



OCCUPATIONAL ACCIDENT APPLICATION

This form must be legible, complete, signed and dated before it can be processed and coverage can be put into effect.

Which Plan are enrolling in? **Plan I** \$130.00 **Plan II** \$117.00 **Plan III** \$152.00 (*Flatbed*)
 Plan IV \$132.00 (*Standard Risk*) **Plan IV** \$176.00 (*Non-Standard Risk*) **Plan V** \$187 (*Logging*)

Do you wish to purchase coverage for your Authorized Passengers? Yes No

Individual Driver Information: (please print)

Name: _____ Date of Birth: _____
Address: _____ City/State: _____ Zip Code: _____
Email Address: _____ Years of Experience: _____ MC/DOT #: _____
Home Telephone Number: _____ Cell Phone Number: _____
License Number: _____ License State: _____ Exp. Date: _____

Beneficiary: _____ Relationship to Beneficiary: _____
Address: _____ City/State: _____ Zip Code: _____

Contracted By (Name of Co.): _____ Effective Date of Contract: _____
Address: _____ City/State: _____ Zip Code: _____
Motor Carrier Phone Number: _____ Motor Carrier Fax Number: _____
Motor Carrier E-mail Address: _____

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
 a) leased to a Motor Carrier **OR** b) operating under my own authority
 I am a Contract Driver operating the power unit of an Owner-Operator or Owner (*and I receive a Form 1099*)
 I am an Employee Driver (*and you receive a Form W-2, are exempt from WC coverage*)

Type of equipment you use: _____

STANDARD RISK: *Intermodal, Box, Dry Van, Reefer, LTL, Hot Shot, RV Haulers, and Flatbed*

NON-STANDARD RISK: *Tanker, Dump, Garbage Hauler, Hopper Bottom, Oversize or Overweight, Heavy Machinery, and Oilfield Equipment Haulers*

Exclusions - State of NC, Under 21, Over 70, HazMat Haulers, Moving & Storage, White Glove Delivery, Livestock, and Couriers

Questionnaire completed by: (Please Print): _____ Date: _____

Signature: _____ Title: _____

Agent's Signature: _____ Agency: _____
Address: _____ City/State: _____ Zip Code: _____
Agent's Email Address: _____ Agent's Phone: _____