



# APTDA® Membership Application

The Association of Professional Truck Drivers of America

Serving Long Haul Owner-Operators

Administered by TAS Insurance Group, Inc.

216 NE Chipman Road

Lee's Summit, MO 64063

PHONE: 1-888-972-7832 ♦ FAX: 1-888-972-7831 ♦ www.aptda.com

Instructions: Please complete the appropriate sections, sign, date, and return with Motor Vehicle Records on ALL drivers and a copy of your lease agreement(s).

**Desired Effective Date:** \_\_\_\_\_

**Applicant/Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**CDL Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Equipment--[Intended for heavy truck class 7 and 8 (GVW 26,001 or Greater)] Description of equipment to be insured, e.g., tractor (cabover or conventional). Trailers (van, flatbed, reefer, etc.):

	Year	Make	Model	Full Serial Number	Stated Value
Truck					
Trailer					

Is the truck and/or trailer financed?  Yes  No

## LOSS PAYEE:

**Name:** \_\_\_\_\_

**Address/P.O. Box:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address/City, State Zip** \_\_\_\_\_

## LOSS PAYEE:

**Name:** \_\_\_\_\_

**Address/P.O. Box:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address/City, State Zip** \_\_\_\_\_

**DRIVER INFORMATION:**

Driver Name (as it appears on CDL): \_\_\_\_\_

Driver Address: \_\_\_\_\_

Driver CDL and State: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver paid with a:  1099  W2

**DRIVER 1 QUALIFICATIONS:**

(Any "No" answer to questions 1-3 may disqualify you from purchasing insurance.)

Yes  No 1. Does driver hold a current CDL?

Yes  No 2. Is the driver at least 23 years old?

Yes  No 3. Does driver have at least two years of commercial driving experience?

Regular Driver Definition  
3 Tickets and 1 At Fault Accident  
or 2 At Fault Accidents and 1 Ticket  
Regular and Tough Commodities

Preferred Driver Definition  
Less than 2 Tickets and No At Fault  
Regular Commodities

*If a driver has any of the following violations they are ineligible for the program: Hit and run, fleeing an officer, manslaughter, any felony conviction, racing, leaving the scene of an accident, driving while license suspended or revoked, careless or reckless and DUI.*

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

**MOTOR CARRIER INFORMATION (Please provide a copy of your Permanent Lease Agreement with the completed application):**

Do you have a lease agreement with a Motor Carrier?  Yes  No

Name: \_\_\_\_\_ Motor Carrier Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Safety Director: \_\_\_\_\_

Does Motor Carrier provide a written safety manual?  Yes  No

Number of Owner-Operators: \_\_\_\_\_ Number of Company Drivers: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_





Insurance Payment Authorization Form
Independent Contractors

216 NE Chipman Road, Lee's Summit, MO 64063
TOLL FREE: 888-972-7832
FAX NUMBER: 888-972-7831

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Check your preferred payment method.
Premium payment is required in order to bind insurance coverage.
Subsequent month's charges are due the 1st of each month in order to prevent cancellation.

Payment by ACH (Bank Account Withdrawal)

[ ] Automatic checking or savings account withdrawal. The ACH portion below must be completed and returned to TAS, along with a VOIDED check. (if available)

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I (We) hereby authorize TAS hereinafter called COMPANY, to initiate debit entries and/or correction entries to our [ ] Checking [ ] Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

Depository (Bank) Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Bank Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Enter your financial institution's 9-digit routing number. It's usually found on the lower part of your check next to your account number and check number and in between the two symbols |: and :|. It will begin with either a 0, 1, 2 or 3. Please include all zeros and omit any special characters or spaces.

Please enter your account number, also found at the bottom of your checks. Enter the numbers, including all zeros and omit any spaces or characters.

This authorization is to remain in full force until COMPANY has received written notification from me of its termination in such time and in such manner to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

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

Payment by Credit Card

[ ] I authorize TAS to charge my monthly insurance payment to my (circle one) MasterCard, Visa, or American Express. This authorization is to remain in full force until COMPANY has received written notification from me of its termination in such time and in such manner to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_