

# Owner Operator Application

Company Name \_\_\_\_\_

*Please answer every question and fill in every blank. If the answer is non-applicable, please write N/A. For the YES/NO questions, please circle the answer that is applicable.*

1. Does your company currently use owner operators, lease purchase drivers, contract drivers (that drive equipment other than your company owned trucks), or small fleet company drivers? YES / NO If so, how many? \_\_\_\_\_
2. Is there a current Occupational Accident policy in place to cover each of these drivers? YES / NO If yes, a copy of the current insurance coverage must be provided with this application. Is there current Contingent Liability coverage with adequate workers compensation limits and a “pay on behalf of” basis in place in addition to the Occupational Accident coverage? YES / NO If yes, a copy of the current insurance coverage must be provided with this application.
3. Do any of these owner operators, lease purchase drivers, contract drivers (that drive equipment other than your company owned trucks), or small fleet company drivers carry their own current workers compensation coverage? YES / NO If so, The names of these individuals must be provided on the sheet attached, along with a copy of the current certificate of insurance.
4. Is any of the equipment used by these owner operators, contract drivers (that drive equipment other than your company owned trucks), or small fleet company drivers obtained by a lease/purchase agreement or of any form of financing provided by your company or any other commonly owned company? YES / NO If so, how many? \_\_\_\_\_ The names of these individuals must be provided on the sheet attached.
5. Are any of these owner operators, lease purchase drivers, contract drivers (that drive equipment other than your company owned trucks), or small fleet company drivers through guaranteed financing arrangements with other companies? YES / NO If so, how many? \_\_\_\_\_ The names of these individuals must be provided on the sheet attached.
6. Do any of these owner operators, lease purchase drivers, contract drivers (that drive equipment other than your company owned trucks), or small fleet company drivers participate in your company’s group health insurance? YES / NO If so, how many? \_\_\_\_\_ The names of these individuals must be provided on the sheet attached.

*Please initial in the space provided.*

\_\_\_\_\_ I agree to notify the ATA Workers Compensation Fund within five (5) days of hire, or contract signed, for new labor exposure to workers compensation that is not covered by any current Occupational Accident policy.

\_\_\_\_\_ I agree to send in, on a timely basis, a monthly census for all owner operators, lease purchase drivers, contract drivers (that drive equipment other than my company owned trucks), or small fleet company drivers that my company uses.

\_\_\_\_\_ I declare that all of the information that I have provided for this application is true and correct.

\_\_\_\_\_ I understand that if any of the information that I provided for this application is found to be untrue, incorrect or misleading, my membership with the ATA Workers Compensation Fund can be cancelled without prior notice and all contributions and retrospective credits are forfeited; or the ATA Workers Compensation Fund will retroactively pick up all remuneration for all employees, owner operators, lease purchase drivers, contract drivers, and small fleet company drivers that my company uses for workers compensation coverage purposes.

**Signature** \_\_\_\_\_  
(*this application **must** be signed by an officer of the company*)

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_