



**A4DD**  
ASSOCIATION FOR DELIVERY DRIVERS

## How To Order Driver Occupational Accident Insurance

1. Open A4DD website at: [www.A4DD.org](http://www.A4DD.org).
2. Click on Driver Login at top of page.

The screenshot shows the A4DD website homepage. At the top, there is a navigation bar with the following links: DRIVER SIGN UP, DRIVER LOGIN, COMPANY LOGIN, FAQ, NEWS, and CONTACT US. Below this, there are more links: MEMBER BENEFITS, MEMBER FORUMS, DRIVER RESOURCES, and CONTRACTING COMPANIES. A red arrow points from the 'DRIVER LOGIN' link to a white callout box with a red border that contains the text 'Click here to login.' The main content area features a large image of delivery vans with the text 'WELCOME DELIVERY DRIVER' and 'This Association is for you!!' Below this, a paragraph reads: 'The Association for Delivery Drivers is here to help you in the success of your business and to make it easy for you to get what you need, when you need it and at a great price.'

### 3. Enter your e-mail and password. This will take you to the MEMBER BENEFITS page.

The screenshot shows the A4DD (Association for Delivery Drivers) Driver Login page. The page includes a login form with fields for Email and Password, and buttons for LOGIN, CANCEL, and Forgot Password. There are also links for 'Not a member?' and 'Delivery Companies'. A modal window titled 'Update Member Profile' is open, asking if the user's profile information is up-to-date, with 'Update' and 'Not Now' buttons. The page footer contains 'USEFUL LINKS' and 'CONTACT INFO'.

**Step 1: Enter e-mail address here.**

**Step 2: Enter password here.**

**Step 3: Click here to login.**

**Note: If you don't remember your password, click here and follow the prompts.**

**Note: If any information in your Member Profile may be out-of-date, click Update.**

**If you don't need to update information in Member Profile, click Not Now.**

**This box appears AFTER you click LOGIN in Step 3.**

**If you need to update Payment Information only, click the words Click Here on the bottom right of the text box.**

**USEFUL LINKS**

- Update My Member Profile
- Update Payment Information
- Send Certificate Of Insurance
- Membership Next Steps
- Safety Training
- Monthly Safety Lesson

**CONTACT INFO**

- Administrator: JC Burnett
- Online Form - quickest option
- Toll Free: (877) 264-A4DD (2433)
- Email:

4. Click on Insurance tab and follow steps to Learn More and Enroll.



- Member Benefits
- GET MORE WORK >
- TRAINING & SAFETY >
- TOOLS OF THE TRADE >
- INSURANCE ▾
- What Drivers Need
- Occupational Accident Insurance >
- Cargo Insurance >
- General Liability Insurance >

Welcome Delivery Driver. This Association is for you!!

Step 1: Click on arrow next to "Insurance" tab.

Step 2: Hover mouse over "Occupational Accident Insurance" tab and then click on "Learn More and Enroll".

- Learn More and Enroll
- Proof of Insurance
- Claims



## 5. Read description and benefits of Occupational Accident Insurance.

https://www.a4dd.org/professional-delivery-drivers/insurance/occupational-accident-insurance/learn-more/

LOGOUT FAQ NEWS CONTACT US


MEMBER BENEFITS MEMBER FORUMS DRIVER RESOURCES CONTRACTING COMPANIES

Member Benefits

- GET MORE WORK >
- TRAINING & SAFETY >
- TOOLS OF THE TRADE >
- INSURANCE >
- MEMBER FORUMS >
- RESOURCE CENTER >
- MY ACCOUNT >

Check Out This Site TODAY!  
**Loadchief**  
**Drivers Wanted**  
register today at  
[www.Loadchief.com](http://www.Loadchief.com)  
**Be Your Own Damn Boss**

### Occupational Accident Insurance



Among the greatest concerns you face as a delivery driver is taking care of yourself and your loved ones should you get hurt on a job. How will you get by with no income and pay medical bills? With A4DD's Occupational Accident insurance you are protected from injuries you sustain while working as a professional delivery driver. The policy pays medical expenses and lost income (called "disability benefits") when you sustain a covered injury. Additional benefits are triggered by work-related death, dismemberment, severe burns, or paralysis.

Three features of A4DD's Occupational Accident insurance program really stand out:

- ✓ Fully portable, so if you drive for different companies you are covered wherever you do delivery work\*
- ✓ Drivers are covered through age 75, and older drivers with good driving records can apply as well.
- ✓ Coverage for helpers is available and you do not need to list or report each helper (extra charge applies)

\* Coverage portability applies to members who have selected "full-time" driver status. [Change your status here.](#)

Send message

## 6. Compare plans to determine the plan that is right for you.

APPLY NOW

for Occupational Accident insurance, or read on.

### Three Great Plans To Choose From

- ✓ PLAN A – higher limits and lower deductibles for just a couple of dollars extra per week
- ✓ PLAN B – lets you comply with most contract standards at a lower cost but with lower benefits
- ✓ PLAN C – available to CA drivers working for App-based companies to satisfy “Prop 22” standards

**Step 1: Look at short definition of three plans. (Note: Plan C only applies to drivers operating in California).**

COMPARE

our different Occupational Accident coverage plans.

**Step 2: Click on "Compare" button to view benefits of each Plan.**

**Here's the bottom line:** if you can afford to pay a bit more, Plan A is best. CA drivers doing App-based work should choose Plan C.

## 7. Carefully study the different plans to determine which Plan will meet your needs.

https://www.a4dd.org/professional-delivery-drivers/insurance/occupational-accident-insurance/benefit-plans-summary/



LOGOUT | FAQ | NEWS | CONTACT US

MEMBER BENEFITS ▾ | MEMBER FORUMS ▾ | DRIVER RESOURCES ▾ | CONTRACTING COMPANIES ▾

### Member Benefits

GET MORE WORK >

TRAINING & SAFETY >

TOOLS OF THE TRADE >

INSURANCE >

MEMBER FORUMS >

RESOURCE CENTER >

MY ACCOUNT >

Check Out This Site TODAY!

**Loadchief**  
**Drivers Wanted**

register today at

[www.Loadchief.com](http://www.Loadchief.com)

**Be Your Own Damn Boss**

## Occupational Accident Insurance - Benefit Plans Summary

Plan A provides higher limits and lower deductibles.

	Plan A	Plan B	Plan C
<b>Combined Single Limit (CSL) Per Insured Person</b>	\$1,000,000	\$500,000	\$1,000,000
<b>Aggregate Limit of Liability ⓘ</b>	\$2,000,000	\$1,000,000	\$2,000,000

<b>Accidental Medical Expense Benefit</b>			
Maximum Benefit Amount	\$1,000,000	\$500,000	\$1,000,000
Commencement Period ⓘ	90 days	90 days	90 days
Deductible Amount ⓘ	\$100	\$200	\$200
Maximum Benefit Period ⓘ	104 Weeks	104 Weeks	104 Weeks
Maximum Dental Expense ⓘ	\$2,500	\$2,500	\$2,500

<b>Death &amp; Catastrophic Injury Benefits</b>			
Maximum Benefit Amount ⓘ	\$250,000	\$150,000	\$350,000
Incurral Period ⓘ	52 Weeks	52 Weeks	52 Weeks
<b>Accidental Death Benefit</b>			
Minimum Death Benefit ⓘ	\$100,000	\$50,000	\$50,000
Survivor's Additional Monthly Benefit	\$2,000 to 75 mos.	\$1,000 to 100 mos.	\$1,500 to 200 mos.

## 8. Review the cost ranges and then click **APPLY NOW** to start application process.

### How Much Does It Cost?

Here are the cost ranges for all plans. You'll receive a specific rate quote when you apply online.

- ✓ \$16-\$21 per week for **Plan A\***, \$14-\$19 per week\* for **Plan B**, \$24 per week for **Plan C**.
- ✓ Part-time drivers pay about 30% less (up to \$275 in weekly earnings)
- ✓ Heavy truck drivers pay about 10% more
- ✓ Helper coverage doubles the cost (helpers must NOT drive nor be paid by W2 unless permitted by law)
- ✓ There is a surcharge for product installation and assembly work

**Here's a tip:** choosing the "automatic monthly payment" option saves you about a buck a week.

\*The best way to save is to work for a contracting carrier "recognized" by A4DD. These carriers can provide you with a **special discount code** so ask about it. Use the code when you join and save you up to 25% on most benefits. If your primary contracting carrier isn't recognized by A4DD, ask them to contact us.

**APPLY NOW**

for Occupational Accident Insurance or read on.

**Step 1: Review cost range for each Plan.**

**Step 2: Click on "Apply Now" to start the application process.**

## 9. Fill out the QUALIFY section of the Occupational Accident Insurance Application.

**Occupational Accident Insurance Application**

Home → Occupational Accident Insurance Application

Qualify      Application Info      Payment

1      2      3

Using the Drop-Down Menus, Indicate if Each Statement is True or False

I am 18 years of age or older	<input type="text" value="True"/>	I am considered an independent contractor by my carrier(s) (for taxes, benefits, etc.)	<input type="text" value="True"/>
<input type="text" value="Select"/> contracting carrier(s)	<input type="text" value="True"/>	I sign a written agreement with my contracting carrier(s)	<input type="text" value="True"/>
I am free to accept or reject assignments from my contracting carrier(s)	<input type="text" value="True"/>	I am free to seek out and accept work from other carriers	<input type="text" value="True"/>
I am paid based on a negotiated, per assignment basis, such as commissions	<input type="text" value="True"/>	I can re-negotiate my fee for a particular or unusual assignment	<input type="text" value="True"/>
Subject to customer specifications, I may determine my own routes and sequence of stops	<input type="text" value="True"/>	I am responsible for fuel, repairs, tolls, insurance, phones and other equipment	<input type="text" value="True"/>
I am free to use a carrier-approved, substitute delivery person	<input type="text" value="True"/>	Apart from general orientation, I receive no training from my carrier(s)	<input type="text" value="True"/>
I receive and/or resolve customer complaints with my carrier(s) or on my own	<input type="text" value="True"/>	I am NOT required to identify my carrier(s) on my vehicle, other than for government regulation/security reasons	<input type="text" value="True"/>
I would be compensated for displaying signage from my carrier(s) or its customers on my vehicle	<input type="text" value="True"/>	I own or lease my delivery vehicle	<input type="text" value="True"/>
If my delivery vehicle is leased, the lease agreement is for fair market rates and terms	<input type="text" value="N/A"/>	I lease my delivery vehicle from	<input type="text" value="Select"/>

**Step 1: Carefully read the first 16 items. The answer defaults to "True"--if your answer is "False" to any item, click the drop down arrow and answer appropriately.**

**Step 2: This question is for drivers who lease their vehicle. If you do not lease, leave the answer as "N/A". If you do lease, click the arrow and answer "True" or "False"--whichever is appropriate.**

**Step 3: If you answered "True" or "False" to the previous question regarding vehicle leasing, you will be asked to indicate whether you lease the vehicle from: 1) Your Contracting Carrier(s) or 2) Another Company.**

**Step 4: Click "Continue".**

**CONTINUE**



## 10. Fill out the APPLICATION INFO section of the Occupational Accident Insurance Application.

**Step 1: Enter first and last name of beneficiary who would receive benefits if a covered accident resulted in your death.**

**Step 2: Indicate percentage of benefit that will go to this beneficiary. If not 100%, you will need to indicate other beneficiary or beneficiaries until total is 100%.**

**Step 3: Click drop down menu and chose relationship of beneficiary from list.**

**Note: Click here only if you have more than one beneficiary.**

**Step 4: Enter phone number for emergency contact at Primary and other Contracting Carriers.**

**Step 5: Review Benefit Plans by clicking here.**

**Step 6: Click here to review pricing--also reproduced on right side of this screen shot.**

**PRICING CHART – choose the right benefit and payment plan for you!**

Benefit Option	Initial Deposit	Weekly Auto-Pay Cost Per Week	Monthly Auto-Pay Cost Per Month
Plan A	\$0.00	\$22.03	\$91.00 (\$21.00/wk)
Plan B	\$0.00	\$20.18	\$83.00 (\$19.15/wk)

As you can see, choosing the Monthly Auto-Pay option delivers the best value.

You can review plan details and compare plans using the link above. Coverage takes effect after your application is approved, typically by the next business day. You will receive confirmation and be charged a pro-rata premium to cover the remainder of the current week or month (depending on which plan you choose) plus any deposit indicated. However, if a monthly check option is available and you select it, then your coverage will take effect on the first of the month following our receipt of your payment.

**BACK** **CONTINUE**

10: (Continued).

If more than one Beneficiary

In the event of injury, the insurer may need to verify your injury with your carrier(s). Please provide the telephone number(s) below:

Telephone Number

2nd Company Telephone Number

3rd Company Telephone Number

111-111-1111

(xxx-xxx-xxxx)

**Step 7: Choose a plan from the drop down menu.**

**Step 8: Indicate if you want coverage for a helper--restrictions apply.**

**Coverage & Pay Plans**

To see a comparison chart of our Bene

To see a Pricing Options Chart, click [HERE](#).

Please select a Benefit Plan Option

Plan A

Extend Coverage to a Helper (a non-driver who is not paid by W-2 unless permitted by law)?


Yes  No

Please select a Payment Plan Option

Weekly automatic payment

Monthly automatic payment

**Step 10: Indicate the date you want coverage to start. Normally the day after application is completed.**

Date of Coverage, subject to approval (mm/dd/yyyy)  

05/24/2021

**Step 9: Indicate the payment plan you prefer. Weekly helps with cash flow--monthly is a bit cheaper.**

Initial Premium Amount: **\$19.11**

Charge for Each Future Pay Period: **\$22.03**

**Note:** Payment information is NOT stored by the Association for your security!

**Note: Initial premium and weekly/monthly premium will be listed here.**

BACK

CONTINUE

**Step 11: Click "Continue".**

## 11. Agree to Terms and Conditions.

**Terms & Conditions**

By clicking the "I Agree" button below, I agree to all of the following terms and conditions of membership.

**Occupational Accident Insurance Terms and Conditions**

I certify that I am an independent contractor, paid via a 1099 tax form, not a W-2 employee. I certify that to the best of my knowledge and belief, all information on this Form and my Membership Signup Form is complete and truthful. I accept that premium will be refunded and no claims will be payable if, based on the information supplied, I am not eligible for coverage. I understand that no coverage will be in effect until I receive written notice from the Association.

I also understand and hereby state that this coverage being applied for is not a contract for Statutory Workers' Compensation Insurance, and neither I nor my carrier become participants in the Workers' Compensation system by purchasing this insurance.

I hereby accept the insurance plan that I have selected above. I agree to be responsible for all earned premiums and any specified deposit amount, which I acknowledge and accept are non-refundable. I authorize

You must first review the Terms and conditions in full.

**Step 1: Read "Terms and Conditions". Use slide bar or down arrow to reveal entire text.**

**Step 2: Click "Agree" to proceed.**

**(Note: The "Agree" button will not illuminate until you have scrolled down to bottom of Terms and Conditions text).**

## 12. Review information if necessary and start payment process.

[LOGOUT](#) [FAQ](#) [NEWS](#) [CONTACT US](#)

[MEMBER BENEFITS](#) [MEMBER FORUMS](#) [DRIVER RESOURCES](#) [CONTRACTING COMPANIES](#)

### Occupational Accident Insurance Application

[Home](#) → Occupational Accident Insurance Application

Qualify

Application Info

Payment

1

2

3

Qualify

I am 18 years of age or older: True

I am considered an independent contractor by my carrier(s) (for taxes, benefits, etc.): True

I receive a 1099 tax form from my contracting carrier(s): True

I sign a written agreement with my contracting carrier(s): True

I am free to accept or reject assignments from my contracting carrier(s): True

I am free to seek out and accept work from other carriers: True

I am paid based on a negotiated, per assignment basis, such as commissions: True

I can re-negotiate my fee for a particular or unusual assignment: True

Subject to customer specifications, I may determine my own routes and sequence of stops: True

Edit

I am responsible for fuel, repairs, tolls, insurance, phones and other equipment: True

I am free to use a carrier-approved, substitute delivery person: True

Apart from general orientation, I receive no training from my carrier(s): True

I receive and/or resolve customer complaints with my carrier(s) or on my own: True

I am NOT required to identify my carrier(s) on my vehicle, other than for government regulation/security reasons: True

I would be compensated for displaying signage from my carrier(s) or its customers on my vehicle: True

I own or lease my delivery vehicle: True

If my delivery vehicle is leased, the lease agreement is for fair market rates and terms: True

I lease my delivery vehicle from: -

Edit

\$7.67

Weekly using automatic payment method(credit/debit/EFT)  
\$22.03 Per Week

PAY NOW

Step 2: Make note of your premium amount and frequency of payment. Then click "Pay Now" to enter payment information.

Step 1: If you want to review or edit any information on the "Qualifying" or "Application" page, click "Edit".

Application Info

Send message

### 13. Enter payment information.

## EXAMPLE ONE: CREDIT or DEBIT CARD

The screenshot shows a web browser window with the URL <https://secure.bluepay.com/interfaces/shpf>. The page title is "Association for Delivery Drivers" and the amount is "\$10.53".

**Note:** Initial withdraw amount will be here. Future weekly or monthly amounts were listed on application.

**Step 1:** Click payment type. (Points to the "Credit" button)

**Step 2:** Enter Credit or Debit Card number. (Points to the "Credit Card Number" input field)

**Step 3:** Enter CVV (Card Security Code) from front or back of the card--depending on the type of card. (Points to the "CVV2" input field)

**Step 4:** Use drop down menu to enter card expiration date (month and year). (Points to the "Expiration Date" dropdown menu)

**Step 5:** Enter Personal Information associated with this account. (Points to the "Billing Contact Info" section)

**Step 6:** Enter e-mail address associated with this payment account. (Points to the "Email" input field)

**Step 7:** Click "Make Payment" (Points to the "Make Payment" button)

The form includes the following fields and sections:

- Payment Type: Credit (selected), Check
- Credit Card Info: Credit Card Number, CVV2, Expiration Date (Month, Year)
- Billing Contact Info: First Name, Last Name, Billing Address 1, Billing Address 2, City, Province/State, Country, Postal Code, Phone, Email
- Buttons: Make Payment, Reset

# EXAMPLE TWO: ELECTRONIC FUNDS TRANSFER (CHECKING or SAVINGS)

(Page One of Two)



Association for Delivery Drivers

\$7.14

Note: This is the initial amount that will be withdrawn. Future weekly or monthly amounts were indicated on the application.

Payment Type

Credit  Check

Step 1: Click Payment Type

Step 2: Enter Account "Routing Number" from front of check.

Electronic Check Info



Step 3: Enter "Account Number" from front of check.

Routing Number   
Account Number

Step 5: Indicate if this is a "Consumer Account" or "Business Account".

Account Type  Checking  Savings  
Account Ownership  Consumer Account  Business Account

Step 4: Indicate if you want funds withdrawn from a "Checking" or "Savings" account.

Billing Contact Info

**Step 6: Personal Information just as it appears on the bank account.**

First Name

Last Name

Billing Address 1

Billing Address 2

City

Province/State

Country

Postal Code

Phone

Email

By entering my own or my Company's routing and account number above and clicking "Submit", either as an individual or as an authorized Company representative, I authorize the payment in the amount indicated above to be processed as an electronic funds transfer (EFT) or draft drawn from either my own or the Company's checking or savings account as indicated above and, if necessary, electronic credits to my own or the Company's account to correct erroneous debits. I understand that the processing of the payment will be completed within 1-2 banking days. If the payment returns unpaid, I authorize you or your service provider to collect the payment by EFT(s) or draft(s) drawn from my own or the Company account. I understand that this authorization will remain in full force and effect until I notify you that I wish to revoke it and allow you reasonable opportunity to act on my notice.

I accept these terms, acknowledge these disclosures and authorize this payment on behalf of myself or my Company and further agree, on Company's behalf, that Company shall be bound by the Nacha Rules in effect, both now and as amended from time to time.

PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.

**Step 8: Click "Make Payment".**

**Step 7: Print a copy of this page for your records using your browser's print function.**

## 14. Review Acknowledgment that transaction completed.

https://account.a4dd.org/thank\_you.aspx?INVOICE\_ID=101099022384&BANK\_NAME=Credit One Bank%2C National Association&PAYMENT\_ACC 80%

LOGOUT FAQ NEWS CONTACT US

**A4DD**  
ASSOCIATION FOR DELIVERY DRIVERS

MEMBER BENEFITS ▾ MEMBER FORUMS ▾ DRIVER RESOURCES ▾ CONTRACTING COMPANIES ▾

### Occupational Accident Insurance Thank You

Home → Occupational Accident Insurance Thank You

Congratulations! Your Occupational Accident insurance application has been successfully completed and submitted for approval. You will be notified via email of your approval (or any problems) within two business days. Upon approval, certificates of insurance will be sent automatically to you and your primary contracting carrier. "Full-Time" status drivers may use this site to request additional certificates for other carriers. Remember that "Part-Time" status drivers are only covered while working under dispatch with your Primary Contracting Carrier. If you need to change your status from "Part-Time" to "Full-Time", or if you wish to change your benefit plan or make any other adjustments to your application profile or payment methods, please email [a4ddteam@a4dd.org](mailto:a4ddteam@a4dd.org) or call us toll-free at (877) 264-A4DD (2433) . In addition, claim reporting information and documentation of policy terms and benefits are also available via this website. We recommend that you print out copies to review and store. Feel free to contact us with any questions, and thank you for enrolling in one of our many member benefit programs!

Sincerely,  
Your A4DD Service Team

[Click Here](#) to continue.

**Review Acknowledgment  
that transaction  
completed.**

USEFUL LINKS ▾		CONTACT INFO ▾	
<a href="#">Update My Member Profile</a>	<a href="#">Update Payment Information</a>	<b>Administrator:</b> JC Burnett	
<a href="#">Send Certificate Of Insurance</a>	<a href="#">Membership Next Steps</a>	<b>Online Form</b> - quickest option	
<a href="#">Safety Training</a>	<a href="#">Monthly Safety Lesson</a>	<b>Toll Free:</b> (877) 264-A4DD (2433)	
<a href="#">Cargo/Property Damage Insurance</a>	<a href="#">General Liability Insurance</a>	<b>Email:</b>	
<a href="#">Business Auto Insurance</a>	<a href="#">Cancel Membership And/Or Insurance</a>	<a href="mailto:a4ddteam@a4dd.org">a4ddteam@a4dd.org</a>	
		<b>P.O. Box 123</b>	
		Gaylordsville, CT 06755	



## 15. Review e-mails you receive with “Application Details” and “Insurance Coverage Approval” (see examples below).

A4DD.org Occupational Accident Insurance Application: 5/27/2021 9:55:20 AM

 A4DD <postmaster@a4dd.org>  
To [redacted]

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Thu 5/27/2021 9:55 AM

Dear User,


Occupational Accident Insurance Application details are listed below.

First Name: [redacted]  
Last Name: [redacted]  
Email Address: [redacted]  
Password: [redacted]  
Driver ID: 7350  
Application Submission Date & Time: 5/27/2021 9:55:20 AM PST

I am 18 years of age or older: True  
I am considered an independent contractor by my carrier(s) (for taxes, benefits, etc.): True  
I receive a 1099 tax form from my contracting carrier(s): True  
I sign a written agreement with my contracting carrier(s): True  
I am free to accept or reject assignments from my contracting carrier(s): True

I

A4DD Occupational Insurance Coverage Approved: 5/27/2021 9:55:21 AM

 A4DD <postmaster@a4dd.org>  
To [redacted]

[Click here to download complete policy documents.](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Thu 5/27/2021 9:55 AM

Dear [redacted]

Congratulations. You are approved for Occupational Insurance through the Association for Delivery Drivers. Your coverage took effect on 5/28/2021 12:00:00 AM as you requested. After the important instructions below, read how A4DD will put more money in your pocket.

You may [download complete policy documents](#) as well. We are proud to offer you quality coverage terms, and we encourage you to read the entire policy carefully. Please let us know if you have any questions.

We hope you never have to make a claim on your insurance. But if you do, forms and instructions are found on our website's "[Claims](#)" page. We recommend that you visit this page in advance and download what you need to have on hand should there be an incident.

To ensure smooth service, please note the following:

1. Keep your payment information updated to prevent cancellation of your membership and benefits, and avoid extra fees for declined payments. Simply use the [Update Payment Information](#) feature on our A4DD website, located in the My Account section and the Useful Links area at the bottom of our home page.
2. Keep your membership profile updated as well since it's what carriers and job boards use to find drivers and offer you jobs, and they naturally prefer drivers with more current profiles. Link to [Update My Member Profile](#) from the My Accounts section or the Useful Links area.

I