

PHYSICAL DAMAGE INSURANCE

Aetna Freight Lines, Inc. has Physical Damage Insurance (fire, theft and collision) available for any equipment owners operating under a Lease Agreement with Aetna. Please contact the Safety Department at (800) 837-4995 for your current rate. The cost of coverage is determined by the value of the equipment. *You should not over-insure, since the insurance company will not pay more than the average wholesale value of the equipment or the declared value, whichever is less, in the event of a total loss.* You should also understand that coverage will be terminated immediately upon cancellation of your Lease Agreement with Aetna Freight Lines. Complete the following and send it to the General Office if you wish to enroll in our Physical Damage Insurance Plan. **You must provide the Lienholder's complete mailing address, including zip code.**

Please enroll the following equipment in Aetna Freight Lines' Physical Damage Insurance program:

TRACTOR

TRACTOR UNIT NO.:	
	\$

YEAR	MAKE	MODEL	SERIAL NO.	DECLARED VALUE
<i>LIENHOLDER'S NAME:</i> _____				

LIENHOLDER'S ADDRESS: _____
City
State
Zip Code

TRAILER

TRAILER UNIT NO.:	
	\$

YEAR	MAKE	MODEL	SERIAL NO.	DECLARED VALUE
<i>LIENHOLDER'S NAME:</i> _____				

LIENHOLDER'S ADDRESS: _____
City
State
Zip Code

I AM ENCLOSING PAYMENT FOR ONE (1) MONTH'S PREMIUM, which represents payment for the 1st month of coverage. I understand that Aetna Freight Lines, Inc. will not apply for coverage until this form has been received in the General Office in Warren, OH, and that coverage is not effective until the insurance company accepts the request for coverage.

I authorize Aetna Freight Lines to deduct my future monthly premiums, including an escrow equal to one month's premium, from any monies due me. I also authorize Aetna to continue monthly deductions until cancellation by either party. **I also understand that if there are not sufficient monies due and payable to me by the 20th of any month to enable Aetna to deduct any insurance, that such insurance will automatically be terminated, effective the end of that month without further notice.**

I assume complete responsibility for knowing the amounts of the premiums due, the amount and availability of funds to pay the premiums, and, as well, waive notice of cancellation, in the event the insurance is canceled by Aetna Freight Lines, for non-payment of the premium.

I further understand that Aetna is offering these insurance coverages as a convenience to me, and agree to hold-harmless Aetna Freight Lines, Inc. or any affiliated entities for any errors or omissions in the performance of this service.

DATE

OWNER'S SIGNATURE