

AETNA FREIGHT LINES, INC.

**GUEST PASSENGER
BENEFICIARY DESIGNATION**

NAMING YOUR BENEFICIARY INSTRUCTIONS:

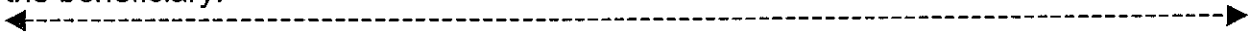
Aetna Freight Lines requires all guest passengers to designate a beneficiary for the Guest Passenger Insurance. It is important that your beneficiary designation be clear so that there will be no questions as to your intentions.

The following are the most common designations:

- Mary J. Smith, Wife (NOT Mrs. John J. Smith)
- Mary J. Smith, Wife, if living, otherwise to Joseph W. Smith, Son.
- Mary J. Smith, Wife, if living, otherwise to Jane Smith, daughter and Joseph W. Smith, Son, in equal shares or to the survivor.
- Estate of Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example "1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife."

Please state the relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage insert the words "Not Related" and indicate the address of the beneficiary.



BENEFICIARY DESIGNATION

Guest Passenger Policy Holder: Aetna Freight Lines, Inc.

Authorization Number: _____

Please Print

Name of Guest Passenger: _____

Beneficiary Designation for Accidental Death Benefits
List Name and Relationship of Beneficiary (See Instructions Above)

Beneficiary: _____

Relationship: _____

Address: _____

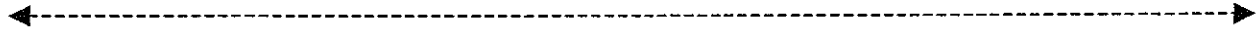
Date

Signature of Guest Passenger

AETNA FREIGHT LINES, INC.

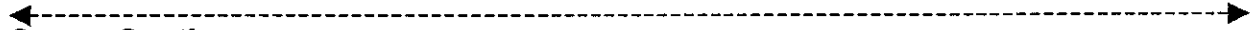
Authorization Number:

GUEST PASSENGER APPLICATION AND AUTHORIZATION



Driver Section

Driver's Name: _____ Driver's Social Security No.: _____

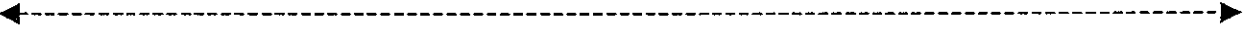


Owner Section

Unit Number: _____ VIN Number: _____

I herewith request coverage under Aetna Freight Lines' Guest Passenger Insurance Program for the individual named herein to ride as a passenger in this vehicle for the period of time referenced. I agree that AET may deduct the applicable premiums for this insurance. I also agree to hold-harmless Aetna Freight Lines, Inc., its agents and employees from any and all liability of any nature, directly or indirectly related to any injury this passenger may sustain while riding as a passenger in a vehicle that is operating under a Lease Agreement with Marathon.

Owner's Signature: _____



Guest Passenger Section – To be completed by the passenger

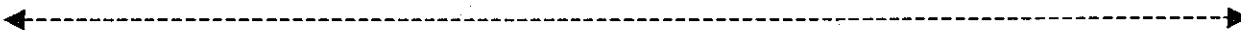
First Name Middle Initial Last Name

Name of Passenger: _____

Social Security No.: _____ Date of Birth: _____

I hereby request coverage under Aetna Freight Lines' Guest Passenger Program. I agree to hold-harmless and release Aetna Freight Lines, Inc., its agents and employees from any and all liability of any nature, directly or indirectly related to any injury I may sustain while riding as a passenger in a vehicle that is operating under a Lease Agreement with Aetna.

Passenger's Signature: _____



Authorization Section

AETNA FREIGHT LINES, INC., A MOTOR CARRIER HEREBY ISSUES ITS WRITTEN AUTHORIZATION UNDER US DOT REGULATIONS 392.60 FOR THE PASSENGER REFERRED TO ABOVE TO BE TRANSPORTED AS INDICATED.

Point where Transportation Begins: _____

Point where Transportation Ends: _____

Date Authorization Expires: _____ Dated: _____ at Warren, Ohio.

Aetna Freight Lines, Inc.

General Office Authorization Signature

fax back to 330-369-5204
~~330-369-5204~~