

Independent Contractor Enrollment Form

Independent Contractor Truck Insurance Customized for Horizon Transport's Owner Operators

General Information

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

License Number & State: _____

Fax: _____

Email: _____

Vehicle Information

Unit # _____

Year, Make: _____

VIN: _____

Value: _____

Loss Payee: _____

Coverage Available

Select Coverage

Unladen Auto Liability - \$110 Per Month Michigan Registered Trucks \$123.33 Per Month	
Physical Damage - \$3 Per \$1,000 Value Per Month	
Optional Physical Damage Endorsements for Additional \$18 Per Month	
Effective Date of Coverage: _____	
Signature*: _____	

**Your signature acknowledges Unladen coverage is only afforded to qualified Horizon drivers such as a spouse which must be added as a named insured. There is no coverage for any other household members.*

Internal Use Only:

Payment Method:	Check	Debit/Credit	Cash
Amount/Info:			