

Insurance Removal
Request Form

TRUCK

UNIT#

YEAR

MAKE

VIN#

Remove Physical Damage: _____

Remove Cargo/Liability: _____

Remove Non-Trucking Liability: _____

TRAILER

UNIT#

YEAR

MAKE

VIN#

Remove Physical Damage: _____

Remove Cargo/Liability: _____

I hereby request to remove equipment listed on the above page from the coverage provided by the Carrier. I verify that I am the independent contractor named on this form who is under contract to the Carrier on the date of this application. I verify that I am also an approved independent contractor under contract to the Carrier and understand that I am not covered while removed from insurance policy.

I also understand that without the coverage Insurance Department will not be able to authorize me to go on a trip which means I will not be able to pick up a load for the Carrier.

I understand that I will be responsible for all collisions or any other damages. I also understand that I need to take off the Carrier's decals from my truck. Before driving for the Carrier again, I will need to fill out a request to add a truck and/or trailer back to the insurance policies in which I have requested to be removed from by signing this form.

I have read and understand any terms and conditions of this form.

I, _____ am aware of my truck and/or trailer being removed from the Carrier's insurance policy effective date _____.

Signature: _____

Date: _____

TERMS AND CONDITIONS

1. Changes to insurance can be made by sending a written or email request to the Insurance Department. All changes will be made as requested and you will be sent a notice confirming the successful implementation of any changes to insurance.
2. Contractor's equipment can be added to or removed from a policy for no less than 15 days.
3. Changes shall become effective on the date the Contractor's Addition or Removal Request is processed and confirmation is received from the insurer. This confirmation of coverage will be provided to the contractor once received from the insurer.