

Driver Signature

INDEPENDENT CONTRACTOR/OWNER OPERATOR APPLICATION

American Emerald Transportation Services (AETS) TO BE COMPLETED By EACH DRIVER, TRUCK OWNER OR FLEET OWNER

(Mailing Address) (City) (State) (Zip) (Phone) Certification: I am an independent contract driver contracted and dispatched in the state of (state of hire) and I elect to receive occupational accident benefits. I under coverage I am applying for only applies while I am contracted with an approved motor carrier as an independent Contractor Diver (hereinafter referred to as an incoverage I am applying for only applies while I am contracted with an approved motor carrier as an independent Contractor Diver (hereinafter referred to as an incoverage I am applying for only applies with a many application of the property	DO YOU HAVE ANY PHYSICAL DISA WOULD RESTRICT OR PREVENT YO			No		
Certification: I am an independent contract driver contracted and dispatched in the state of (state of hire) and I elect to receive occupational accident benefits. I under the coverage I am applying for only applies while I am contracted with an approved motor carrier as an Independent Contractor Driver Ichenian and I am compliant with regulation 391.11 as it relates to driver qualifications including supparts G and E. I understand that the insurance company relies on this information in the process and has the right to deep coverage should it been determined that this statement is not true and correct. (Name of Approved Motor Carrier) I am not an employee of the approved motor carrier. Application: I hereby apply to AETS to be included as an ICD under the group purchase occupational accident program and be qualified to receive all the benefits proviprogram as evidenced on the certificate of coverage. Along with this application. I hereby provide all necessary documentation related to my status as an independent cowner operator. Provided that the ICD has submitted all necessary documentation and provide a certificate of coverage unline pendits. Independent Contractor Acknowledgment: I represent that I am an independent contractor, Independent contractor is breefly defined, for the purpose of this approaches to the program and provide a certificate of coverage unline pendits. Independent Contractor Acknowledgment: I represent that I am an independent contractor. Independent contractor is breefly defined, for the purpose of this approaches to the program and provides a certificate of coverage unline pendits in the program and provides a certificate of coverage unline pendits in the program and provides a certificate of the purpose of this appropriated in better field and engages in work for his in the program and provide a certificate for the purpose of the purpose of the approved provided by the Clin writing of his acceptance in the program and provides acceptance in the program in the program and provides	CURRENT TRAILER TYPE(s):	Van Flatbed	Mover Tanker _	Other _		
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Certification: I am an independent contract driver contracted and dispatched in the state of (state of hire) and I elect to receive occupational accident benefits. I under the coverage I am applying for only applies while I am contracted with an approved motor carrier. I turner terpersent unrent Class A Certification of an approved motor carrier. I turner represent unter I lond a current Class A Central Class Central Class and I am compliant with regulation 391.11 as it relates to driver qualifications including subparts G and E. I understand that the insurance company relies on this information in the process and has the right to deny coverage should it been determined that this statement is not true and correct. (Name of Approved Motor Carrier) (Mailing Address) (City) (State) (Zip) I am not an employee of the approved motor carrier. Application: I hereby apply to AETS to be included as an ICD under the group purchase occupational accident program and be qualified to receive all the benefits proving of the approved by AETS. AETS shall notify the CD in whiling of his acceptance into the program and provide a certificate of coverage. Along with this application I hereby provide all necessary documentation related to my status as an independent owner operator. Provided that the ICD has submitted all necessary documentation, the applicable insurance coverage will be effective on the date that the signed approached AETS. AETS shall notly the CD in whiling of his acceptance into the program and provide a certificate of coverage cultiling benefits. Independent Contractor. Acknowledgment: I represent that I am an independent contractor. Independent contractor is hereby defined, for the purpose of this agree someone who is professionally competent in historia field. AETS reserves the right to terminate the ICD for any reason including into the cital multiple of the acceptance of the approached AETS reserves the right to terminate the ICD for any reason including multiple of the approached acceptance and design					xperience	
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	(Mailing Address)	(City)	(State)	(Zip)	(Phone)	
(Truck Owner / Fleet Owner Name) (DBA)	(Truck Owner / Fleet Owner Name)		(DBA)			

My signature above authorizes a faxed copy of this application to be deemed as and have the same legal status as the original.

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 CRIME. (1) Revision Date 1/07/14

SSN

Requested Effective Date

Date