



Fenchurch General Insurance Company Owner/Operator Declaration

Claimant:

Employer:

Policy No.:

Class:

Absence Start Date:

Absence End Date:

DECLARATION

In consideration of Fenchurch General Insurance Company (FGIC) providing me with Temporary Disability/Wage Loss benefits under the terms and conditions of the referenced Policy Agreement, I confirm and declare that:

- 1) I am the owner/operator of (state particulars below):
 - a) Vehicle Make:
 - b) Vehicle Model:
 - c) Vehicle Year:
 - d) Vehicle License Number:
 - e) Vehicle Color:
- 2) The vehicle as described by me above is used in my primary contract as an Owner/Operator (commercial truck driver) contracted by [COMPANY].
- 3) During my current period of Temporary Disability:
 - a) The vehicle described above will be stored/parked at (state particulars below):
 - b) I will not be receiving any income directly or indirectly through the operation, sale, lease or rental of the vehicle described above (select one): True False
 - c) I will be receiving the following income through the operation, sale, lease or rental of the vehicle described above (state particulars below):
- 4) I understand that the information provided herein to Fenchurch General Insurance Company, the Disability Management Institute (DMI), and their respective authorized agents, will be used in the adjudication and determination of my eligibility for benefits under the referenced Policy Agreement.
- 5) I agree to notify FGIC and/or DMI without delay of any material change to the facts detailed in this declaration.
- 6) I DECLARE that the statements provided by me in this Declaration are true and complete, and given of my own free will.

Claimant (name)

Witness (name)

Date