



Application and Request for Quote

The Association of Professional Truck Drivers of America

Serving Long Haul Owner-Operators

Administered by Avant Brokerage LLC (FKA TAS Insurance)

PO Box 1540

Lee's Summit, MO 64063-7540

PHONE: 1-888-972-7832 ♦ FAX: 1-888-972-7831 ♦ www.tasins.com

Instructions: Please complete the appropriate sections, sign, date, and return with Motor Vehicle Records (MVRs) on each driver and a copy of your lease agreement(s). A separate form must be completed for each driver and truck or trailer. All applications are subject to underwriting review.

OWNER/INDEPENDENT CONTRACTOR INFORMATION:

First and Last Name: _____ Member ID: _____
(To be completed by TAS)

Business Name (if applicable) _____ FEIN: _____

Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

CDL Number: _____ State of License: _____ Date of Birth: _____

Daytime Phone: _____ Fax: _____ Email: _____

Trailer Type: (flatbed, tanker, refrigerated, box, etc.) _____

Does Applicant rent or lease vehicles or equipment to others with/without operators? Yes/No _____

Have you ever filed bankruptcy? Yes/No _____ If yes, Date Filed: _____

Who was your Insurance Carrier for the past 3 years? _____

MOTOR CARRIER INFORMATION:

(Please provide a copy of your Permanent Lease Agreement with the completed application)

Do you have a lease agreement with a Motor Carrier? Yes No

Name: _____ Motor Carrier Number: _____

Address: _____

Phone/Fax: _____ Safety Director: _____

Does Motor Carrier provide a written safety manual? Yes No

Number of Owner-Operators: _____ Number of Company Drivers: _____

Commodities Hauled: _____

Owner Signature: _____ Date: _____

EQUIPMENT INFORMATION:

Program intended for heavy truck class 7 and 8 Only. (GVW 26,001 or Greater) (Attach additional pages as needed)

1	Unit No. <small>(Optional)</small>	Type <small>(Tractor or Trailer)</small>	Stated Value ②	State Where Licensed/Req. ③	Name/ Address of Lien Holder with ZIP Code
		Description <small>i.e. Tractor: Cab over, conventional, etc i.e. Trailer: Van, flatbed, refer, etc.</small>		State Where Garaged	
	Year	Make	Serial #/VIN		

DRIVER'S NAME④: _____
(Tractors Only)

MARK THE COVERAGES YOU WISH TO PURCHASE FOR THIS UNIT①.

Physical Damage \$1,000 Deductible
Do you want the Value Plus Endorsement? Yes - Accepted No - Declined
(downtime, personal effects, electronic equipment, tarps, chains, binders, diminishing deductible)

Non-Trucking Liability \$1,000,000 Limit (Tractors only)
(Uninsured and Underinsured Liability limits are the minimum state statutory limit.)

Passenger Accident (Tractors only)

2	Unit No. <small>(Optional)</small>	Type <small>(Tractor or Trailer)</small>	Stated Value ②	State Where Licensed/Req. ③	Name/ Address of Lien Holder with ZIP Code
		Description <small>i.e. Tractor: Cab over, conventional, etc i.e. Trailer: Van, flatbed, refer, etc.</small>		State Where Garaged ⑤	
	Year	Make	Serial #/VIN		

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Passenger Accident (Tractors only)

① Coverage will not be issued if the signature line is blank.
 ② The tractor/trailer stated value that you have provided to us is very important. We recommend you insure your truck/trailer for the actual cash value or your loan amount whichever is higher.
 ③ Based on the state the tractor is registered, an additional form may be required in order to purchase non-trucking liability insurance.
 ④ A driver questionnaire is required even if the driver is not purchasing occupational accident insurance. An occupational accident enrollment application must also be submitted for each driver wishing to purchase occupational accident insurance. Residents of some states ineligible for coverage.
 ⑤ Physical damage insurance can vary based on the garaged location of your unit. Please ask TAS for more information.

① **Owner Signature:** _____ **Date:** _____

DRIVER QUESTIONNAIRE®:

A separate form must be completed for each driver.

Driver Name (as it appears on CDL): _____

Driver Address: _____

Driver CDL and State: _____ Phone: _____

SSN: _____ Date of Birth: _____

Driver paid with a: 1099 W2

DRIVER QUALIFICATIONS: (The answers to these questions will help TAS determine what insurance plans are available. Your MVR will determine what coverage you actually qualify for.)

- Yes No 1. Does driver hold a current CDL?
- Yes No 2. Is the driver at least 23 years old?
- Yes No 3. Does driver have at least two years of commercial driving experience?
- Yes No 4. Does driver have 3 or more Tickets in the last 36 months?
- Yes No 5. Does driver have any at fault accidents? When _____
- Yes No 6. Does driver have any not at fault accidents? When _____
- Yes No 7. Does Applicant Operate Equipment not listed here?
Please provide additional information: _____

By signing below I confirm that I have not had the following violations in the past 5 years: Hit and run, fleeing an officer, manslaughter, any felony conviction, racing, leaving the scene of an accident, driving while license suspended or revoked, careless or reckless and DUI.

Driver Signature: _____ Date: _____

Would you like to purchase occupational accident insurance*? Yes No Call me, I have questions

Owner Signature: _____ Date: _____

®This driver questionnaire is required even if the driver is not purchasing occupational accident insurance. An occupational accident enrollment application must also be submitted for each driver wishing to purchase occupational accident insurance. Residents of some states ineligible for coverage.

By signing this document, you will be acknowledging these statements are true. Please read them carefully.

1. I am not an employee of a Common Carrier or Contract Carrier, and I am at least 23 years old.
2. I wish to become a member of APTDA®, so that I may participate in the benefits provided by the Association to its members. I understand if my coverage is cancelled for nonpayment, my deposit will be applied to my outstanding premium due.
3. I understand that the giving of any inaccurate, false, or misleading information on this application will result in rejection of this application and the denial of benefits under any and all insurance coverages for which I have applied.
4. I authorize the release to TAS Insurance LLC. (TAS) all insurance documents related to me or my equipment and current Motor Vehicle Report.
5. I understand the statements and information provided herein are being used by TAS to secure insurance coverage on my behalf. The statements and covenants made by me will be incorporated in and made a part of each respective insurance policy by this reference when issued.
6. I acknowledge that this application and the information contained herein are the property of TAS and may be used by TAS, as they deem necessary in the conduct of their business.
7. I understand that no coverage will be in effect until approved by TAS and the insurance carrier.
8. I understand there may be a one-month minimum premium charge for certain insurance coverage.
9. Limited Power of Attorney: the undersigned hereby makes, constitutes, and appoints TAS as the undersigned's true and lawful attorney in fact for and in the undersigned's name to execute and cancel all coverages through TAS.
10. I understand, according to my resident state statues, I may need to reject statutory Workers' Compensation coverage when opting for Occupational Accident benefits. I understand that Occupational Accident coverage is NOT Workers' Compensation.

Note: Insurance coverage cannot be put into effect until we receive your completed, signed application, payment, deposit, motor vehicle record, and permanent lease agreement.

How did you hear about us? Truck Show Mailing Friend Other (specify) _____

Owner Signature: _____ **Date:** _____



Name: _____ Member ID: _____

First and Last Month's premium (deposit) is required in order to bind insurance coverage.
This payment must be paid by debit or credit card.

Subsequent month's charges are due the 1st of each month in order to prevent cancellation.

1. Payment of First and Last Months Premium – Must be Paid by Debit/Credit Card

I authorize TAS to charge my debit/credit card for the first and last months premium.

Account Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____ Date: _____

2. Payment of Premium Due Each Month (other than first and last)

Select Payment Method: Debit/Credit Card or ACH

I authorize TAS to charge the debit/credit card listed above on the 1st business day of every month the insurance premium and any premium deposit adjustments that are due. This authorization is to remain in full force until **COMPANY** has received written notification from me of its termination in such time and in such manner to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

OR

I authorize TAS to withdraw from my checking account on the 1st business day of every month the insurance premium and any premium deposit adjustments that are due. This authorization is to remain in full force until **COMPANY** has received written notification from me of its termination in such time and in such manner to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

I (We) hereby authorize TAS hereinafter called **COMPANY**, to initiate debit entries and/or correction entries to our **Checking** **Savings** account (select one) indicated below at the depository named below, hereinafter called **DEPOSITORY**, to debit the same such account.

Depository (Bank) Name: _____ City, State: _____

Bank Transit/ABA Number: _____ Account Number: _____

Enter your financial institution's 9-digit routing number. It's usually found on the lower part of your check next to your account number and check number and in between the two symbols |: and :|. It will begin with either a 0, 1, 2 or 3. Please include all zeros and omit any special characters or spaces.

Please enter your account number, also found at the bottom of your checks. Enter the numbers, including all zeros and omit any spaces or characters.

Signature: _____ Date: _____



Association of Professional Truck Drivers of America (APTDA) Summary of Services*

Monthly Dues Apply

HEALTH SERVICES

- MedScript Discount Prescription Drugs
- Gateway Medicaid
- Vitamin Discount
- GymAmerica.com
- LensCrafters Vision Club
- Hearing Service
- Child ID Card Services

BUSINESS SERVICES

- ADP Payroll Processing
- High-Speed Internet Access Services
- TravelCell Global Cell & Satellite Phone Rentals
- Hewlett-Packard Computers & Digital Equipment
- Pennywise Office Supply Discounts

TRAVEL SERVICES

- Car Rental Discounts
- TravelerBonus.com
- Travel Assistance Plan

SEMI-ANNUAL APTDA NEWSLETTER

You will receive a newsletter designed exclusively for APTDA members. This newsletter gives information and updates on your membership services, as well as on topics of interest to members.

APTDA INSURANCE PLANS**

Along with the health, business and travel services, high quality, low cost insurance is available.

- Non-Trucking Liability
- Physical Damage
- Occupational Accident
- Passenger Accident

*Service benefits are managed through the Membership Services Office (800. 992.8044) and are subject to change. A full guide and instructions will be provided by the membership services office upon enrollment.

**Insurance Policies are administered exclusively by TAS Insurance LLC. (888.972.7832) and are subject to the actual terms and conditions of each policy.

9/1/16 APTDA is administered by Avant Brokerage LLC (FKA TAS Insurance).
If application is accepted, insurance is subject to actual policy, terms and conditions.