.

Individual Driver Information: (please print)

Name: _____ CDL or Required License Number: _____
Address: _____ Number of Years of Experience: _____
City: _____ MC/DOT Number: _____
State: _____ Zip: _____ Motor Carrier (contracted by): _____
Date of Birth: _____ Last four of Social Security: _____ Address: _____
E-mail Address: _____ City: _____
Phone Number: _____ State: _____ Zip: _____
Beneficiary: _____ Motor Carrier Phone Number: _____
Relationship to Beneficiary: _____ Motor Carrier E-Mail: _____
Are you covered under any medical plan? Yes ☐ No ☐ If yes, please provide name of carrier: _____

General Information:

Please indicate your status (**choose one**):
- **I am an Owner-Operator** with written proof that I own or lease a power unit *(power unit must not be leased from a motor carrier whose authority you are operating under)*: a) leased to a Motor Carrier ☐ **OR** b) operating under my own authority ☐ **OR**
Note: If operating under your own authority, enter your MC/DOT Number in the Individual Driver Information above
- **I am a Contract Driver*** operating the power unit of an Owner-Operator or Owner *(and I receive a Form 1099)* ☐

*You are not eligible for coverage unless the equipment you are operating is owned or leased by an Owner-Operator or Owner. The Owner's power unit may be owned or leased by a corporation or limited liability company if the Owner is the principal shareholder or member. See Policy for full definition.

Type of equipment you use**:
STANDARD RISK (Plans 1, 2 & 3): Intermodal ☐ Standard Box ☐ LTL ☐ Reefer ☐ Flatbed ☐ Hopper Bottom Trailers ☐
NON-STANDARD RISK (available with Plan 1A only): Tanker ☐ Dump ☐ Auto Hauler ☐ Heavy Machinery ☐
Grain Hauler (other than Hopper Bottom) ☐ Other ☐ Describe: _____
What do you haul? _____

** The following are NOT ELIGIBLE for Coverage: (except as approved by Intact): haulers of hazmat materials/livestock/oilfield equipment/open containers of bulk aggregate material (except as allowed under Non-Standard Risk)/mobile homes; moving & storage/logging & lumbering/courier or home delivery operations; or driving as a resident of Maryland, Montana, or Puerto Rico.

Years of experience operating the indicated equipment: _____
Do you haul any Oversize or Overweight loads, or pull any double trailers? Yes ☐ No ☐ If so, which? _____
Do you load/unload? Yes ☐ No ☐ If yes, what is the average weight you lift? _____
Do you attach and detach the trailer? Yes ☐ No ☐ Do you tarp? Yes ☐ No ☐ Do you strap? Yes ☐ No ☐

Have you had: Any DWIs in last 5 years? Yes ☐ No ☐ Any license suspensions in last 3 years? Yes ☐ No ☐
More than 3 moving violations in last 3 years, or more than 2 moving violations in last 12 months? Yes ☐ No ☐
More than 1 preventable accident in last 3 years? Yes ☐ No ☐ Any felony convictions? Yes ☐ No ☐

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AUTHORIZATIONS

In providing this information, I, the undersigned, understand and hereby state that:

1. to the best of my knowledge and belief, all information on this form is complete and truthful;
2. the Policy is not a contract for statutory workers' compensation insurance, and neither I nor my Motor Carrier become participants in the workers' compensation system by purchasing this insurance;
3. I am an independent contractor who is paid by a 1099 tax form, and not as a W-2 employee, or an Owner-Operator with an ownership interest in a business entity who receives from that entity a tax reporting form as an employee, shareholder, member or partner;
4. I am 18 years of age or older and a professional truck driver;
5. if, based on the information supplied in this form, I am not eligible for coverage, premium will be refunded and no claims will be payable;
6. in order to verify the information provided in this form, I give the Insurer authority to examine the records that are maintained by the Motor Carrier, the Association or the Broker;
7. I am agreeing to become an active dues paying member of the Association; I need not purchase insurance to remain or become a member of the Association; and I appoint the Secretary of the Association as my proxy to attend meetings and vote on my behalf;
8. I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records, to furnish such information or copies of records to the Insurer, the Motor Carrier or the Motor Carrier's designee. A photographic copy of this authorization shall be as valid as the original; and
9. THE COST OF THE INSURANCE AND DUES IS MY SOLE OBLIGATION AND RESPONSIBILITY, regardless of the below payment arrangements. I will forward any amount due and owing, upon demand, for any insurance and membership at any time my account remains unpaid; and
10. I authorize the Broker to bill ☐ me ☐ Motor Carrier ☐ other _____ for my insurance premiums and Association dues of $3 per month and to remit those funds for payment to the Insurer and the Association, respectively, on my behalf.

PLEASE INDICATE WHICH PLAN YOU ARE ENROLLING IN:

↓ ***OCC/ACC PLAN:*** ☐ **Plan 1 @ $143.00 mo.** ☐ **Plan 2 @ $133.00 mo.** ☐ **Plan 3 @ $122.00 mo.**

☐ **Plan 1A @ $167.00 mo.** Drivers in the following groups may ONLY apply for Plan 1A:
Dump Truck Operations (incl. sand, gravel & aggregate), Grain Haulers*, Auto Haulers, Heavy Machinery Haulers and Tank Operations (* NOTE: Grain Haulers using hopper bottom trailer are eligible for Plans 1, 2 and 3.)

↓ ***PASSENGER ACCIDENT OPTION :*** ☐ **$10.00 mo.**

REQUESTED EFFECTIVE DATE: _____

SIGNATURE

I prefer to electronically sign this form and will do so by checking the box for "ELECTRONIC SIGNATURE AND ACCEPTANCE" and typing my name and the date. Furthermore, I hereby consent and agree that the use of my keypad, mouse or any other device to check the box constitutes my signature and acceptance and agreement as if I actually signed in writing and has the same effect as a signature affixed by my hand.

☐ **ELECTRONIC SIGNATURE AND ACCEPTANCE**

By (signature): _____ Date: _____

or type name if you signed this form electronically by checking the box above.

Enrollee Name: _____
(print)

PALLAY USE ONLY

☐ **ELECTRONIC SIGNATURE AND ACCEPTANCE**

Reviewed and Approved by (sign here): _____ Date: _____
(or type your name if you signed this form electronically by checking the box above.)

Note: Occupational Accident Insurance is provided through the Association for its members, and underwritten by Atlantic Specialty Insurance Company, a New York insurer and underwriting company of Intact Insurance Group USA LLC. The Association has entered into endorsement agreements with Intact Insurance Group USA LLC for which it receives compensation which is used to defray costs and provide membership services and benefits. The Association is an individual member association with a dues fee of $3 per member per month regardless of the number of insurance coverages purchased/number of vehicles covered/other service or benefits utilized through the Association.