



PASSENGER AUTHORIZATION,
APPLICATION FOR PASSENGER ACCIDENT COVERAGE,
AND PASSENGER RELEASE AND WAIVER OF CLAIMS FORM

PLEASE PRINT ALL REQUESTED INFORMATION

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 Pottle's Transportation, LLC., specifically from _____ to _____.
(place of departure) (place of destination)

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

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, _____, by my signature, hereby for myself and my heirs and assigns knowingly waive any claim, cause of action or recourse, and release, acquit and forever discharge Pottle's Transportation, LLC. and their agents, representatives and all other persons associated in any way or in any capacity with Pottle's Transportation, LLC., 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 Pottle's Transportation, LLC.

I, _____, hereby request to participate in the Passenger Accident Policy underwritten by National Union Fire Insurance Company of Pittsburgh, PA under Policy No. SRG9131419, 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: _____

Owner/Operator or Driver Signature

Passenger Signature

Dated

Dated

Company Official Signature

Relationship

Dated

Guardian's Signature if under 18 (**Must be at least 12 years to be a passenger and be able to enter/exit cab without assistance**)