

PHYSICAL DAMAGE INSURANCE

Marathon Transport, Inc. (Marathon) has Physical Damage Insurance (fire, theft and collision) available for owners operating equipment under a Service Agreement with Marathon. Please contact the Safety Department at (412) 788-8878 for your current rate. The cost of coverage is determined by the value of the equipment. *You should not over-insure, since the insurance company will not pay more than the average wholesale value of the equipment or the declared value, whichever is less, in the event of a total loss.* You should also understand that coverage will terminate immediately upon cancellation of your Service Agreement with Marathon Transport. Complete the following and send it to the Safety Department if you wish to enroll in our Physical Damage Insurance Plan. **You must provide the Lienholder's complete mailing address, including zip code.**

Please enroll the following equipment in Marathon Transport's Physical Damage Insurance program:

TRACTOR

TRACTOR UNIT NO.:	
	\$

YEAR	MAKE	MODEL	SERIAL NO.	DECLARED VALUE
------	------	-------	------------	----------------

LIENHOLDER'S NAME: _____

LIENHOLDER'S ADDRESS: _____
City State Zip Code

TRAILER

TRAILER UNIT NO.:	
	\$

YEAR	MAKE	MODEL	SERIAL NO.	DECLARED VALUE
------	------	-------	------------	----------------

LIENHOLDER'S NAME: _____

LIENHOLDER'S ADDRESS: _____
City State Zip Code

I understand that Marathon Transport, Inc. (Marathon) will not apply for coverage until this form has been received in the General Office in Pittsburgh, PA, and that coverage is not effective until the insurance company accepts the request for coverage.

I authorize Marathon to deduct, upon enrollment, the current month's premium plus one month's escrow from any monies due me. I also authorize Marathon to continue monthly deductions until cancellation by either party. **I also understand that if there are not sufficient monies due and payable to me by the 20th of any month to enable Marathon to deduct any insurance, that such insurance will automatically be terminated, effective the end of that month without further notice.**

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

I further understand that Marathon is offering these insurance coverages 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

OWNER'S SIGNATURE