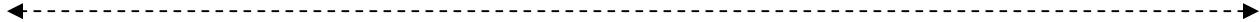




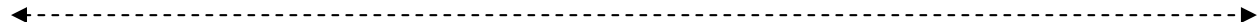
Authorization Number:

## GUEST PASSENGER APPLICATION AND AUTHORIZATION



### Driver Section

Driver's Name: \_\_\_\_\_ Driver's Social Security No.: \_\_\_\_\_

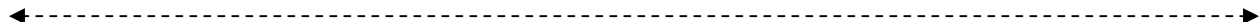


### Owner Section

Unit Number: \_\_\_\_\_ VIN Number: \_\_\_\_\_

I herewith request coverage under American Transport's Guest Passenger Insurance Program for the individual named herein to ride as a passenger in this vehicle for the period of time referenced. I agree that ATI may deduct the applicable premiums for this insurance. I also agree to hold-harmless American Transport, Inc., its agents and employees from any and all liability of any nature, directly or indirectly related to any injury this passenger may sustain while riding as a passenger in a vehicle that is operating under a Service Agreement with ATI.

Owner's Signature: \_\_\_\_\_



### Guest Passenger Section – To be completed by the passenger

First Name                      Middle Initial                      Last Name

Name of Passenger: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby request coverage under American Transport's (ATI) Guest Passenger Program. I agree to hold-harmless and release American Transport, Inc., its agents and employees from any and all liability of any nature, directly or indirectly related to any injury I may sustain while riding as a passenger in a vehicle that is operating under a Service Agreement with ATI.

Passenger's Signature: \_\_\_\_\_



### Authorization Section

**AMERICAN TRANSPORT, INC., A MOTOR CARRIER HEREBY ISSUES ITS WRITTEN AUTHORIZATION UNDER US DOT REGULATIONS 392.60 FOR THE PASSENGER REFERRED TO ABOVE TO BE TRANSPORTED AS INDICATED.**

Point where Transportation Begins: \_\_\_\_\_

Point where Transportation Ends: \_\_\_\_\_

Date Authorization Expires: \_\_\_\_\_ Dated: \_\_\_\_\_ at Pittsburgh, PA

**American Transport, Inc.**

\_\_\_\_\_  
General Office Authorization Signature

AMERICAN TRANSPORT, INC.

**GUEST PASSENGER  
BENEFICIARY DESIGNATION**

**NAMING YOUR BENEFICIARY INSTRUCTIONS:**

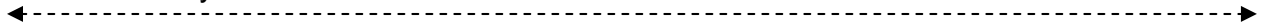
ATI requires all guest passengers to designate a beneficiary for the Guest Passenger Insurance. It is important that your beneficiary designation be clear so that there will be no questions as to your intentions.

The following are the most common designations:

- Mary J. Smith, Wife (NOT Mrs. John J. Smith)
- Mary J. Smith, Wife, if living, otherwise to Joseph W. Smith, Son.
- Mary J. Smith, Wife, if living, otherwise to Jane Smith, daughter and Joseph W. Smith, Son, in equal shares or to the survivor.
- Estate of Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example "1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife."

Please state the relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage insert the words "Not Related" and indicate the address of the beneficiary.



**BENEFICIARY DESIGNATION**

**Guest Passenger Policy Holder: American Transport, Inc.**

**Authorization Number:** \_\_\_\_\_

***Please Print***

Name of Guest Passenger: \_\_\_\_\_

Beneficiary Designation for Accidental Death Benefits  
List Name and Relationship of Beneficiary (See Instructions Above)

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guest Passenger