

PALLAY INSURANCE AGENCY

PO Box 1178 • Frankfort, IL 60423
Phone: 708-478-7499 • Fax: 815-526-8661
Email: rosspallay@pallayinsurance.com

TO: Participating Agents

RE: Atlantic Specialty Insurance Company, an Intact Insurance Group Underwriting Company
Occupational Accident Insurance Policy #216-001-684, for Owner-Operators and Contract Drivers of Owners
who are members of the National Independent Truckers and Contractors Association, Inc. (NITACA)

REQUIREMENTS TO BE AN AUTHORIZED SUB-PRODUCER/AGENT

Sub-producer/Agent must:

1. Provide Pallay Insurance Agency with a copy of Sub-producer/Agent's license in the states where he/she is soliciting;
2. Provide Pallay Insurance Agency with a copy of Sub-producer/Agent's E&O declarations page with minimum limits of one (1) million dollars (\$1,000,000) per occurrence and in the aggregate;
3. Sign at the bottom of this document stipulating to Pallay Insurance Agency that Sub-producer/Agent:
 - a. is acting on behalf of the applicant/insured person and not as the agent for Pallay Insurance Agency or its insurance company;
 - b. will hold premium in a fiduciary trust account;
 - c. will notify Pallay Insurance Agency and its insurance company of a claim, regulatory inquiry or notice, or subpoena or lawsuit immediately upon receipt of same;
 - d. will not use advertising material of any type without prior approval of Pallay Insurance Agency's insurance company;
 - e. will comply with the billing directives and procedures provided by Pallay Insurance Agency;
 - f. will comply with applicable insurance laws and privacy laws; and
 - g. agree that Pallay Insurance Agency has the right to audit.
4. Return this signed document to Pallay Insurance Agency.

ELIGIBILITY

Our Occ/Acc program is available to Owner-Operators who are operating a power unit they own or lease, are ages 18 and older, have an active CDL (or the required license for the vehicle they are assigned to operate), have at least 1 year of driving experience, and who are 1099's. A Contract Driver operating a power unit owned by an Owner-Operator and paid as a 1099 is also eligible. 1099 contract drivers who are operating a power unit that is owned by a motor carrier they are contracted with to haul for are not eligible for Occupational Accident insurance.

The plans offered through this program require active membership in the National Independent Truckers and Contractors Association, Inc. (NITACA). At time of monthly premium remittance, \$3.00 NITACA member dues will be required as well.

EXCLUDED GROUPS: Coverage not available to drivers hauling or involved in following operations: Hazardous material haulers; livestock haulers; PEO's, driver leasing or temporary services; moving and storage operations; logging and lumbering operations; home delivery operations; mobile home haulers; garbage haulers, oilfield equipment haulers; couriers of any kind.

EXCLUDED STATES: AK, HI, ID, MD, MT, NY, RI, VT (excluded state list subject to change)

SUBMITTING NEW BUSINESS/POLICY ISSUANCE

Sub-producer/Agent emails or faxes completed Driver Enrollment and Beneficiary Forms for the Occupational Accident insurance program to Pallay Insurance Agency as he/she receives them. (Sub-producer/Agent retains a copy for their files.) Coverage will not be bound until the signed and dated enrollment forms are received by Pallay Insurance Agency and approved by Pallay Insurance Agency (coverage may not be bound any sooner than the date Pallay Insurance Agency receives an application). For approved applications, Driver Kits containing an Insurance Policy and instructions for reporting Occupational Accident claims will be emailed from Pallay Insurance Agency to Sub-producer/Agent for delivery to insured persons.

PROOF OF INSURANCE CERTIFICATE

Please note – It will be the responsibility of the Sub-producer/Agent to complete a proof of insurance certificate for his/her clients upon request.

COMMISSION, AND COLLECTION OF MONTHLY PREMIUMS FROM INSURED PERSONS

Commission is 10%, and Sub-producer/Agent is responsible for collecting the premium and remitting net to Pallay Insurance Agency, together with a completed Premium Remittance Report listing all drivers being paid for that month. *(If you prefer, Pallay Insurance Agency can direct-bill the insured and issue proof of insurance certificates for a reduced commission of 5%.)*

CLAIMS PROCEDURE

*All claims will be processed directly through Atlantic Specialty Insurance Company. Insured person is to call **866-568-2233** to report an occupational injury.*

Pallay Insurance Agency will provide verification of coverage to Atlantic Specialty Insurance Company based on the Monthly Premium Report Forms it receives from Sub-producer/Agent. Sub-producer/Agent should be prepared to assist Pallay Insurance Agency in the collection of additional information from the Driver or Motor Carrier, if needed.

ACCEPTANCE OF AGENCY REQUIREMENTS

By completing and signing below Sub-producer/Agent agrees to the requirements to be a Sub-producer/Agent and has reviewed and understands the administrative instructions for this program as outlined in this document.

Name of Agency: _____

Street Address: _____

City/State/Zip _____

Your name and title (please print): _____

Contact phone: _____ Email Address: _____

Billing/Commission Choice (check one of the below options):

10% Commission - Your Agency collects gross premium from insured and remits net to Pallay Insurance Agency

5% Commission – Pallay Insurance Agency direct bills your customer and sends your agency commission

Signature: _____

Date: _____

Email or Fax this signed document, together with copies of your E&O and Insurance License, to:

Ross Pallay
rosspallay@pallayinsurance.com
Fax: 815-526-8661

I look forward to working with you and appreciate the opportunity to provide you with this valuable Occupational Accident insurance coverage for your clients.

If you have any questions, please call me at 708-478-7499.

Sincerely,



Ross Pallay