

NIBA Membership Enrollment & Owner / Operator Request for Insurance

Sponsoring Association: **NATIONAL INDEPENDENT BUSINESS ALLIANCE (NIBAUSA.COM)**

I wish to apply for Membership in the National Independent Business Alliance (herein after referred to as to as "NIBA"). In exchange for payment of monthly dues, I understand that I will be entitled to all of the rights and privileges available to all members. I understand that I will receive information which explains the benefits and services for which I am eligible. I further understand that some of the products and services may be made available for an additional charge. This Application is subject to acceptance by the NIBA.

Participant Company: _____

Applicant Name **Street Address**

City **State** **Zip** **DOB** **SS#**

Home Phone# **Business Phone** **START DATE**

LEGAL STATUS (Please Check One): Sole Proprietor Partnership Corporation LLC Other: _____

DO YOU DRIVE A COMPANY OWNED VEHICLE? YES: NO:

APPLICANT: (Check One) Class 1 - Owner/Operator Class 2 - Scheduled Co-Driver Class 3 - Scheduled Contract Driver of an Owner Operator
 Class 4 - Independent Contractor (Not otherwise classified)

Description of Class 1, 2, 3 & 4:

- Class 1** - "Owner/Operator" means a person who meets all of the following criteria:
- is an Independent Contractor as defined by the law,
 - owns or leases the motor vehicle,
 - has the responsibility for determining the time, means and method of performing the work,
 - has entered into a covered contract with the Participant Sponsor,
 - is compensated on a Form 1099 and not a Form W-2, and
 - does not own or control the Participating Sponsor.
- Class 2** - "Scheduled Co-Driver" means a person who meets all the definitions an Owner/Operator in Class 1 and:
- co-owns or co-leases a motor vehicle which is under a long term lease contract with the Participant Sponsor, and
 - drives the motor vehicle as an Independent Contractor, as defined by the law.
- Class 3** - "Scheduled Contract Driver of an Owner/Operator" means a person who meets all of the following definitions:
- drives a motor vehicle owned or leased by an Owner Operator,
 - is an Independent Contractor as defined by the law,
 - works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized,
 - has the responsibility for determining the time, means and method of performing the work, and
 - is compensated on a Form 1099 and not a Form W-2.
- Class 4** - "Independent Contractor - All Other" means a person who meets all of the following definitions:
- drives a motor vehicle owned by the Participant Sponsor,
 - works under a covered contract that provides for possible financial loss or gain by the Independent Contractor (Not otherwise classified) relative to the operation of the motor vehicle being utilized,
 - has the responsibility for determining the time, means and method of performing the work, and
 - is compensated on Form 1099 and not Form W-2.

OCCUPATIONAL ACCIDENT INSURANCE Please review your Evidence of Insurance for coverage details.

BENEFICIARY DESIGNATION - ACCIDENTAL DEATH BENEFIT

Beneficiary Name	Beneficiary Address	Relationship to Insured	Beneficiary SS#
_____	_____	_____	_____

By signing this NIBA Membership Enrollment and Owner/Operator Request for Insurance form, I hereby declare and state that I am joining the NIBA

1. I am not an employee or eligible for Workers' Compensation from the Participant Company. I request coverage under the Participant Sponsor's group Occupational Accident policy; and
2. I qualify for coverage under the Eligible Class as checked above; and
3. I grant permission to the Participant Company to deduct such payments as may be required for the insurance provided by this policy; and
4. I understand this insurance will become effective on the date this Request for Insurance has been received and approved by Underwriters.
5. I request coverage to be bound under the Participant Company's Occupational Accident policy. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state.
6. I hereby grant a limited power-of-attorney to the NIBA with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program.; and
7. I hereby understand and agree that eligibility for this program is limited to Independent Contractors, as defined by law, and Owner Operators' who are not employees and I further agree to the terms outlined in the above items.
8. The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above by completing and submitting a new signed Request For Insurance Form.
9. I understand that the insurance as applied for is based upon my written statements and answers to the above questions.
10. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____