

PAIC Membership Enrollment Owner / Operator Request for Occupational Accident Insurance

Sponsoring Association: Professional Association of Independent Contractors (PAIC)

I wish to apply for membership in Professional Association of Independent Contractors (herein after referred to as "PAIC"). In exchange for payment of monthly dues, I understand that I will be entitled to all of the rights and privileges available to all members. I understand that I will receive a brochure which explains the many benefits and services for which I am eligible. I further understand that some of the products and services may be made available for an additional charge. This Application is subject to acceptance by PAIC.

Participant Sponsor / Motor Carrier: _____

Applicant Name **Street Address**

City **State** **Zip** **DOB** **SS#**

Email Address **Mobile Phone** **Business Phone** **START DATE**

LEGAL STATUS (Please Check One): Sole Proprietor Partnership Corporation LLC dba / Company Name: _____

DO YOU HAVE ANY W-2 EMPLOYEES: YES: NO: IF YES, HOW MANY?: _____

DO YOU DRIVE A VEHICLE OWNED BY THE PARTICIPANT SPONSOR / MOTOR CARRIER? YES: NO:

APPLICANT: (Check One)

Class 1 - Owner/Operator Class 2 - Scheduled Co-Drive Class 3 - Scheduled Contract Driver of an Owner Operator / Fleet Name: _____
 Class 4 - Independent Contractor (Not otherwise classified)

Description of Class 1, 2, 3 & 4:

Class 1 - "Owner Operator" means a person who meets all of the following definitions:

- is an Independent Contractor as defined by the law,
- owns or leases the motor vehicle,
- has the responsibility for determining the time, means and method of performing the work,
- has entered into a covered contract with the Participant Sponsor,
- is compensated on a Form 1099 and not a Form W-2, and
- does not own or control the Participating Sponsor.

Class 2 - "Scheduled Co-Driver" means a person who meets all of the definitions in Class 1 and:

- co-owns or co-leases a motor vehicle which is under a long term lease contract with the Participant Sponsor, and
- drives the motor vehicle as an Independent Contractor, as defined by the law.

Class 3 - "Scheduled Contract Driver of an Owner/Operator" means a person who meets all of the following definitions:

- drives a motor vehicle owned or leased by an Owner Operator,
- is an Independent Contractor as defined by the law,
- works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized,
- has the responsibility for determining the time, means and method of performing the work, and
- is compensated on a Form 1099 and not a Form W-2.

Class 4 - "Independent Contractor (Not otherwise classified)"

- drives a motor vehicle owned by the Participant Sponsor,
- works under a covered contract that provides for possible financial loss or gain by the Independent Contractor (Not otherwise classified) relative to the operation of the motor vehicle being utilized,
- has the responsibility for determining the time, means and method of performing the work, and
- is compensated on Form 1099 and not Form W-2.

BENEFICIARY DESIGNATION - ACCIDENTAL DEATH BENEFIT

Beneficiary Name	Beneficiary Address	Relationship to Insured	Beneficiary SS#
_____	_____	_____	_____

By signing this PAIC Membership Enrollment and Owner/Operator Request for Insurance form,

I hereby declare and state that:

1. I am not an employee or eligible for Workers' Compensation from the Participant Sponsor. I request coverage under the Participant Sponsor's group Occupational Accident policy; and
2. I qualify for coverage under the Eligible Class as checked above; and
3. I grant permission to the Participant Sponsor to deduct such payments as may be required for the insurance provided by this policy; and
4. I understand this insurance will become effective the date this Request For Insurance has been received and approved by High Point Underwriters.
5. I am joining the Professional Association of Independent Contractors (PAIC); and
6. I request coverage to be bound under the Participant Sponsor's Occupational Accident policy. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state.
7. I hereby grant a limited power-of-attorney to PAIC with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program.; and
8. I hereby understand and agree that eligibility for this program is limited to Independent Contractors, as defined by law, and Owner Operators' who are not employees and I further agree to the terms outlined in the above items.
9. The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above by completing and submitting a signed Change of Beneficiary Form.
10. I understand that the insurance as applied for is based upon my written statements and answers to the above questions.
11. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____

PAIC - Occupational Accident Insurance Program

WORKERS' COMPENSATION INSURANCE REJECTION
ACKNOWLEDGEMENT FORM

I am an Independent Contractor/Owner Operator contracting with:

It is my right as an Independent Contractor and as a sole proprietor or executive officer of my Company to exercise my option to not buy Workers' Compensation insurance on myself. I am choosing not to purchase Workers' Compensation.

I am electing to buy Occupational Accident Insurance. I understand that Occupational Accident insurance is not Workers' Compensation insurance and provides different benefits than Workers' Compensation.

I VERIFY THAT I HAVE READ THIS AGREEMENT AND THAT I UNDERSTAND WHAT I AM PURCHASING:

Print Name: _____

Contractor Signature: _____

Date: _____

WELCOME TO PAIC

PROFESSIONAL ASSOCIATION OF INDEPENDENT CONTRACTORS

PAIC is an association that provides benefits and resources for independent contractors in the trucking, transportation, and courier/delivery industries.

BENEFITS FOR YOU, OUR VALUED MEMBER:

- **PAIC Perks - Abenity Discount Program:**

Get access to our nationwide perks program including discounts on restaurants, movie tickets, health and fitness memberships, attractions, travel/hotels and much more. All of these deals are available on your computer or smartphone mobile app. Sign up for your FREE Perks membership here: paic.abenity.com

- **ES Advantage Fuel Card Program:**

Save an avg of .55-.76 cents/gallon on Diesel with the best nationwide discount program for owner-operators & small fleet owners. Sign up here: <https://essuccessintrucking.com/esa-paic/>

- **Emergency Medical Benefits*:**

- | | |
|---|--|
| 1. Emergency Helicopter Evacuation: Up to \$7,000 | 5. Transportation for Dependent Children: Up to \$5,000 |
| 2. Medically Necessary Repatriation: Up to \$10,000 | 6. Transportation for Traveling Companion: Up to \$5,000 |
| 3. Transportation of Mortal Remains: Up to \$5,000 | 7. Family Visitation: Up to \$5,000 |
| 4. Vehicle Return: Up to \$1,000 | |

- **Safety Resources & News:**

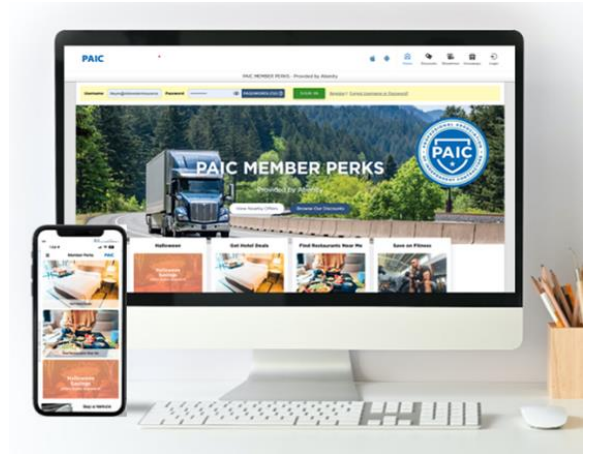
On our website, paicmember.com, you can access safety videos, wellness tips, and trucking industry news. Plus, follow us on LinkedIn at [linkedin.com/company/mwiapaic/](https://www.linkedin.com/company/mwiapaic/).

CONTACT PERMISSION:

We'd like to occasionally send you information on news, exclusive offers, and services from PAIC and our partners. We will never share your personal information with other companies. You can revoke opt out of receiving messages at any time by using the unsubscribe link, found at the bottom of every communication. **Please check "Yes" to stay in touch and take full advantage of your benefits.**

- Yes please, I'd like to hear about news and offers from PAIC.
- No thanks, I don't want to hear about news, offers and services from PAIC.

Email Address: _____



*Combined Single Limit: \$100,000; Aggregate Limit any one occurrence: \$100,000, Reporting Period: 270 days, No Deductible. All coverages apply only when the Member is traveling more than 100 miles from the Member's permanent place of residence, the member suffers a certified injury, and the trip is 90 consecutive days or less. The Member must be "under dispatch" from a participating Motor Carrier when the accident takes place. Arrangements made must be by the most direct and economical route possible. Please check your certificate description for additional coverage descriptions and exclusions.