

**CONTRACTED DRIVER APPLICATION FOR INSURANCE COVERAGE**

<b>Producer:</b> Frank H Furman Insurance PO Box 1927 Pompano Beach, FL 33061 (954)943-5050	<b>Email Address:</b>  _____		
	<b>Applicant/Driver Name:</b>  _____		
	<b>While Under Contract Assignment to Boomerang Transport, LLC.</b> <b>Date of Contract:</b>  _____		
<b>Driver Information</b>	<b>Date of Birth</b>	<b>Drivers License Number</b>	<b>State of License</b>
<b>Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____  <b>Zip:</b> _____			
<b>TENNESSEE UNINSURED/UNDERINSURED MOTORIST OPTION</b>			

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (um) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I select uninsured motorists bodily injury limits(s) indicated in this application. X \$25,000 /\$50,000 (Initial) \_\_\_\_\_
2. I select uninsured motorists property damage limits(s) indicated in this application. X \$10,000 (Initial) \_\_\_\_\_

Signature of Driver X \_\_\_\_\_ Date: \_\_\_\_\_