



# PALOMAR WHOLESALE BROKERAGE

## ACE Truckers Individual Occupational Accident Application

Driver's Name: \_\_\_\_\_ Unit Number \_\_\_\_\_  
*First Name MI Last*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth		Drivers License Nmbr		State	
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**Complete one of the following: Individual Coverage Not Available In GA, NC, KS, SD, NY, NH, LA, ID and NV  
Coverage is Available in GA, NC, KS, SD, NV and ID for two or more drivers**

I am a leased Owner Operator\* \_\_\_\_\_ Motor Carrier \_\_\_\_\_ Phone# \_\_\_\_\_

I am a Contract Driver\* \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

I am an Employee Driver \_\_\_\_\_ City, ST and Zip \_\_\_\_\_

**\*Your Lease must be on file with PWB** I have my Own Authority and My MC# \_\_\_\_\_

Commodity(s) Hauled \_\_\_\_\_

Trailer Type Used: Dry Van \_\_\_ Refer \_\_\_ Box \_\_\_ Flat Bed \_\_\_ Step Deck \_\_\_ Dump \_\_\_

Beneficiary (Full Name) \_\_\_\_\_ Relationship \_\_\_\_\_ or \_\_\_\_\_ Pay to my estate.

**Changes in Motor Carriers MUST be reported promptly or your claims may be denied!**

**CONTINGENT LIABILITY IS NOT AVAILABLE WITH INDIVIDUAL COVERAGE**

**THIS POLICY IS NOT STATUTORY WORKERS' COMPENSATION AND/OR EMPLOYER'S LIABILITY INSURANCE.**  
The benefits under this policy do not necessarily equal the benefits which an Insured Person might be eligible for under statutory Workers' Compensation. However, the Insured Person prefers to participate under this program in lieu of providing evidence of statutory Workers' Compensation and Employer's Liability. Further more, the Insured Person agrees that in the event of an occupational accident he will look to this program in lieu of statutory Workers' Compensation and Employer's Liability.

### ACCEPTANCE

I hereby request coverage under the plan sponsored by ACE USA Accident and Health Insurance Trust and administered by Palomar Wholesale Brokerage. I verify that I am under permanent contract to a Motor Carrier and not an employee as of the date of this application **unless state law permits**. I verify that I am an approved driver for a Motor Carrier. I have read and understand the terms and conditions and have designated the above Beneficiary in the event of my death. I also understand that coverage will not become effective until this application and premium has been received and approved by the insurance company or its designated administrator. **Non-Payment of Premium, Non-Compliance of the acceptance agreement, and/or reaching age 70 will result in termination (subject to the grace period) of this policy.**

Applicant \_\_\_\_\_ Dated \_\_\_\_\_

*Rates are good through 3/1/2008. Rates as of 3/1/08 are subject to renewal.*

**STANDARD PLAN**  
\$157 Monthly Per Driver   
Box Trucks, Refer and Van

**NON-STANDARD PLAN**  
\$175 Monthly Per Driver   
Flatbed, Step Deck, Dump,

Agent/Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

# TRUCKERS OCCUPATIONAL ACCIDENT COVERAGE FOR INDIVIDUALS

Plan Sponsored by ACE USA Accident and Health Insurance and administered by Palomar Wholesale Brokerage.  
Underwritten by Ace American Insurance Company

## **\*Who Is Eligible?**

*This Insurance Program is available only to independent Owner-Operators, Contract Drivers or to employees (which includes those with their own authority) in states where they are eligible under that state's Workers' Compensation statute. Owner-Operators must be self-employed and an independent contractor under contract to a motor carrier. Your driving record and health may also affect eligibility.*

## **How Do I Enroll?**

*Each independent Owner-Operator must complete an enrollment form. Please contact your Broker or PWB at 1-800-489-0105 for enrollment questions. Your acceptance will be based upon receipt of application and necessary premium.*

## **Identification Cards**

*Each individual enrolled in this program will be given an I.D. card and insurance description of coverage. The I.D. card will include the policy number, effective date of coverage and instructions on how to file a claim.*

**CONTINGENT LIABILITY NOT AVAILABLE WITH INDIVIDUAL COVERAGE**

## **Summary of Benefits**

Policy Period effective 3/1/07 – 3/1/08

<u>OCCUPATIONAL ACCIDENT</u>	<u>BENEFIT LEVELS</u>	<u>OCCUPATIONAL ACCIDENT</u>	<u>BENEFIT LEVELS</u>
Accidental Death Lump Sum	\$250,000 \$50,000	Hemorrhoids Coverage	\$5,000 Maximum
Monthly Survivors Benefit	\$2,000/mo for 100 months	Hernia Coverage	\$5,000 Maximum
Accidental Dismemberment	\$250,000	Pre-existing conditions Coverage	\$10,000 Maximum
Paralysis Benefit	\$250,000	<b><u>NON-OCCUPATIONAL ACCIDENT</u></b>	
Accidental Medical Benefit	\$1,000,000	Accidental Death & Dismemberment	\$7,500 AD&D
Deductible	\$0	Non-Occupational Accident Limits	\$5,000 Medical
Benefit Period	104 Weeks	<b>LIMITS OF LIABILITY</b>	
Temporary Total Disability	\$500 Maximum Per Week	<b>Occupational</b>	
Percentage	70%	Combined Single Limit	\$1,000,000
Waiting Period	7 Days	Aggregate Limit*	\$2,000,000
Maximum Period	104 Weeks	<b>Non-Occupational</b>	
Continuous Total Disability	\$500 Maximum Per Week	Combined Single Limit	\$ 7,500
Waiting Period	104 Weeks	Aggregate Limit*	\$ 15,000
Maximum Period	SSDI expiration	*applicable to all covered losses with respect to any one accident	

***Have Questions? Call PWB at 800-489-0105***

**THIS IS NOT STATUTORY WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE.**

**Palomar Wholesale Brokerage  
4525 Executive Park Drive Montgomery, AL PH: 800-489-0105 FAX: xxx-xxx-xxxx**