Corporate Account Implementation - Disability

Offered by NAL Insurance Inc.

This CAI form MUST be completed AND received at NAL Head Office a MINIMUM of 5 days BEFORE the requested implementation date listed on this form.

SECTION 1 : FLEET INFORMATION*

FLEET NAME | NUMBER OF DRIVERS

ADDRESS | PHONE

CONTACT PERSON | POSITION | EMAIL

SECTION 2 : OTHER CONTACTS

NAME | DEPT | EMAIL

NAME | DEPT | EMAIL

NAME | DEPT | EMAIL

SECTION 3 : POLICY TYPE (For NAL Head Office Only)

❑ REGULAR (IAPFCFL) ❑ PREMIUM (IAPFCTF -TFI Fleets Only) ❑ GOLD (IAFCGFLT) ❑ PLATINUM (IAFCSFLT) ❑ APPROVED GRANDFATHERING

SECTION 4 : PROGRAM DETAILS

PROGRAM IMPLEMENTATION DATE* | MONTHLY PREMIUM* $

OWN OCCUPATION MONTHLY BENEFIT AMOUNT $ ❑ 12 MONTHS ❑ 24 MONTHS ❑ 36 MONTHS ❑ 60 MONTHS

ELIMINATION PERIOD: ❑ 0 DAYS ❑ 30 DAYS TO AGE 70 RIDER: ❑ YES ❑ NO TO AGE 70 MONTHLY BENEFIT $

SECTION 5 : ADDITIONAL COVERAGE

AD&D/PTD AMOUNT $ INCLUDE ACCIDENT MEDICAL: ❑ YES ❑ NO

TRAVEL MEDICAL: ❑ FULL BT ❑ OTJ/MVA (NO HEALTH CARD) IF FULL BT; NO. OF DAYS PER TRIP (15, 30, 60): AND; ❑ SINGLE ❑ FAMILY

CRITICAL ILLNESS: ❑ ACCEPT ❑ DECLINE BENEFIT AMOUNT $ INCLUDE HEALTHY TRUCKER: ❑ YES ❑ NO

SECTION 6 : ADMINISTRATIVE DETAILS

PREMIUM PAYMENT: ❑ INVOICED TO FLEET ❑ HIDE PREMIUM ON DRIVER DOCUMENTS ❑ DRIVER PAY

IS THIS A TRANSFORCE FLEET? ❑ YES ❑ NO IF YES; IS IT A COURIER OR LTL? ❑ COURIER ❑ LTL

FLEET ADMINISTRATOR WILL ENTER DRIVERS? ❑ YES ❑ NO FLEET IS GOVERNED IN QUEBEC? ❑ YES ❑ NO

POLICIES ARE SHIPPED TO: ❑ FLEET ADDRESS ❑ DRIVERS ADDRESS ❑ AGENT OF RECORD ❑ DIGITAL/ONLINE DELIVERY

Date | Fleet Representative's Name | Signature

Date | Agent # | Broker/Agent Name & Sub-Agent Name (If Applicable) | Agent Signature

Once CAI form has been submitted to Head Office coverage will be bound and subject to 10 day premium charge. Please complete and submit the driver information spreadsheet and PAD payment form with this form. Thank you!