



Great American Insurance Company  
301 E. 4th Street, Cincinnati, OH 75202  
513-369-5000

**Agency:** **GAC Services Corp (2337)**  
8700 E Vista Bonita # 174  
Scottsdale, AZ 85255

**Policyholder:** **Value Benefits Of America 8700**  
E Vista Bonita Dr #174  
Scottsdale, AZ 85255

**Policy Number:** **OA3940559**  
**Rate Per Driver Per Month:** **\$151**

OCCUPATIONAL ACCIDENT INSURANCE INDIVIDUAL OWNER-OPERATOR APPLICATION

I. SCHEDULE OF BENEFITS: (FOR OWNER-OPERATORS AGE 23 to 70)

Description of Benefits		Occupational	Non-Occupational	Passenger
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	Maximum Benefit Amount	\$200,000 Principal Sum	\$10,000 Principal Sum	Not Covered
	Survivor's Benefit	(((\$50,000 Death Lump Sum) + \$1,500 Per Month Up To 100 Months)	Lump Sum	
	Incurral Period	52 Weeks	52 Weeks	
	Paralysis And Severe Burn	Included In Principal Sum, Refer to Policy Schedule for Benefits	Included In Principal Sum, Refer to Policy Schedule for Benefits	
<b>ACCIDENTAL MEDICAL EXPENSE</b>	Maximum Benefit Amount	\$1,000,000	\$10,000	Not Covered
	Commencement Period	90 Days	90 Days	
	Deductible	\$0	\$0	
	Incurral Period	104 Weeks	52 Weeks	
	Accidental Dental Maximum Benefit Amount	\$1,000 Per Injury/ \$10,000 Lifetime	\$500 Per Injury/ \$5,000 Lifetime	
	Chiropractic Care, Occupational Therapy, Physical Therapy Maximum Benefit Amount	No Sublimit Applies	No Sublimit Applies	
	Max Number Of Treatments	No Sublimit Applies	No Sublimit Applies	
<b>TEMPORARY TOTAL DISABILITY</b>	Maximum Benefit Amount	70% Avg Wkly Earnings Up To \$700 Max/\$250 Min Per Wkly Benefit	Not Covered	Not Covered
	Waiting Period	7 Days Retroactive		
	Duration-Max Benefit Period	104 Weeks		
	Commencement Period	90 Days		
		**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown		
<b>CONTINUOUS TOTAL DISABILITY</b>	Maximum Benefit Amount	70% Avg Wkly Earnings Up To \$700 Max/\$250 Min Per Wkly Benefit	Not Covered	Not Covered
	Waiting Period	104 Weeks		
	Duration-Max Benefit Period	Up To Social Security Retirement Age		
		**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown. ** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.		

This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.

\*Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.

## 2. DRIVER AND BENEFICIARY INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Indicate type of driver:    Owner Operator ☐   Co-Driver ☐   Contract-Driver ☐   Scheduled Co-Driver ☐   Fleet Driver ☐   Team Driver ☐

Other, including an authorized passenger ☐ \_\_\_\_\_

CDL Number: \_\_\_\_\_ Unit Number/VIN# : \_\_\_\_\_

Paid by: 1099 ☐ W-2 ☐                      Contracted By: \_\_\_\_\_

Commodity: \_\_\_\_\_

**I accept** ☐ **reject** ☐ The Occupational Accident insurance offered by the above listed motor carrier. I understand that coverage becomes effective when this application has been received and approved by Great American Insurance Company or its authorized agent. I understand that I will no longer be eligible for coverage upon my 70th birthday and that coverage will therefore cease. I further understand that coverage terminates on the date the policy is terminated; or I am no longer under contract with the above mentioned motor carrier; or my premium is not paid. I also understand that coverage may be available on an individual policy subject to underwriting guidelines in effect at termination of the above policy.

Owner-Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information Authorization:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical history for the above named person to furnish such information or copies of records to the insurance companies association or its representatives. A photographic copy of this authorization shall be as valued as the original.

Owner-Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

### FLORIDA STATUTE 817.234(1)(b)

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

### NEW MEXICO STATUTE 59A-16C-8

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

### OHIO INSURANCE CODE 3999.21

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."