



TRUCKER OCCUPATIONAL ACCIDENT PLAN
DRIVER ENROLLMENT FORM

OPTION 11 (\$1,000,000 limit) POLICY NUMBER OCA 3760574

BOLD information must be completed for coverage to be effective.

Submitting Agency: _____

Driver Name: _____

Address: _____
City State Zip

Date of Birth: _____ SS#: _____

Leased To: _____ Sex: _____ Marital Status: _____

Only Owner Operators under lease to a motor carrier AND PAID ON A 1099 are eligible.

Copy of current MVR (dated within last six months) must accompany this enrollment form.

Lease Contract Effective Date: _____ Coverage Effective Date: _____ **

** Note: Coverage will not be effective until a copy of this form is received at TranSpec.

This policy is NOT statutory Workers' Compensation and Employer's Liability, and 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 Employers Liability to the Policyholder. Further, an 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.

BENEFICIARY DESIGNATION

Beneficiary Name *: _____
Last First Middle Initial

Address: _____
Street or P.O. Box City State Zip

Relationship: _____ OR [] Pay to my Estate
Initial the box if this is your choice

* Note: If you reside in a community property state, you may not be able to name a beneficiary other than your spouse without the consent of your spouse must sign below giving their consent.

I am the legal spouse of the Driver named above and I hereby consent to the beneficiary named above.

Spouse's Signature: _____ Date: _____

ACCEPTANCE

I hereby request coverage under the Trucker Occupational Accident Plan. I verify that I am under permanent contract to a Motor Carrier, I receive a 1099 and I am not an employee as of the date of this application. I verify that I am an approved driver for a Motor Carrier. I verify that I and my vehicle meet all the underwriting guidelines listed on the reverse of this form. I have read and understand the terms and conditions and have designated the above beneficiary in the event of my death.

Signed: _____ Dated: _____

"Completed enrollment form received by TranSpec on _____ by _____

Transport Specialties, Inc. dba TranSpec * 11230 30th Avenue North* Nashville, TN 37203 * 800.869.0852 *Fax 866.830.4700

UNDERWRITING GUIDELINES FOR TranSpec SELECT ASSOCIATION PLANS Occupational Accident Insurance

The following guidelines apply to all Independent Contractors who are to be covered under the TranSpec SELECT ASSOCIATION PLANS. Any deviations must have prior Company approval before binding coverage.

DRIVER QUALIFICATIONS

The following are the minimum qualifications for drivers to be eligible for coverage under the program:

- **MINIMUM age 23**
- **At least one year of recent verifiable tractor-trailer experience**
- **Must be under long-term lease to a motor carrier or a contract driver of an owner-operator and paid on a 1099**
 - No DWIs in the last five years**
 - No license suspensions in the last three years**
 - No more than three moving violations in the last three years, with no more than two in the last 12 months**
 - No more than one preventable accident in the last three years**
 - No felony convictions**
 - Current CDL in the driver's home state**
 - Copy of current MVR (dated within last six months) must accompany the enrollment form**

MAXIMUM GROUP SIZE

The program is designed to provide coverage for individual drivers looking for Occupational Accident coverage. The maximum number of drivers for any one group looking to be added to the Trust is fifteen (15). Any group that exceeds fifteen drivers must be preapproved by Underwriting.

RESTRICTED GROUPS and VEHICLES

Coverage is not available to drivers hauling or involved in the following operations without prior approval from TranSpec:

- **Hazardous (nuclear or other) materials or waste**
- **Logging and Lumbering operations**
- **Moving and Storage operations**
- **Sand and Gravel operations**
- **Tank truck operations**
- **Livestock Hauling**
- **Dump Trucks**