

Insurance Activation
Request Form

TRUCK			
UNIT#	YEAR	MAKE	VIN#
Needs Physical Damage: _____		Value: _____	

TRAILER			
UNIT#	YEAR	MAKE	VIN#
Needs Physical Damage: _____		Value: _____	

COVERAGE LIST & PREMIUMS		COVERAGE TYPE	WEEKLY PREMIUM
Insurance Base Package		Auto Liability, Non-Trucking Liability, Cargo & Occupational Accidental	
Truck Value:		Truck Physical Damage	
Trailer Value:		Trailer Physical Damage	
Additional Driver:			
TOTAL WEEKLY INSURANCE PREMIUM:			

Contractor hereby requests Carrier, through its insurer, to facilitate on Contractor's behalf (if they are available) the insurance coverages Contractor has selected by placing Contractor's signature below. I verify that I am the independent contractor named on this enrollment 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 covered only while contracted for the Carrier. I have read and understand the terms and conditions of this form.

In accordance with my lease agreement and as an addendum thereto, I, the Independent Contractor, authorize the Carrier to periodically deduct my insurance costs. If such settlements are not sufficient to allow deduction of the cost, I will remit by certified check or money order the outstanding insurance cost to the Carrier. Otherwise, I understand the insurance underwriters may cancel this insurance coverage within policy terms and conditions. I also understand coverage will not automatically be reinstated if cancellation is processed.

I, _____ am aware of my truck and/or trailer being added to the Carrier's insurance policy effective date _____. I am also aware of company policies and all insurance rates that I will be paying to the company every week.

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. 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.
3. Insurance Base Package consists of the following:
 - A. Auto Liability for any Property Damage and/or Injuries to others when contractor or contractor's equipment is involved in an At Fault Accident while under dispatch with the Motor Carrier.
 - B. Non-Trucking Liability for any property damage and/or injuries to others when contractor or contractor's equipment is involved in an At Fault accident while not under dispatch with the Motor Carrier.
 - C. Cargo Insurance for any freight damages incurred due to a covered peril of loss while under dispatch with the Motor Carrier.
 - D. Occupational Accidental.
4. Insurance Base Package premium deductions will begin on a weekly basis once the contractor has signed to this Activation Form for the insurance on his/her equipment and driver(s). Weekly insurance premium rates are not pro rateable on a daily basis. Once the Activation Form is signed and returned, the full weekly premium deductions will be implemented.
5. In case when the contractor has a hired a Co-Driver or a hired Team-Driver, the applicable \$40.00 weekly premium for the Occupational Accidental Insurance coverage will be added to contractors Base Insurance Package. The contractor's termination of any hired Co-Drivers or Additional Team-Drivers must be reported to the Insurance Department in order for the appropriate adjustments to be made to contractors weekly Base Package Insurance Premiums.
6. In case when the contractor wishes to have an Authorized Passenger on board, the contractor MUST notify the Insurance Department, fill out & sign a Passenger Form. Passenger insurance will be provided to the contractor at no additional charge once Passenger Form is signed and returned by the contractor.

7. The Contractor understands that the insurance cost shown may include taxes, fees and administrative expenses which the Contractor accepts and acknowledges as a part of the necessary insurance needed to operate under the motor carriers authority and signs. The Motor Carrier reserves the right to change the rate by giving written notice prior to rate any increase.
8. Owner Operator Physical Damage policies will not pay out on a claim if there is not a signed lease agreement between the Contractor and the Motor Carrier. The insurance company will not pay out on a claim if the truck or trailer is removed from a policy and not active at the time of any accident.
9. In case of non-payment within 30 days of when premium is due, the Insurance Department will send the Contractor a 15-day notice of cancellation. If all outstanding insurance premiums are not received after notice is issued, then all active insurance policies will be canceled and written confirmation of cancellation will be issued to the contractor.
10. In the event, the Contractor's lease agreement with the Motor Carrier is terminated for any reason by either party, ALL Insurance coverages including Physical Damage & Non-Trucking Liability will be canceled effective the date of the contract termination. The Contractor will be responsible to make arrangements to replace any applicable coverages immediately and acknowledges that the Motor Carrier is not obligated to keep any coverages active for the purposes of satisfying any lien holder requirements the contractor may have.
11. Contractor does have the option to reject the Motor Carriers Physical Damage coverage but must provide proof of coverage for Physical Damage from a third party along with updated proof of coverage when the policy renews each policy period or if the contractor changes insurance providers. If Contractor REJECTS Physical Damage coverage with the Motor Carrier and does NOT provide proof of Physical Damage coverage with a third party, then the Contractor fully understands that there will be NO COVERAGE provided for their equipment by the Motor Carriers Physical Damage policy and the Motor Carrier is not liable for any losses to Contractor equipment or any expenses absorbed in relation to any accident involving the contractors equipment. Contractor can activate Physical Damage coverage with the Motor Carrier at any time by contacting the Insurance Department and requesting to activate at which point Contractor will be sent an activation form to sign and return accepting the Motor Carriers terms & conditions for Physical Damage coverage and premium costs.