

Rybicki Trucking Co., Inc.
PASSENGER AUTHORIZATION FORM and
APPLICATION FOR PASSENGER ACCIDENT COVERAGE

This letter constitutes authority for _____ to be transported as a passenger on Unit # _____ with _____ as the only driver.

This covers the period from _____, 20_____, to _____, 20_____, over routes authorized by Rybicki Trucking Co., Inc.

This does not authorize _____ to operate the unit at any time.

For my own protection, I hereby request coverage for the above named passenger under the Passenger Accident Policy underwritten by National Union Fire Insurance Company of Pittsburgh, PA for the period noted above. I authorize Rybicki Trucking Co., Inc. to deduct the premium of \$500.00 from my settlements.

I, _____, by my signature hereby release and acquit and forever discharge Rybicki Trucking Co., Inc. and their agents, representatives and all other persons of any claim, demands, and damages of any kind, known or unknown, resulting in personal injury, death, or property damage arising from any accident or incident while an occupant in any vehicle owned or under contract to _____.

I, _____, hereby request to participate in the Passenger Accident Policy underwritten by National Union Fire Insurance Company of Pittsburgh, PA under Policy No. _SRG9113270____, and understand and agree that any benefits provided by this Policy will be paid directly to me or my designated beneficiary, if any, or to my estate.

Beneficiary: _____

Relationship: _____

Passenger: _____

Owner Operator or Driver : _____

Date: _____

Date: _____

Guardian Signature of Minor

Authorized By

Date

