

# USA Trucking Association

## Occupational Accident Insurance Program

### WORKERS' COMPENSATION INSURANCE REJECTION ACKNOWLEDGEMENT FORM

I am an Independent Contractor/Owner Operator Contracting with:

MMM Express, Inc.

I have been given the choice by the Motor Carrier listed above to either provide them with proof that I have purchased either Workers' Compensation insurance for myself which names them as an Alternate Employer, or provide proof that I have Occupational Accident insurance coverage that is acceptable to the motor carrier.

I understand that Occupational Accident insurance is not Workers' Compensation insurance and that it provides fewer benefits than Workers' Compensation. I also understand that Occupational Accident insurance costs less than Workers' Compensation.

It is my rights as an Independent Contractor and as a sole proprietor or executive officer of my Company, to exercise my option not buy Workers Compensation insurance on myself. I am choosing not to purchase Workers' Compensation. Instead I am choosing to buy Occupational Accident insurance instead of Workers' Compensation even though the coverage is different.

I VERIFY THAT I HAVE READ THIS AGREEMENT AND THAT I AM CHOOSING TO BUY OCCUPATIONAL ACCIDENT INSURANCE AND NOT WORKERS' COMPENSATION INSURANCE:

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

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