



# Circle Logistics

Personalized Logistics and Transportation Solutions

## Insurance Election Form

Contractor's Name \_\_\_\_\_

Physical Damage – Tractor	Accept	Decline
Tractor Number		
VIN		
Year		
Make		
Insured Value	\$	

Physical Damage – Trailer	Accept	Decline
Trailer Number		
VIN		
Year		
Make		
Insured Value	\$	

Non Trucking	Accept	Decline
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Occupational Accident	Accept	Decline
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*Disclaimer: I understand by declining either non-trucking or occupational accident that I am required to provide a certificate of insurance documenting that I have coverage through another insurance carrier. I understand that if I am a fleet owner, I am required to provide a worker's compensation policy to Circle Logistics, Inc..*

By signing below, I acknowledge that I am solely responsible for verifying that my insurance application(s) have been processed timely and accurately by the insurance company and/or agent. I agree to hold Circle Logistics, Inc. and its employees harmless for any financial injury resulting from failing to process my application. I agree that I am responsible for contacting the agent to verify that my application(s) have been processed. I also acknowledge that, as an owner operator, I am not required to accept insurance through Circle's carrier. I acknowledge that I have received an email receipt from Circle verifying that my application(s) have been forwarded to the insurance agent and I am responsible for contacting the agent below if I have not received my insurance certificates within 10 days from the date below.

Contact Name:  
Michelle Eder – Marvin Johnson  
Phone (800) 457-5255

\_\_\_\_\_  
Owner Operator's Signature

\_\_\_\_\_  
Date