

**PASSENGER AUTHORIZATION FORM**

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This letter constitutes authority for \_\_\_\_\_ to be transported as a passenger  
(passenger)

On Unit # \_\_\_\_\_ with \_\_\_\_\_ as the only driver.  
(driver)

From \_\_\_\_\_ to \_\_\_\_\_ and return.  
(departure) (destination)

This covers the period from \_\_\_\_\_ to \_\_\_\_\_ over routes authorized by  
(date) (date)  
\_\_\_\_\_. This does not authorize \_\_\_\_\_ to operate the  
(the company) (passenger)  
unit at any time.

For my own protection, I hereby request coverage for the above named passenger under the Passenger Accident Policy. I authorize \_\_\_\_\_ to deduct the premium  
(the company)  
of \$ \_\_\_\_\_ from my next settlement.

I \_\_\_\_\_ by my signature hereby release and acquit and forever  
(passenger)  
discharge \_\_\_\_\_ and their agents, representatives, and all other  
(the company)  
persons of any claims, demands, and damages of any kind, known or unknown resulting in personal injury, death, or property damage arising from any accident or incident while and occupant in any vehicle owned or contracted to \_\_\_\_\_.  
(the company)

I \_\_\_\_\_ understand and agree that any benefits provided by the Passenger  
(passenger)  
Accident Policy will be paid directly to me or my estate unless I designate otherwise at the time coverage is issued.

\_\_\_\_\_  
PASSENGER SIGNATURE

\_\_\_\_\_  
OWNER OPERATOR OR DRIVER

\_\_\_\_\_  
PARENT/GUARDIAN  
(IF PASSENGER IS UNDER 18)

\_\_\_\_\_  
AUTHORIZED BY