

## Owner-operator Election

I, \_\_\_\_\_, do hereby acknowledge and confirm the following:

1. I have read and understand ACT 1166 of 2013 and the instructions for this election form provided herewith.
2. I am an Owner-operator under contract with \_\_\_\_\_ ("the Motor Carrier").
3. My contract with the Motor Carrier is exclusive.
4. I have the right, as an Owner-operator under exclusive contract with the Motor Carrier, to elect workers' compensation coverage under a workers' compensation insurance policy or authorized self-insurance plan that insures the motor carrier.
5. The coverage will require me to pay a premium.
6. The premium will be billed or charged to me as follows:

7. I hereby elect to \_\_\_ or not to \_\_\_ secure the workers' compensation coverage offered.

**I understand that, if I elect not to secure workers' compensation coverage, I will be responsible for any disability (indemnity), medical, or other cost, and any and all related expenses regarding any accidental injury prospectively covered under the workers' compensation insurance policy or authorized self-insurance plan offered by the Motor Carrier.**

8. I do \_\_\_ or do not \_\_\_ have employees. (If you do not have employees skip 9 and review, sign and date)

**I understand that, if I have employees, I may be responsible for providing workers' compensation coverage to my employees.**

9. I hereby declare that I do \_\_\_ or do not \_\_\_ elect to secure coverage for my employees. (Only respond to this question if you have employees)

**If I have employees and elect to cover them I must provide a list of employees and appropriate identifying documents to the Motor Carrier.**

The premium billed or charged per employee will be as follows:

By my signature below, I hereby certify the truth and accuracy of the statements herein declared this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Owner-operator

\_\_\_\_\_  
Witness