

**SCHEDULE OF BENEFITS**  
**COURIER, LIMO OR CABLE INSTALLERS - \$1,000,000**

This Schedule of Benefits is informational only. All terms and conditions are defined in the policy wording and will govern interpretation of claims. The actual amount payable to the Insured Person under the terms of the policy wording will depend on the circumstances of the Insured Person's claim. Please read the policy carefully.

**OCCUPATIONAL ACCIDENTS:**

**Coverage A: ACCIDENTAL DEATH AND DISMEMBERMENT**

**Applicable to Classes I and II:**

**I. Accidental Death**

**Lump Sum:**

**\$50,000**

**Survivors Benefit:**

**\$2,000/month, for  
up to 50 months**

**Maximum Accidental Death and Survivor Benefit:**

**\$150,000**

**III. Dismemberment**

**Loss Of:**

**Up to:**

**Both Hands or Both Feet**

**\$100,000**

**One Hand and One Foot**

**\$100,000**

**Sight of Both Eyes**

**\$100,000**

**Sight of One Eye and One Hand**

**\$100,000**

**One Hand or One Foot**

**\$50,000**

**Sight of One Eye**

**\$35,000**

**Speech**

**\$25,000**

**Hearing in Both Ears**

**\$25,000**

**One Finger or One Toe**

**\$2,500**

**Two Fingers or Two Toes**

**\$3,000**

**Three Fingers or Three Toes, or Thumb**

**\$4,000**

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

**II. Paralysis**

**Up To:**

**Quadriplegia**

**\$150,000**

**Paraplegia**

**\$75,000**

**Hemiplegia**

**\$75,000**

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Reduction of Benefits Table, the amount payable for any AD&D loss will be reduced when an Assured Person is age seventy (70) or older. The AD&D amount payable will be reduced by the applicable percentage shown in the following table:

**AGE ON DATE OF ACCIDENT AMOUNT OF REDUCTION**

<b>70 – 74</b>	<b>35%</b>
<b>75 – 79</b>	<b>55%</b>
<b>80 – 84</b>	<b>70%</b>
<b>85 and Older</b>	<b>85%</b>

**Coverage B: DISABILITY**

**Applicable to Class I**

**Benefit:** 75% of Average Weekly Earnings as defined by the policy up to \$500/week, \$125 minimum

**Elimination Period:** 7 days

**(Benefits paid from 1st day of disability after 8 days of disability)**

**Temporary Disability:** Up to 104 weeks. Medical care must begin within 90 days of a covered accident for disability to be payable under the policy wording.  
**(Disability from current occupation)**

**Permanent Disability:** 75% of Average Weekly Earnings as defined by the policy up to \$500/week, \$125 minimum  
**(Disabled from any occupation)**

**Hernia & Hemorrhoids** Up to \$10,000, maximum combined disability and medical benefits of \$10,000.

**Applicable to Class II**

**Weekly Benefit:** 75% of Average Weekly Earnings as defined by the policy up to \$300/week, \$50 minimum

**Elimination Period:** 7 days

**(Benefits paid from 1st day of disability after 8 days of disability)**

**Temporary Disability:** Up to 104 weeks. Medical care must begin within 90 days of a covered accident for disability to be payable under the policy wording.  
**(Disability from current occupation)**

**Permanent Disability:** 75% of Average Weekly Earnings as defined by the policy up to \$300/week, \$50 minimum  
**(Disabled from any occupation)**

**Hernia & Hemorrhoids** Limited to lifetime benefit of \$10,000

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**Coverage C: ACCIDENT MEDICAL EXPENSE:**

**Applicable to Classes I and II**

<b>Maximum Benefit:</b>	Up to \$1,000,000
<b>Duration of Benefit:</b>	104 weeks from the date of loss.
<b>Deductible</b>	N/A
<b>Hernia &amp; Hemorrhoids</b>	Up to \$10,000, maximum combined disability and medical benefits of \$10,000.
<b>Commencement Period:</b>	First expense must be incurred within 90 days of the accident.
<b>Incurral Period:</b>	Eligible expenses must be incurred within 104 weeks of the accident.

**POLICY ENHANCEMENTS:**

<b>Pre-Existing Condition</b>	\$10,000
<b>Seat Belt Rider</b>	\$25,000
<b>Seat Belt and Air Bag Rider</b>	\$25,000
<b>Severe Burn Benefit Rider</b>	\$25,000
<b>Occupational Cumulative Trauma</b>	\$25,000
<b>Advance Payment Rider</b>	60% of the TTD Benefit
<b>Repatriation of Remains</b>	\$15,000

**NON-OCCUPATIONAL ACCIDENTS:**

**Coverage A: ACCIDENTAL DEATH AND DISMEMBERMENT:**

**Applicable to Classes I and II**

<b>I.</b>	<b>Accidental Death</b>	
	<b>Lump Sum:</b>	\$15,000
	<b>Survivors Benefit:</b>	\$0
	<b>Maximum Accidental Death Benefit:</b>	\$15,000
<b>II.</b>	<b>Dismemberment</b>	
	<b>Loss Of:</b>	Up to:
	<b>Both Hands or Both Feet</b>	\$10,000
	<b>One Hand and One Foot</b>	\$10,000
	<b>Sight of Both Eyes</b>	\$10,000
	<b>Sight of One Eye and One Hand</b>	\$10,000
	<b>One Hand or One Foot</b>	\$10,000
	<b>Sight of One Eye</b>	\$10,000
	<b>Speech</b>	\$10,000
	<b>Hearing in Both Ears</b>	\$10,000
	<b>One Finger or One Toe</b>	\$2,500
	<b>Two Fingers or Two Toes</b>	\$2,500
	<b>Three Fingers or Three Toes, or Thumb</b>	\$3,000

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If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

<b>III. Paralysis</b>	<b>Up To:</b>	
<b>Lump Sum:</b>		<b>\$10,000</b>
<b>Quadriplegia</b>		<b>\$10,000</b>
<b>Paraplegia</b>		<b>\$10,000</b>
<b>Hemiplegia</b>		<b>\$10,000</b>

**Coverage B: DISABILITY**  
**Applicable to Classes I and II**

**Maximum Benefit:** Up to \$15,000

**Coverage C: ACCIDENT MEDICAL EXPENSE:**  
**Applicable to Classes I and II**

**Maximum Benefit:** Up to \$15,000

**Duration of Benefit:** 52 weeks from the date of loss.

**Deductible** N/A

**Commencement Period:** First expense must be incurred within 90 days of the accident.

**Incurral Period:** Eligible expenses must be incurred within 52 weeks of the accident.

**LIMITS OF LIABILITY**

**Occupational Accident**  
**Applicable to Classes I and II**

**Aggregate Per-Insured Person Limit of Liability (Combined Single Limit)** **\$1,000,000**  
**(All covered losses with respect to any one Occupational Accident.)**

**Total Aggregate Limit of Liability** **\$2,000,000**  
**(All covered losses with respect to all Insured Persons in any one Occupational Accident)**

**Non-Occupational Accident**  
**Applicable to Classes I and II**

**Aggregate Per-Insured Person Limit of Liability (Combined Single Limit)** **\$15,000**  
**(All covered losses with respect to any one Non-Occupational Accident.)**

**Total Aggregate Limit of Liability** **\$30,000**  
**(All covered losses with respect to all Insured Persons in any one Non-Occupational Accident)**

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**Description of Class**

**Class I:** All active, full time drivers over 18 and under the age of 75 earning more than \$400 per week who are contracted with the Policyholder, and for whom the required premium has been paid and a completed enrollment form has been signed.

**Class II:** All active, part time drivers over 18 and under the age of 75 earning less than \$400, but more than \$100 per week who are contracted with the Policyholder, and for whom the required premium has been paid and a completed enrollment form has been signed.

**Note:** The Assured Person must be over age 18 and under age 75 to enroll in the Plan.