



OWNER/OPERATOR OCCUPATIONAL ACCIDENT DRIVER ENROLLMENT FORM

PALOMAR WHOLESALE BROKERAGE

ACE American Insurance Company

Sample

Table with 3 columns: Description of Benefits, Occupational Accident, Non-Occupational Accident. Rows include Accidental Death, Accidental Dismemberment and Paralysis, Accidental Medical Expense, etc.

Coverage is not Workers' Compensation Insurance or for any other purpose except for Occupational Accidents (unless Non-Occupational benefits apply). The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details, please refer to your policy. In the event of any conflict between the information listed above and the actual policy, the insurance policy will govern in all cases.

PLEASE INDICATE DRIVER AND TRAILER TYPE:

- Owner/Operator, Co-Driver, Contract Driver, Scheduled Co-Driver, Fleet Driver, Team Driver, Paid by 1099, W-2, Other

Trailer Type Used: ___ Dry Van ___ Refer ___ Box ___ Flat Bed ___ Step Deck ___ Dump ___ Hopper

DRIVER NAME _____ Unit Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Sex _____ Marital Status _____

Date of Birth _____ CDL # _____ State _____ Class _____

Beneficiary (full name) _____ Relationship _____ [] Pay to my estate

NAME OF VEHICLE OWNER _____

I accept the Occupational Accident insurance offered by the above listed Motor Carrier and authorize the deduction from my earnings of the required contribution toward the cost of my Occupational Accident insurance. I understand that coverage becomes effective when this application has been received and approved by Palomar Insurance Corporation and/or the insurance carrier. I understand that I will no longer be eligible for coverage upon my 70th Birthday and that coverage will therefore cease. I further understand that coverage terminates on the date the policy is terminated; or I am no longer under contract with the above mentioned Motor Carrier; or premium is not paid.

Signature _____ Date _____