

INDEPENDENT CONTRACTOR ENROLLMENT FORM FOR OCCUPATIONAL ACCIDENT INSURANCE

INSURED PERSON INFORMATION

Last Name	First Name	M.I.
Business Name (if any)		
Street	Apt #	
City	State	Zip
Telephone Number	Social Security # or Tax ID #	
Date of Birth	Email address	
Beneficiary Last Name	First Name	M.I.
Beneficiary Address		
_____ or Pay to my Estate		
Relationship		
Coverage is in effect from the day you start earning commissions through NICA, Inc.		
Contract Effective Date	Insurance Effective Date	

ACCEPTANCE
I hereby request coverage under the Independent Contractor Program. I verify that I am the Independent Contractor named on this enrollment form who is under contract to NICA on the date of this application. 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 18 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 Gallagher Bassett Services, Inc./CMC 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 for services rendered for the above are part of the cost of the insurance coverage and not separately charged to me.

In accordance with my agreement, and as an addendum thereto, I, the Independent Contractor, authorize NICA to periodically deduct my insurance costs.

Two Wheel Drivers warrant that if the protective headgear, reflective vest and/or reflective tape on their person and/or courier bag are not worn, coverage is null and void as outlined on the reverse side of this application.

By signing below, I acknowledge that a copy of the occupational accident benefits, limits, terms, conditions and exclusions are available at www.mynica.com in lieu of it being mailed to me. If I would prefer to have a paper copy, I will contact Gallagher Transportation Services at 800.279.7500 and request a copy.

PLEASE SIGN AND DATE →→→→→

Signature:	
Date:	

Contracting Company _____

Please check box that applies:

<p>INDEPENDENT CONTRACTOR COURIER</p> <p>4 WHEEL DRIVER</p> <p><input type="checkbox"/> Car/Pickup/Van</p> <p><input type="checkbox"/> Limo/Shuttle Van</p> <p><input type="checkbox"/> Cube/Box Truck (up to 18 ft.)</p> <p><input type="checkbox"/> Straight Truck</p> <p><input type="checkbox"/> Tractor/Trailer</p> <p>2 WHEEL DRIVER</p> <p><input type="checkbox"/> Biker</p> <p><input type="checkbox"/> Moped/Motorcycle</p>	<p>INDEPENDENT CONTRACTOR</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Home Health Care/P.A.</p>
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NICA, Inc.

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 781-) 56-%\$) * Fax
www.MyNICA.com
customerservice@nicainc.com

Gallagher Transportation Services
Arthur J. Gallagher Risk Management Services, Inc.
 2345 Grand Blvd. Suite 900
 Kansas City, MO 64108-2671
 Tel: (800) 279-7500
 Fax: (816) 218-0809

TERMS AND CONDITIONS

Please read carefully

It is further understood and agreed:

1. Not Statutory Workers' Compensation & Employers' Liability: This coverage is NOT a statutory Workers' Compensation and Employers' Liability policy, and the benefits under this policy do not necessarily equal the benefits for which an individual might be eligible under statutory Workers' Compensation. However, the Insured Person agrees that in the event of an occupational accident, he will look to this program in lieu of seeking Workers' Compensation coverage.

2. Assignment of Benefits: In the event benefits are paid from the statutory Workers' Compensation and Employers' Liability Policy of NICA or any similar policy becomes liable for such benefits, the benefits which an Insured Person is entitled to under this policy will be automatically assigned to the sponsoring carrier. Therefore, in such event the Insured Person hereby agrees to the immediate assignment to NICA of all benefits that he receives or would otherwise be payable to him or any third party under this program.

3. Cost and Consent to Cost Change: The Insured Person understands that the insurance cost includes insurance premium, premium taxes, 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.

4. Two Wheel Warranty: It is warranted and agreed that for coverage afforded under this policy to be applicable, Two Wheel Drivers will wear protective headgear and a reflective vest of a professional quality or have reflective tape on their person and/or courier bag. The headgear will be adequately designed to prevent or minimize head injury while he/she is actively at work performing his/her normal stated Occupational duties and the reflective material must be easily noticed under all traffic conditions while operating as a Two Wheel Driver. If such protective headgear and reflective vest or reflective tape on their person and/or courier bag are not worn, coverage is null and void.

5. Evidence of Coverage: If you do not participate in this Occupational Accident Program, you are required to have on file a certificate of insurance for Statutory Workers' Compensation or when allowed by law, an Occupational Accident Certificate; your insurance agent should provide this information to NICA. You will be enrolled in the Independent Contractor Occupational Accident Program provided to Certain Independent Contractors of NICA until you provide proof of appropriate coverage. At that time you will receive an adjustment in any costs charged to you.

6. Termination: In the event the contractor's agreement with NICA is terminated for any reason by either party, the Occupational Accident coverage will be cancelled effective the date of the contract termination or the earliest date thereafter allowed by law. You should make arrangements to replace coverage immediately.

7. Authorization of Settlement Deduction: You, the Independent Contractor, authorize NICA to periodically deduct (i.e. weekly) the full insurance cost (as described in "Cost and Consent to Cost Change") from your settlement checks and hereby instruct NICA to forward direct to Gallagher Transportation Services such amounts by the 15th of each month.

8. Effective Date: Coverage is in effect from the day you begin earning commissions through NICA, Inc.

NICA, Inc.

35 Braintree Hill Office Park, Suite 105

Braintree, MA 02184

800-551-6422 Phone

781-356-9002 Fax

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