OCCUPATIONAL ACCIDENT INSURANCE PROTECTION

FOR

OWNER/OPERATORS in TRUCKING

PASSENGER ACCIDENT OPTION AVAILABLE

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.

DISCLAIMER: This coverage is not workers' compensation or sickness coverage and it does not provide coverage authorized or required under the Workers' Compensation Act. This is not a substitute for workers' compensation coverage.

Administered by:

PALLAY INSURANCE AGENCY

PO Box 1178
Frankfort, IL 60423

Questions?
Contact Ross Pallay

Phone: 708-478-7499

E-mail: rosspallay@pallayinsurance.com

www.pallayinsurance.com

Pallay Insurance Agency is a Program Administrator for OneBeacon's Occupational Accident Insurance Program. The Occupational Accident Insurance coverage is provided through the NITACA Group Insurance Trust and is underwritten by Atlantic Specialty Insurance Company, a OneBeacon Insurance Group underwriting company. Pallay Insurance Agency is an authorized Membership Administrator for the National Independent Truckers and Contractors Association, Inc. (NITACA).

(REV. 04/22

OCCUPATIONAL ACCIDENT INSURANCE

SUMMARY OF BENEFITS[1]

OCCUPATIONAL ACCIDENT BENEFITS

	Plans 1 & 1A	Plan 2	Plan 3
ACCIDENTAL DEATH			
Principal Sum	$50,000	$ 25,000	$25,000
Survivor's Benefit (1% mo.) / up to ...	$200,000	$125,000	$125,000
Accident Commencement Period	365 days	365 days	365 days
ACCIDENTAL DISMEMBERMENT			
Principal Sum (1% mo.) / up to ...	$250,000	$150,000	$150,000
Paralysis Benefit (1% mo.) / up to ...	$250,000	$150,000	$150,000
Accident Commencement Period	365 days	365 days	365 days
TEMPORARY TOTAL DISABILITY			
Disability Commencement Period	90 days	90 days	90 days
Waiting Period	7 days	7 days	7 days
Benefit Percentage	70%AWE	70%AWE	70%AWE
Maximum Weekly Benefit Amount	$500	$400	$400
Maximum Benefit Period	104 wks	52 wks	52 wks
CONTINUOUS TOTAL DISABILITY			
Waiting Period	104 wks	52 wks	52 wks
Benefit Percentage	70%AWE	70%AWE	70%AWE
Maximum Weekly Benefit Amount	$500	$400	$400
Maximum Benefit Amount	$400,000	$300,000	$200,000
Maximum Benefit Period	to age 70	to age 70	to age 70
ACCIDENT MEDICAL EXPENSE			
Medical Commencement Period	90 days	90 days	90 days
Deductible Amount	$0	$0	$0
Maximum Benefit Period	104 wks	52 wks	52 wks
Dental Maximum per Accident	$3,600	$3,600	$3,600
Maximum Benefit Amt per Accident	$1,000,000	$500,000	$300,000
Lifetime Maximum Benefit	$1,000,000	$500,000	$300,000

NON-OCCUPATIONAL ACCIDENT BENEFITS

	Plans 1 & 1A	Plan 2	Plan 3
ACCIDENTAL DEATH			
Principal Sum	$15,000	$15,000	$15,000
Accident Commencement Period	365 days	365 days	365 days
ACCIDENTAL DISMEMBERMENT			
Principal Sum (1% mo.) / up to ...	$15,000	$15,000	$15,000
Accident Commencement Period	365 days	365 days	365 days
ACCIDENT MEDICAL EXPENSE			
Medical Commencement Period	90 days	90 days	90 days
Deductible Amount	$0	$0	$0
Maximum Benefit Period	52 wks	52 wks	52 wks
Dental Maximum per Accident	$1,000	$1,000	$1,000
Maximum Benefit Amt per Accident	$5,000	$5,000	$5,000
Lifetime Maximum Benefit	$10,000	$10,000	$10,000

LIMITS OF LIABILITY

	Plans 1 & 1A	Plan 2	Plan 3
OCCUPATIONAL COVERAGE:			
Combined Single Limit	$1,000,000	$500,000	$300,000
Aggregate Limit of Liability (applicable to all covered losses with respect to any one accident)	$2,000,000	$1,000,000	$600,000
NON-OCCUPATIONAL COVERAGE			
Combined Single Limit	$15,000	$15,000	$15,000
Aggregate Limit of Liability (applicable to all covered losses with respect to any one accident)	$30,000	$30,000	$30,000

Regardless of the Occupational Plan selected, insureds are provided access to Travel Assistance coverage and services while traveling 100 or more miles from home.

MONTHLY PREMIUM PER DRIVER: **PLAN 1: $143.00** **PLAN 2: $133.00** **PLAN 3: $122.00**

PLAN 1A: $167.00 Drivers in the following groups may ONLY apply for Plan 1A: Dump Truck Operations (incl. sand, gravel & aggregate), Grain Haulers*, Auto Haulers, Heavy Machinery Haulers and Tank Operations. (* NOTE: Grain Haulers using hopper bottom trailer are eligible for Plans 1, 2 and 3.)

PASSENGER ACCIDENT OPTION

PASSENGER ACCIDENT BENEFITS [1]

ACCIDENTAL DEATH	
Principal Sum	$100,000
Accident Commencement Period	365 days
ACCIDENTAL DISMEMBERMENT	
Principal Sum (1% mo.) / up to ...	$100,000
Paralysis Benefit (1% mo.) / up to ...	$100,000
Accident Commencement Period	365 days

ACCIDENT MEDICAL EXPENSE	
Medical Commencement Period	90 days
Deductible Amount	$50
Maximum Benefit Period	52 wks
Dental Maximum per Accident	$1,000
Maximum Benefit Amt per Accident	$100,000
Lifetime Maximum Benefit	$100,000

LIMITS OF LIABILITY

PASSENGER ACCIDENT COVERAGE:	
Combined Single Limit	$100,000
Aggregate Limit of Liability (applicable to all covered losses with respect to any one accident)	$200,000

MONTHLY RATE PER DRIVER TO INCLUDE PASSENGER ACCIDENT OPTION: $10.00

[1] Amounts may be subject to a reduction schedule based on age at date of loss or benefit payment.

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.

Coverage is not available in all states.

This brochure is for marketing purposes only. For further details, please review the policy forms. All coverages are subject to policy terms, conditions, limitations and exclusions, and the policy will govern in all matters. The Occupational Accident Insurance coverage is provided through the NITACA Group Insurance Trust and is underwritten by Atlantic Specialty Insurance Company, a OneBeacon Insurance Group underwriting company. NITACA has entered into endorsement agreements with the insurer for which it receives compensation which is used to defray costs and provide membership services and benefits. Services are provided by third parties. Service providers may change at any time without written notice.

(REV. 04/22)

OCCUPATIONAL ACCIDENT INSURANCE PROTECTION

APPLYING IS SIMPLE:

- ☐ **1. Complete and sign two-page Occupational Accident Insurance application form.**
- ☐ **2. Complete and sign one-page NITACA enrollment application.**
- ☐ **3. Return paperwork to your insurance agent.**

(REV. 04/22)

DRIVER ENROLLMENT AND BENEFICIARY FORM FOR THE OCCUPATIONAL ACCIDENT INSURANCE PROGRAM PROVIDED BY NATIONAL INDEPENDENT TRUCKERS AND CONTRACTORS ASSOCIATION, INC. (NITACA) GROUP INSURANCE TRUST.

ADMINISTERED BY PALLAY INSURANCE AGENCY / POLICY NUMBER: 216-001-684

OFFICE USE ONLY:

Effective: _____

Plan #: 1 1A 2 3 PA

Agent: _____

Ent. _____ (psngr frm issued: _____ | _____)

INDIVIDUAL DRIVER APPLICATION

You must be a member of NITACA to be eligible for this Occupational Accident Insurance coverage. This form must be legible, complete, signed and dated before it can be processed and coverage can be put into effect.

INDIVIDUAL DRIVER INFORMATION: (please print)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security Number: _____

Date of Birth: _____

Home Telephone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Beneficiary: _____

Relationship to Beneficiary: _____

Address of Beneficiary: _____

_____

MC/DOT Number: _____

CDL Number: _____

CDL State: _____ CDL Exp. Date: _____

Number of Years Experience: _____

Contracted By (Name of Co.): _____

Address: _____

City: _____

State: _____ Zip: _____

Effective Date of Contract: _____

Motor Carrier Phone Number: _____

Motor Carrier Fax Number: _____

Motor Carrier E-mail Address: _____

_____

Are you covered under any medical plan? ☐ Yes ☐ No If yes, please provide name of carrier: _____

GENERAL INFORMATION:

Are you an Owner/Operator (receiving Form 1099): a) with your own authority (receiving Form 1099)? ☐ Yes ☐ No

b) leased to a Motor Carrier (receiving Form 1099)? ☐ Yes ☐ No

IF NO TO BOTH OF THE ABOVE, are you a: Contract Driver* (receiving Form 1099)? ☐ Yes ☐ No

(* NOTE: Eligible Contract Drivers CANNOT operate equipment that is not owned or leased by an Owner)

Drivers operating equipment owned by a motor carrier ARE NOT eligible for this plan.

TYPE OF EQUIPMENT TO BE USED?

Eligible for Plans 1, 2 & 3: ☐ Standard Box ☐ Intermodal ☐ LTL ☐ Refer ☐ Flatbed ☐ Hopper Bottom

Eligible for Plan 1A only: ☐ Dump Operations ☐ Grain Hauler** ☐ Auto Hauler ☐ Heavy Machinery Hauler ☐ Tank Operations

(**NOTE: Grain Haulers using a hopper bottom trailer are eligible for Plans 1, 2 and 3.)

Other _____

Years of experience hauling the above type equipment? _____

What will you be hauling? _____

Do you haul any Oversize or Overweight loads, or pull any double trailers? ☐ Yes ☐ No If so, which? _____

Do you load/unload? ☐ Yes ☐ No If yes, what is the average weight you lift? _____

Do you attach and detach the trailer? ☐ Yes ☐ No

Do you tarp? ☐ Yes ☐ No Do you strap? ☐ Yes ☐ No

I hereby authorize the Sub-Producer/Program Administrator to bill the following selected party for my Occupational Accident coverage:

☐ Self ☐ Motor Carrier, as listed on the front of this Form

☐ Other: Name _____

Street/PO Box _____ City/State/Zip _____

I understand that the cost of the insurance is my sole obligation and responsibility. I agree that I will forward any amount due to the Program Administrator upon demand, for any insurance at any time my account remains unpaid.

In providing this information, I, the undersigned, understand and hereby state:

1. The Occupational Accident coverage provided is not a contract for Statutory Workers' Compensation Insurance and neither the carrier above nor I become participants in the Workers' Compensation system by purchasing this insurance.
2. I certify to the best of my knowledge and belief that all information on this form is complete and truthful.
3. I am an active dues paying member of the National Independent Truckers and Contractors Association, Inc. (NITACA)
4. I am 18 years of age or older, and I am a professional truck driver.
5. I am an independent contractor and receive a 1099 tax form, NOT a W-2 tax form for an employee.

By my signature below, I, the undersigned also authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records to furnish such information or copies of records to Atlantic Specialty Insurance Company. A photographic copy of this authorization shall be as valid as the original.

PARTICIPATION IN TRUST: I understand and acknowledge that to enroll for insurance coverage, I must be a Participant in the NITACA Group InsuranceTrust and that I must abide by the terms and conditions of the Trust. A copy of the Trust Agreement will be provided at the Enrollee's request. Please write to: NITACA, 200 Continental Drive, Suite 401, Newark, DE 19713 attn: Secretary.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or 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 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.

IF THE INFORMATION YOU HAVE PROVIDED IS FRAUDULENT, WE MAY HAVE THE RIGHT TO RETURN PREMIUM AND CANCEL COVERAGE.

In order to verify the information provided in this Form, I, the undersigned, give the Insurer authority to examine the records that are maintained by the motor carrier and the Program Administrator.

PLEASE INDICATE WHICH PLAN YOU ARE ENROLLING IN:

➤ ***OCC/ACC PLAN:*** ☐ **Plan 1 @ $143.00 mo.** ☐ **Plan 2 @ $133.00 mo.** ☐ **Plan 3 @ $122.00 mo.**

☐ **Plan 1A @ $167.00 mo.** Drivers in the following groups may ONLY apply for Plan 1A:
Dump Truck Operations (incl. sand, gravel & aggregate), Grain Haulers*, Auto Haulers, Heavy Machinery Haulers and Tank Operations (* NOTE: Grain Haulers using hopper bottom trailer are eligible for Plans 1, 2 and 3.)

➤ ***PASSENGER ACCIDENT OPTION :*** ☐ **$10.00 mo.**

REQUESTED EFFECTIVE DATE: _____

☐ By checking this box, I acknowledge that I am electronically signing this form. Furthermore, in order to conduct business electronically with Atlantic Specialty Insurance Company I agree that my electronic signature is the same as my handwritten signature for purposes of validity, enforceability and admissibility.

Enrollee's Signature: _____ **Date:** _____

Program Administrator Use Only

Program Admin. Signature: PALLAY INSURANCE AGENCY **Date:** _____

This coverage is not workers' compensation or sickness coverage and it does not provide coverage authorized or required under the Workers' Compensation Act.
This is not a substitute for workers' compensation coverage.

Program administered by:

PALLAY INSURANCE AGENCY

(REV. 04/22)

NATIONAL INDEPENDENT TRUCKERS AND CONTRACTORS ASSOCIATION, INC. ("NITACA") MEMBERSHIP ENROLLMENT APPLICATION

Please Print Clearly

Name:_____
Last First Middle ☐ M ☐ F

Address:_____

City:_____State:_____Zip:_____

Phone:_____ Email:_____ Last Four of Social Security Number: _____

Date of Birth:_____ CDL#:_____ State of Issue:_____

By signing this Membership Enrollment Application, Member agrees to abide by the Bylaws of NITACA, as amended from time to time. NITACA reserves the right to change the membership dues. Membership in NITACA is non-transferable and only one membership in NITACA is allowed per eligible person. You may cancel your membership and obtain a full refund of any membership dues paid within thirty (30) days from the date you join NITACA by sending a cancellation letter and a request for refund with your name and membership number to Member Services. NITACA bylaws are available upon request. Nothing herein creates the relationship of employer-employee between a Member and NITACA.

Members of NITACA have access to certain benefits and/or products offered by NITACA or sponsored by NITACA through the NITACA Group Insurance Trust. Benefits and/or products are offered at the sole discretion of NITACA and may vary by availability, vendor or the member's state of residence. NITACA may change vendors or immediately terminate the benefits and/or products offered without prior notice to members. Termination of membership in NITACA for failure to pay dues or for any other cause will result in the loss of such benefits and/or products. By signing this Form, you authorize NITACA to share your information with such third-party vendors on an as needed basis only.

Proxy: By signing this application I understand that I am enrolling as a member in NITACA. I appoint the Secretary of NITACA in office at any particular time as my proxy to receive notice of and attend all meetings of the members and vote on my behalf and to otherwise act for me in the same manner and with the same effect as if I were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of NITACA, by executing and delivering a subsequently dated proxy to the Secretary of NITACA or by voting in person.

Payment of Dues: The annual membership dues are $36. The dues are collected monthly in the amount of $3.00. For enrollment from 1st to 14th of the month, a full month's due will be owed. For enrollment from 15th to last day of the month, the first month's dues will not be owed until the next month. I understand that the cost of this membership is my sole obligation.

I hereby state that I certify to the best of my knowledge and belief that all information on this form is complete and truthful and I am 18 years of age or older and I am a professional driver. Membership in NITACA begins the first of the month in which the membership enrollment form is signed by Membership Administrator.

☐ By checking this box, I acknowledge that I am electronically signing this form. Furthermore, in order to conduct business electronically with NITACA, I agree that my electronic signature is the same as my handwritten signature for purposes of validity, enforceability and admissibility.

SIGNATURE: _____ **Date:** _____

For Membership Administrator* Use Only

Signature of Membership Administrator* : PALLAY INSURANCE AGENCY

Membership effective date (month/day/year):_____ Membership effective month: _____

For NITACA Use Only

Date Received: _____ **Approved By:** _____

Membership No. _____ **Effective Date:** _____

NITACA ENROLLMENT FORM: PIA *Pallay Insurance Agency is an authorized Membership Administrator for NITACA.

(REV. 04/22)

NITACA NATIONAL INDEPENDENT TRUCKERS AND CONTRACTORS ASSOCIATION, INC.

Welcome to the National Independent Truckers and Contractors Association!

The National Independent Truckers and Contractors Association, NITACA, is a professional driver member organization that is dedicated to providing members educational information and resources, unique products and discounted services.

Members are afforded certain benefits, including access to discounted services through NITACA's lifestyle services suite. Services can include discounts on eyeglasses, hotels and other great services. Information regarding these services can be found at nitaca.org.

In addition, members can also benefit from access to an identity management program. Professional drivers spend most of their time on the road where they can easily be prey to an identity theft. This service helps NITACA members restore their identity if it becomes compromised.

And, in an attempt to better help members manage the increasing costs of prescription drugs, NITACA offers its members access to a discount drug program at more than 80% of pharmacies nationally.

Once you become a member, you will be sent a member package that will include member identification cards for certain services, a user name and member identification, which will also be the credentials needed to log on to nitaca.org.

If you have questions, contact us at info@nitaca.org or call us at 1-844-NITACA-1 (648-2221).