

# North American Transportation Association Inc

## Occupational Accident Plan Description

This is the "Rolls Royce" of coverage for the 1099 driver. Others such as Transguard, AIG, One Beacon, AUI, ACE, Zurich & Lloyd's of London all have a seven (7) day waiting period when you get hurt listed under their Temporary Disability section.

**Great American covers you from DAY ONE. This is why we are the best of the best!**

Below you will find our NTA Membership Application. Membership is necessary to prove that the individual to be covered is really an Independent Contractor in the eyes of the Dept. of Labor (DOL) and the various state courts, and to gain access to our Benefits and Services. Membership starts at \$100 for the sole proprietor. Memberships are paid annually and are not refundable. **Please be sure to insert the individual's SS# where it calls for the PIN#.**

Both of our plans, Plan A and Plan B are listed below in Step 2. Please note that coverage always starts at the 1<sup>st</sup> of each month. There is no prorating. Coverage starting after the 1<sup>st</sup> of the month must be accompanied by two months premiums, as the premiums must be paid in advance two (2) weeks before the premium is due.

These Plans are for long term coverages; therefore, **a 30 day Written Notice of Termination is required.** Please read Section II of your policy "Effective Dates and Termination Dates" for more specific information of your rights and responsibilities.

Automatic ACH deductions (with a minimum ACH fee of \$3.00 or 2%) are always completed on the 16<sup>th</sup> of each month with a \$5.00 admin fee added.

After your coverage is in place, you also have the following options of paying your premiums. 1) pay by e-check or 2) pay by credit card ( A \$10 minimum charge applies).

If this meets your requirements, please complete the enclosed documentation and fax back to our secure fax 800-810-6998. No cover sheet is necessary as your fax goes directly to our computer.

**Please submit one (1) NTA and (1) Great American application for each individual to be covered. Do not forget to submit your authorization for payment. We cannot process without these completed documents.**

If you need a prime carrier listed, please add this information on the Great American Application.

If you have any further questions, you may call me, email me or go to [www.occacc.biz](http://www.occacc.biz) and review the 12 page brochure in the privacy of your home.

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NOTICE: Credit Card regulations require that you have read this Plan Description and understand by signing below. This form MUST be submitted along with your application for coverage.

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Print Name

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Signature