

COVERAGE PLAN ☐ Plan 1 \$130 (Standard Risk) ☐ Plan 2 \$117 (Standard Risk) ☐ Plan 3 \$152 (Flatbed Risk)
☐ Plan 4 \$176 (Non-Standard Risk) ☐ Plan 5 \$187 (Logging Exposure)

Do you wish to purchase accident benefits for authorized passengers? ☐ Yes ☐ No

Provides limited coverage for accidental death, dismemberment; accidental medical/dental expense; hernia, hemorrhoid, occupational disease & cumulative trauma. *Maximum of one (1) passenger per trip and at least ten (10) years of age. The passenger cannot also be a driver. The passenger must be reported and the \$10 premium paid prior to each trip.*

PLEASE BE SURE TO FILL OUT THE APPLICABLE ENROLLMENT FORM FOR THE COVERAGE SELECTED ABOVE, INCLUDING THE PASSENGER ACCIDENT ENROLLEMENT FORM AND AUTHORIZATION LETTER IF COVERAGE REQUESTED.

Forms are available on our website, www.transportationinsurors.com/applications

Name of Applicant: _____ DOB: _____ Gender*: ☐ M ☐ F
Email Address: _____ Phone Number: _____ DOT #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
License Number: _____ State: _____ Exp. Date: _____ Years in Experience: _____

**Gender is required for our National Driver's Association Driver Program*

1. What Authorized Regulated Motor Carrier are you permanently leased to?

Name of Carrier: _____ Effective Date of Contract: _____
Email Address: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Are you covered under any medical plan? ☐ Yes ☐ No

If yes, please provide name of carrier: _____

3. Please indicate your status:

- ☐ Owner-Operator with written proof of ownership or lease of a power unit
a. ☐ Leased to a Motor Carrier OR b. ☐ Operating under own authority
☐ Contract Driver operating the power unit of an Owner-Operator or Owner (Receive a Form 1099)
☐ Employee Driver (Receive a Form W-2 and are exempt from WC coverage)

4. Type of equipment you use: _____

APPLICANT'S NAME: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

BROKER INFORMATION

Agent's Signature: _____ Date: _____
Agency: _____ Agency Contact: _____
Email Address: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

Standard Risks: Intermodal, Box, Dry Van, Reefer, LTL, Hot Shot, RV Haulers, and Flatbed

Non-Standard Risks: Tanker, Dump, Garbage Hauler, Hopper Bottom, Oversize or Overweight, Heavy Machinery, and Oilfield Equipment Haulers

Exclusions - State of North Carolina, under 21, over 70, hazmat haulers, Moving & Storage, White Glove Delivery, Livestock, and Couriers

SM065-1225

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