

THE UNITED STATE FIRE INSURANCE COMPANY

Administrative Office: 5 Christopher Way • Eatontown, NJ 07724

Under Master Group Policy Number **US2145782**

Policyholder: National Drivers Association Program

Address: 117 S Washington St., Suite A, Delphi, IN 46923

Name of Applicant: _____ DOB: _____ Social Security #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Type of Applicant: ☒ Independent Contractor

By signing this Enrollment Form, the Applicant agrees to all of the following:

1. To be covered under the above specified Master Group Policy.
2. To make to the Policyholder such payments as may be required for the insurance to be provided in the manner specified by the Policyholder.
3. That all of the statements made in this Enrollment Form are, to the best of my knowledge and belief, true and accurate.

EFFECTIVE DATE OF INSURANCE – The Effective Date of Insurance is the date shown in the Schedule of Benefits in each person's Certificate of Insurance; provided this request has been approved by the United States Fire Insurance Company or its authorized agent, and the proper premium has been paid.

PREMIUM: \$150.00 per month (flatbed)**\$2.00** monthly association fee is in addition to the insurance rates.**AMOUNTS OF INSURANCE REQUESTED** *(Applies only to the Applicant specified above)***Accidental Death & Dismemberment Benefit**

- Principal Sum – \$250,000

Disability Income Benefit

- **Temporary Disability** – Weekly Benefit – 70% of Average Weekly Earnings, subject to the following:
 - Maximum- \$500 minus Other Income Benefits
- **Continuous Total Disability** – Monthly Benefit – 4.3 times Average Weekly Earnings multiplied by 0.70, subject to the following:
 - Maximum – \$ 2,150 minus Other Income Benefits

Accident Medical/Dental Benefit

- Maximum Benefit – \$1,000,000 per Occupational Accident

Optional Riders

- **Cumulative Trauma Coverage** ☒ Yes ☐ No
 - Maximum benefit – \$10,000
- **Occupational Disease Coverage** ☒ Yes ☐ No
 - Maximum benefit – \$10,000
- **Non-Occupational Coverage** ☒ Yes ☐ No
 - Principal Sum for the Accidental Death and Dismemberment Benefit – \$15,000
 - Maximum Benefit for the Accident Medical/ Dental Expense Benefit – \$10,000

OAC-102018A-EF-IN

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- **Hernia Coverage** ☒ Yes ☐ No
 - Maximum benefit per injury – \$10,000
 - Lifetime maximum benefit – \$10,000
- **Hemorrhoid Coverage** ☒ Yes ☐ No
 - Lifetime maximum benefit – \$10,000

☐ **Installment Payment Option:** All benefits under the Accidental Death and Dismemberment Benefit paid in installments instead of one sum. I understand that this option may be revoked only if I agree to pay an increased premium. I further understand that if I revoke such election it will not apply to any accident that occurred before the date I revoked such election.

Payments will be a lump sum of \$25,000, and then the remaining balance of the Principal Sum will be paid in equal installments over the next 48 months until all of the Principal Sum is paid.

☒ **One Sum Option.** All benefits under the Accidental Death and Dismemberment Benefit shall be paid in one sum.

Beneficiary Information

PRIMARY BENEFICIARY	RELATIONSHIP	PHONE NUMBER
CONTINGENT BENEFICIARY	RELATIONSHIP	PHONE NUMBER

APPROVED BY:  DATE: _____

FRAUD WARNING STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY:

Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Claim Form: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime⁴

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

NEW YORK*: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

*The fraud warning in NY must appear above the signature line.