

**Pan-American Life Insurance Company  
New Orleans, Louisiana  
BLANKET ENROLLMENT FORM**

**Sponsoring Association:** Association of Independent Drivers of America

<b>Applicant Name</b>	<b>Gender</b>	<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>DOB</b>	<b>SS#</b>
<b>Home Phone#</b>	<b>Business Phone</b>		<b>Start Date</b>	

**LEGAL STATUS (Please Check One):**

Sole Proprietor    Partnership    Corporation    LLC    Other: \_\_\_\_\_

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

**APPLICANT: (Check Only One)**

Class 1 - Owner/Operator    Class 2 - Co-Driver    Class 3 – Scheduled Contract Driver of Owner/Operator  
 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** – “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 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)” means a person who meets all of the following definitions:

- 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 a Form 1099 and not a Form W-2.

**BLANKET OCCUPATIONAL ACCIDENT INSURANCE**    *Please review your Description of Coverage for benefit details.*

**BENEFICIARY DESIGNATION – ACCIDENTAL DEATH BENEFIT**

Beneficiary Name

Beneficiary Address

Relationship to Insured

Beneficiary SS#

***By signing this Owner/Operator Enrollment 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 Sponsoring Association's group Occupational Accident policy;
2. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state;
3. I am a member of the **Association of Independent Drivers of America (AIDA)**;
4. I hereby understand and agree that eligibility for this program is limited to eligible Classes listed above and I further agree to the terms outlined in the above items;
5. I qualify for coverage under the Eligible Class as checked above;
6. I request coverage under the Sponsor's AIDA Association group Occupational Accident policy;
7. I understand this insurance will become effective the date this Enrollment Form has been received and approved by Pan American Life Insurance Company or their authorized representative;
8. I grant permission to the Participant Sponsor to deduct such payments as may be required for the insurance provided by the policy;
9. I hereby grant a limited power-of-attorney to AIDA with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program; and
10. 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;
11. I understand that the insurance as applied for is based upon my written statements and answers to the above questions; and
12. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony.

***Applicant's Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_