

# OCCUPATIONAL ACCIDENT BENEFITS

*(Available to Owner Operators only)*

This product is provided through Zurich Insurance, for owner-operators operating under a Service Agreement with American Transport, Inc.

Under this program, Zurich will provide the following:

- ❖ Medical, Disability and A D & D Benefits are payable if you are injured while under dispatch.
- ❖ Medical and A D & D benefits are also payable to you if you are injured while you are **not** under dispatch.
- ❖ The convenience of paying the premium by deduction from your ATI settlements.

If you are an owner-operator and, after reviewing the Occupational Accident Program, you decline to enroll you must execute the "Declination Notification" below and forward it to American Transport, Inc.

## WORKERS' COMPENSATION

American Transport through its insurance agent can assist Owner Operators and Fleet Owners who wish to enroll in Worker's Compensation coverage and you have the convenience of paying the premium by deduction from settlements. Contact the Safety Department if you wish to enroll in Workers' Compensation. If you wish to decline to enroll in Worker's Compensation you must execute the "Declination Notification" below and forward it to American Transport, Inc.

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## OCCUPATIONAL ACCIDENT & WORKER'S COMPENSATION DECLINATION NOTIFICATION

I hereby acknowledge that I have been offered an Occupational Accident Program through American Transport, Inc. that provides contingent Workers' Compensation coverage. I have also been offered the ability to obtain Workers' Compensation through American Transport. I have reviewed the offered coverages and decline to participate. I also hold-harmless and release American Transport, Inc. and its agents and employees from any and all liability of any nature, directly or indirectly related to any injury I may sustain while performing a service or services on behalf of American Transport, Inc.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Unit Number*

\_\_\_\_\_  
*Print Name*