



Greentree Transportation Company
"A member of the TII family of companies"

Guest Passenger Application And Authorization

←-----→
Driver Section

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

←-----→
Owner Section

Owner's Name: _____
 Unit Number: _____ Vin Number: _____

I herewith request coverage under Greentree Transportation Company's 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 Greentree Transportation Company deduct the applicable premiums for this insurance. I also agree to hold-harmless Greentree Transportation Company, 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 Service Agreement with Greentree Transportation Company.

Owner's Signature: _____

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Guest Passenger Section – To be completed by the passenger

First Name Middle Initial Last Name

Name of Passenger: _____

Passenger Address: _____

Social Security No.: _____ Date of Birth: _____

I hereby request coverage under Greentree Transportation Company's Guest Passenger Program. I agree to hold-harmless and release Greentree Transportation Company, 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 Service Agreement with Greentree Transportation Company.

Passenger's Signature: _____

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Authorization Section

**Greentree Transportation Company, A Motor Carrier Hereby Issues
 Its Written Authorization Under U.S. D.O.T. Regulations 392.60
 for the Passenger Referred To Above To Be Transported As Indicated**

Date Authorization Begins: _____

Date Authorization Expires: _____ Dated: _____ At Pittsburgh, PA

Authorization Number

Greentree Transportation Company

General Office Authorization Signature

Greentree Transportation Company Guest Passenger Beneficiary Designation

NAMING YOUR BENEFICIARY INSTRUCTIONS:

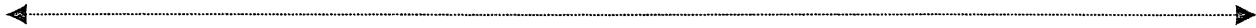
Greentree Transportation Company requires all guest passengers to designate a beneficiary for the Guest Passenger Insurance. It is important that your beneficiary designation be clear so that there will be no questions as to your intentions.

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 word "Not Related" and indicate the address of the beneficiary.



Beneficiary Designation

Guest Passenger Policy Holder: Greentree Transportation Company

Date Authorization Begins: _____

Date Authorization Ends: _____

Please Print

Name of Guest Passenger: _____

Guest Passenger Address: _____

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

Beneficiary: _____

Relationship: _____

Address: _____

Date

Signature of Guest Passenger