

## Occupational Accident Trucking Insurance Participant Submission/Enrollment Form

<b>Sponsoring Association:</b> <u>USA Trucking Association</u>				(Not Required)
<u>Applicant Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	
<u>Street Address</u>		<u>City</u>		
<u>State</u>	<u>Zip Code</u>			
<u>Home Phone</u>	<u>Mobile Phone</u>	<u>Email Address</u>	<u>Start Date</u>	
<u>CDL Number</u>	<u>CDL State</u>	<u>CDL Exp. Date</u>		

<b>TYPE OF BUSINESS (please check one)</b>				
<b>Sole Proprietor</b>	<b>Partnership</b>	<b>Corporation</b>	<b>LIC</b>	<b>Other</b> _____
<b>DRIVER CLASSIFICATION (please indicate your class)</b>				
<b>Class 1 - Owner/ Operator</b>	<b>Class 2 - Co-driver</b>	<b>Class 3 - Scheduled Contract Driver of Owner/Operator</b>		
<b>Class 4 - Independent Contractor (not otherwise classified)</b>				

**Description of Class 1, 2, 3 and 4:**

**Class 1 - "Owner Operator"** means a person who meets all of the following definitions:

- is an Independent Contractor as defined by the law;
- owns or leases the motor vehicle;
- has the responsibility for determining the time, means and method of performing the work;
- has entered into a covered contract with Participant Sponsor;
- is compensated on a Form 1099 and not a Form W-2; and
- does not own or control the Participating Sponsor.

**Class 2 - "Co-Driver"** means a person who meets all of the definitions in Class 1 and:

- co-owns or co-leases a motor vehicle which is under a long term lease contract with the Participant Sponsor; and
- drives the motor vehicle as an Independent Contractor, as defined by the law.

**Class 3 - "Scheduled Contract Driver of Owner/Operator"** means a person who meets all of the following definitions:

- drives a motor vehicle owned or leased by an Owner Operator;
- is an Independent Contractor as defined by the law;
- works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized;
- has the responsibility for determining the time, means and method of performing work; and
- is compensated on a Form 1099 and not a Form W-2.

**Class 4 - "Independent Contractor (not otherwise classified)"** means a person who meets all of the following definitions:

- drives a motor vehicle owned by the Participant Sponsor
- works under a Covered Contract that provides for possible financial loss or gain by the Independent Contractor (not otherwise classified) relative to the operation of the motor vehicle being utilized;
- has the responsibility for determining the time, means and method of performing the work; and
- is compensated on a Form 1099 and not a Form W-2.

<b>1. Equipment</b>	<b>Type of equipment by percent of total</b>						
		%		%		%	
	Intermodal		Hot Shot		Dump Trucks		
	Limousines		Oversized		Auto Hauler		
	Courier		Mobile Home		Hazardous Materials		
	Auto Tow Trucks		Flatbed (Pallet Load, Machinery, etc.)		Livestock		
	Large Vehicle Tow Trucks		Sand & Gravel		Flatbed (Poles and round loads)		
	Dry Van/Reefer		Dump Trucks (Trailer)		Moving & Storage		
	Refrigerated		Garbage		Home Delivery		
	Tanker		Oilfield Equipment Haulers		Logging/Lumber		
	Bulk Carriers		Bloodstock				
	Heavy Machinery Haulers		Cement		TOTAL		
<b>2. Hazards</b>	<b>Does the Account haul any</b>	<b>Hazardous/Waste Material</b>	Yes	No	<b>Explosives</b>	Yes	No
		<b>Logging</b>	Yes	No	<b>Flammables</b>	Yes	No
		<b>Refuse</b>	Yes	No	<b>Radioactive</b>	Yes	No
<b>3. Round Trip</b>	<b>Is the round trip haul distance over 100 miles?</b>				<b>Yes</b>	<b>No</b>	
<b>4. Accidents</b>	<b>Have you been involved in more than two accidents in the last two years?</b>				<b>Yes</b>	<b>No</b>	
<b>5. Weight</b>	<b>Is the combined gross vehicle weight (CGVW) of your truck and trailer more than 20,000 pounds?</b>				<b>Yes</b>	<b>No</b>	

### **Occupational Accident Trucking Insurance Plans**

<u><b>Benefits</b></u>	<u><b>Plan 1</b></u>	<u><b>Plan 2</b></u>
Accidental Death & Dismemberment	\$250,000	\$200,000
Accident Medical	\$1,000,000	\$500,000
Temporary Total Disability & Permanent Total Disability	\$700	\$500
Combined Single Limit	\$1,000,000	\$500,000
Policy Aggregate Maximum	\$1,000,000	\$1,000,000
Non-Occupational Accidental Death & Dismemberment	\$10,000	\$5,000
Non-Occupational Accident Medical	\$10,000	\$5,000

**Plan Choice**

**Plan 1**

**Plan 2**

**BENEFICIARY DESIGNATION - ACCIDENTAL DEATH BENEFIT**

Beneficiary Name	Relationship to Insured		
Beneficiary Email Address	Beneficiary Phone Number		
Beneficiary Street Address	City	State	Zip Code

**By signing this Owner/Operator Enrollment Form,**

**I hereby declare and state that:**

- 1) I am not an employee or eligible for Workers' Compensation and I request coverage under the Sponsoring Association's group Occupational Accident policy;
- 2) I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state;
- 3) I am an independent contractor who receives compensation reported under a Form 1099 for compensation and self-employment tax purposes, and
- 4) I am an active dues paying member of the USA Trucking Association;
- 5) I hereby understand and agree that eligibility for this program is limited to eligible Driver Classes listed above and I further agree to the terms outlined in the above items;
- 6) I qualify for coverage under the Eligible Class as checked above;
- 7) I understand this insurance will become effective on the date this Enrollment Form has been received and approved by Pan-American Life Insurance Company or their authorized representative;
- 8) I understand that I will be covered under a policy issued to USA Trucking Association;
- 9) The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above at any time by contacting the Administrator. If I fail to designate a beneficiary, I understand that the Accidental Death Benefit will be paid in accordance with the terms of the Policy;
- 10) I understand that the insurance as applied for is based upon my written statements and answers to the above questions; and
- 11) I attest that all statements made in this Enrollment Form are true and accurate to the best of my knowledge.
- 12) A Covered Contract (a legal, written work agreement) is not required, however one must be provided upon request

**Medical Authorization and Release**

I authorize all providers of health services or supplies and any of their representatives to give Pan-American Life Insurance Company or authorized third-party claims administrator any available information or opinion they may request regarding any physical condition and any treatment which has been rendered to me, including but not limited to diagnosis and prognosis, and provide a copy of any and all records available, including but not limited to x-rays, regarding my condition and treatment and/or all of my hospital records and charts. I understand the information being requested is in connection with an occupational injury matter in which I am involved. I understand that I have the right to revoke this authorization in writing.

**Fraud Warning**

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony.

**Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_