

PARTICIPATION APPLICATION

**ALABAMA TRUCKING ASSOCIATION WORKERS'
COMPENSATION SELF INSURANCE FUND**

1. Name of Employer (dba): _____
2. Legal Name: _____
(If different from above)
3. Mailing Address: _____

City: _____ State: _____ Zip: _____
4. Physical Location: _____
(If different from above)
5. Operating as: 'C' Corporation _____ 'S' Corporation _____ Partnership _____
Sole Proprietorship _____ LLC _____ LLP _____
6. Unemployment Comp. #: _____ Federal Tax I.D. #: _____
7. Business Phone #: _____ Business Fax #: _____
8. Social Security # of Owner (If Sole Proprietor): _____
9. Present W.C. Insurer: _____ Current Premium _____
10. Describe Nature of your Business: _____
11. List Owner(s), Partners or Corporate Officer(s). If Corporation, indicate percentage ownership.
Name: _____ Title: _____ Ownership %: _____
Name: _____ Title: _____ Ownership %: _____
Name: _____ Title: _____ Ownership %: _____
12. Are Owners/Officers to be covered? Yes _____ No _____
13. Are Independent Contractors, Owner/Operators, and/or Lease Fleet Drivers to be covered?
Yes _____ No _____
14. List Below Workers' Compensation Premium paid for the latest three (3) complete insurance years:
Year: _____ Premium: _____
Year: _____ Premium: _____
Year: _____ Premium: _____

14. Attach hereto the following:

_____ Incurred loss history (Including actual payments and reserves) for the latest three (3) complete insurance years.

_____ Complete Financial Statements for the most recent tax year (All information included therein and pertaining thereto will be treated in strictest confidence.)

I/We hereby authorize NCCI to furnish the ATA WCSIF our experience data for the purpose of underwriting our Company for workers' compensation coverage.

Class Code	Classification of Operations	Estimated Annual Payroll
3824	Manufacture or Assembly of Truck or Trailer Bodies	_____
4000	Digging or Excavation of Sand or Gravel	_____
7228	Trucking: Local Hauling (Inside 200 mile radius)	_____
7229	Trucking: Long Distance Hauling (Outside 200 mile radius)	_____
7230	Trucking: Retail Parcel or Package Delivery	_____
7231	Trucking: Private Enterprise Mail, Parcel or Package Delivery	_____
7232	Trucking: U.S. Postal Service Mail, Parcel or Package Delivery	_____
7360	Freight Handling Operations	_____
7380	Commercial Drivers, Chauffeurs and Helpers	_____
7382	Bus Company Operations	_____
7390	Beer or Ale Wholesale Distribution	_____
8292	Warehousing or Storage of General Merchandise	_____
8293	Moving, Warehousing or Storage of Furniture and Goods	_____
8380	Repair or Service of Automobiles or Trucks	_____
8385	Repair or Service of Buses	_____
8399	Repair or Service of Truck or Trailer Bodies	_____
8742	Outside Salespersons, Collectors or Messengers	_____
8748	Sales or Long-Term Leasing of Automobiles or Trucks	_____
8810	Clerical Office Employees	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We hereby make application to participate in the Alabama Trucking Association Workers' Compensation Self Insurance Fund and certify that the information above is true and accurate.

Signed this _____ day of _____, 20_____.

By: _____ Title: _____

By: _____ Title: _____

By: _____ Title: _____

By: _____ Title: _____

(Must be signed by Owner, if Sole Proprietor; all Partners, if Partnership; or authorized Officer(s) of Corporation and witnessed by two (2) persons or notarized by a Notary Public.)

Witness: _____ Date: _____

Witness: _____ Date: _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

_____ My Commission Expires: _____

(Notary Public)

(Please Do Not Write Below. For Administrative Office Use Only.)

The above Applicant is hereby approved for membership in the Alabama Trucking Association Workers' Compensation Self Insurance Fund as of this _____ day of _____, 20_____.

By: _____

CEO/Fund Administrator