

**MARATHON TRANSPORT INC.
OCCUPATIONAL ACCIDENT
INSURANCE ENROLLMENT FORM
AVAILABLE TO OWNER-OPERATORS ONLY**

I am an Owner-Operator with Marathon Transport, Inc. and wish to enroll in the Occupational Accident Insurance Program.

Owner-Operator's Name: _____
Please Print

Address: _____
Street Address or P.O. Box No.

City State Zip Code

Social Security No.: _____

Coverage commences upon receipt of this form by the Safety Department.

I authorize Marathon Transport, Inc. (MTI) to deduct my monthly premiums from any monies due me. I understand that upon enrollment, the current month's premium plus one month's escrow will be deducted. I also understand that if there are not sufficient monies due and payable to me to enable MTI to deduct any insurance premium due, such insurance will automatically be terminated, effective the end of that month without further notice.

I assume complete responsibility for knowing the amounts of any premiums due, and the amount and availability of funds to pay the premiums. I also waive notice of cancellation, in the event the insurance is canceled by MTI for non-payment of premium.

I further understand that Marathon Transport, Inc. is offering this deduction option as a convenience to me, and agree to hold-harmless Marathon Transport, Inc. or any affiliated entities for any errors or omissions in the performance of this service.

Date: _____ **X** _____
Owner-Operator's Signature

To BE COMPLETED BY THE SAFETY DEPARTMENT	
Coverage Effective Date:	

**MARATHON TRANSPORT, INC.
OCCUPATIONAL ACCIDENT INSURANCE
BENEFICIARY DESIGNATION**

NAMING YOUR BENEFICIARY INSTRUCTIONS:

Marathon Transport 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.

Insured Person: _____
Please Print

Address: _____
Street Address or P.O. Box No.

City State Zip Code

Beneficiary: _____
Relationship: _____
Address: _____

Beneficiary: _____
Relationship: _____
Address: _____

Beneficiary: _____
Relationship: _____
Address: _____

Date Signed: _____ **Personal Signature:** _____
Insured Person