

# Gallagher Transportation Services

Arthur J. Gallagher Risk Management Services, Inc.  
Contractor Protection Plan (CPP) Enrollment Card



## Insured Person Information

Last Name	First Name	Middle Initial
Street Address		
City	State	Zip
Telephone Number	Commercial Drivers License #	
Date of Birth	Sex	Marital Status
Social Security #	Landstar Unit #	
Pay Benefits To: <input type="checkbox"/> Beneficiary or <input type="checkbox"/> pay to my estate		
Beneficiary Last Name	First Name	Middle Initial
Relationship to Insured		

## Owner Information

Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Landstar Operating Company			
Email address			

### U.S. and Canadian Benefit Options: (Please Check One)

- ☐ \$1,000,000 Maximum Occupational Accidents \$31.38/wk
- ☐ \$2,000,000 Maximum Occupational Accidents \$35.38/wk

*Co-drivers may be eligible for reduced rates. Please contact your Gallagher Insurance Coordinator for more information.*

Canadian resident BCOs must have an active account with the Provincial Workers Compensation Board and have an active WCB number.

Coverage for the Insured Person begins on the latest of:

1. the Policy Effective Date;
2. the date the person becomes a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Policy;
3. the date the written enrollment and the first premium is received by the Administrator;
4. the date after which the person has been Actively at Work for at least one full day.

## ACCEPTANCE

I am a sole proprietor owner/operator without any drivers (other than me), or a fleet owner with drivers that meets the domicile and fleet size criteria of Schedule O to Landstar's Independent Contractor Operating Agreement (ICOA) or a fleet driver working for such fleet owner. I hereby request coverage under the CPP Program. I certify that I am the owner and operator named on this enrollment card who is (or intends to be) under contract to Landstar on the date of this application. I certify that I am eligible to be qualified directly or indirectly under Landstar's published contractual requirements. I understand and acknowledge that if a Workers' Compensation claim is filed by me or on my behalf, the benefits payable under the CPP program may be subject to immediate suspension, lien, reimbursement and/or termination. I have read and understand the terms and conditions on the reverse side and have designated the noted beneficiary, in the event of my death.

I certify that I am over age 23 and under age 75 as of the date set forth below.

I understand and acknowledge that Gallagher Transportation Services, Arthur J. Gallagher Risk Management Services, Inc. (Gallagher) is the insurance agent with limited authority to procure the insurance coverage referenced in this Enrollment Card. I also acknowledge that I have not sought or received insurance advice from Gallagher on the referenced insurance coverage as it applies to me and/or my business needs. I understand and acknowledge CMC/Gallagher Bassett Services, Inc. is the claims administrator authorized to carry out the reasonable and customary duties of a claims administrator for the insurance coverage hereby offered. I further understand and acknowledge that compensation to Gallagher for services rendered for the above are part of the cost of the insurance coverage and not separately charged to me.

In accordance with the Landstar ICOA, and as an addendum thereto, I authorize Landstar to periodically deduct the insurance cost. If such settlements (or other monies due you) are not sufficient to allow deduction of the cost, I will remit by certified check or money order the outstanding insurance cost to Gallagher Transportation Services, 2345 Grand Boulevard, Suite 400, Kansas City, Missouri 64108-2671 within a ten-(10) day period. I understand the insurance underwriters may cancel this insurance coverage within policy terms and conditions. I also understand coverage will not automatically be reinstated if cancellation is processed.

By applying for coverage, I hereby agree to be a participant in the AIG Group Insurance Trust.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS AND CONDITIONS

Please read carefully

It is further understood and agreed:

- 1. Not Statutory or Provincial Workers' Compensation & Employers Liability:** This coverage is **NOT** a statutory or provincial Workers Compensation and Employers' Liability policy, and any one or more of the benefits under this policy do not necessarily equal the benefits for which an individual might be eligible under statutory or provincial Workers Compensation. The Insured Person voluntarily elects this program in lieu of Workers Compensation coverage to the extent allowed under the laws of the state or province of his/her business domicile. To the extent such state or provincial laws require workers compensation coverage of his/her business, such coverage will be obtained via a policy of insurance separately procured by the Insured Person or his/her business entity.
- 2. This is not a policy of disability insurance** and the coverage provided under this policy does not relieve an employer from its obligation to provide employees disability benefits coverage for non-occupational related injuries in those states that require such coverage (currently includes: New York, New Jersey, Rhode Island, California and Hawaii).
- 3. Assignment of Benefits:** In the event benefits are paid from the statutory or provincial Workers Compensation and Employers' Liability Policy of Landstar or any similar policy of its affiliates ("Landstar"), or Landstar otherwise becomes liable for such benefits, the benefits which an Insured Person is entitled to under this policy will be automatically assigned to Landstar. Therefore, in such event the Insured Person hereby agrees to the immediate assignment to Landstar of all benefits, which he/she receives or would otherwise be payable to him/her or any third party under this program.
- 4. Cost and Consent to Cost Change:** The Insured Person understands that the insurance cost shown may include taxes, fees and administrative expenses which he accepts and acknowledges as part of the insurance cost. The insurance underwriters reserve the right to change the rate by giving written notice to you.
- 5. Termination:** In the event the Independent Contractor Operating Agreement with Landstar is terminated for any reason by either party the CPP coverage will be cancelled effective the date of the contract termination or the earliest date thereafter allowed by law. Therefore, arrangements should be made by the Insured Person to replace coverage immediately.
- 6. Terms & Conditions:** Coverage will be subject to all policy terms, conditions and exclusions as detailed in the Evidence of Insurance.
- 7. Authorization of Settlement Deduction:** You authorize Landstar to deduct and pay from your settlement checks, funds, accruals or other compensation, on a periodic basis (e.g. weekly) amounts sufficient to pay the insurance cost and hereby instruct it to forward directly to Gallagher such amounts by the 15th of each month. Your cost (as described in "Cost and Consent to Rate") will be deducted from your settlement check. If your settlement check isn't enough to cover the insurance cost to you, you must forward a check or money order made payable to Arthur J. Gallagher Risk Management Services, Inc. (your insurance agent for the CPP program), 2345 Grand Boulevard, Suite 400, Kansas City, Missouri 64108-2671 immediately, or the coverage will be cancelled, in accordance with policy terms and conditions.
- 8. Effective Date:** Coverage shall become effective on the date your application is accepted by Gallagher.

For more information please contact the Gallagher Insurance Coordinator:

[landstarcoord@ajg.com](mailto:landstarcoord@ajg.com)

Phone: 800-435-0372

**Arthur J. Gallagher Risk Management Services, Inc.**



Arthur J. Gallagher & Co.