

IMPORTANT

**THIS FORM MUST BE RETURNED TO THE UNIGROUP SAFETY DEPARTMENT
WITH QUALIFICATION KIT DOCUMENTS OR WHEN VAN OPERATOR'S
STATUS (EMPLOYEE/OWNER OPERATOR) CHANGES**

Agency/Dealer Number _____

Indicate Van Line United Van Lines, LLC Mayflower Transit, LLC
 United Mayflower Container Services, LLC
 New Qualification Status Change (Employee to Owner Operator or vice versa)

Van Operator Name _____

ID# _____

Social Security # _____

VAN OPERATOR WORKERS' COMPENSATION & BOBTAIL INSURANCE COVERAGE

All van operators must carry workers' compensation insurance (covering themselves and any employees) and bobtail liability (\$1,000,000 limit and naming UniGroup and its subsidiaries as an additional insured.) Both policies must grant UniGroup 30 days notice of cancellation. These coverages are required for van operators to qualify or remain qualified with the van lines.

These coverages can be obtained by:

1. Purchasing independent coverage through a licensed insurance company with evidence (Insurance Certificate) forwarded to the UniGroup Safety Department; or
2. Obtaining coverage through the Vanliner Insurance Company by calling TransProtection Service Company's Contractors Insurance Department at 636-349-3921.

Please complete the following:

1. What is driver's relationship with your company (check one):
 employee (paid by W-2) independent owner/operator or contract van operator (paid by 1099)
 other (explain: _____)
2. Insurance application is being processed through Vanliner.
3. If independent owner/operator or contract van operator, not insured through Vanliner, please attach **Certificate of Insurance** indicating workers' compensation and bobtail liability coverages (sample on back).

Independent Owner/Operator Contract Status

Please complete the following.

If driver is an independent owner/operator, driver has has not executed an approved Independent Contractor Operating Agreement with agency prior to being placed into service.

Date of Independent Contractor Operating Agreement _____, 20 _____.

Completed _____ Date _____
 (Agency/Dealer Representative)

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 00/00/00

PRODUCER

INSURANCE AGENT
 ADDRESS
 CITY, STATE, ZIP

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	INSURANCE COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

#1 DRIVER
 ADDRESS
 CITY, STATE, ZIP

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
A	<input checked="" type="checkbox"/> ANY AUTO non-trucking ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	111	00/00/00	00/00/00	COMBINED SINGLE LIMIT	\$ 1,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	222	00/00/00	00/00/00	STATUTORY	MISSOURI
					\$ 100	(EACH ACCIDENT)
					\$ 500	(DISEASE-POLICY LIMIT)
					\$ 100	(DISEASE-EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

UNIGROUP, INC. AND ITS SUBSIDIARIES ARE NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR. WORKERS COMPENSATION INCLUDES: SOLE PROPRIETOR; EMPLOYEES INCLUDING CASUAL LABOR; AND ALL STATES COVERAGES.

CERTIFICATE HOLDER

UNIGROUP, INC.
 ATTN: SAFETY DEPARTMENT
 ONE PREMIER DRIVE
 FENTON, MO 63026

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Kathy E Hance