



OWNER/OPERATOR OCCUPATIONAL ACCIDENT DRIVER ENROLLMENT FORM

PALOMAR WHOLESALE BROKERAGE

Sample

Table with 3 columns: Description of Benefits, Occupational Accident, Non-Occupational Accident. Rows include Accidental Death, Accidental Dismemberment, 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.

PLEASE INDICATE DRIVER TYPE:

- Owner/Operator, Scheduled Co-Driver, Paid by 1099, Drivers over 70-75, Co-Driver, Fleet Driver, W-2 \*Please explain, Contract Driver, Team Driver, Other \*Please explain

Trailer Type Used: \_\_\_Dry Van \_\_\_Refer \_\_\_Box \_\_\_Flat Bed \_\_\_Step Deck \_\_\_Dump \_\_\_Other

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_