



COVERING YOUR EMPLOYEES WHEN THEY GET INJURED

With Pan-American Life Insurance Company's Blanket Accident Insurance

For owners of a small business, their employees are one of the most important assets to the success of their business. So why not protect them when they get injured on the job. Pan-American Life Insurance Company offers protection for your employees for this very cause.

This brochure provides a brief summary of the program available under the Policy form WBA-19-P. This program provides accident insurance focused on protecting employees. Accident insurance provides benefits if a covered injury is sustained in a covered accident. It is not a substitute for Workers' Compensation or major medical insurance.

The information herein is solely an illustration of the requested benefits. This serves as a proposal of coverage and is not a contract of insurance. Coverage may not be available in all states or certain terms may be different if required by state law. Like most insurance policies there are certain exclusions, limitations and terms for keeping them in force. Aggregate limits may apply. Full details of the coverage are contained within the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Introduction

Blanket coverage protects your employees if they suffer an injury due to a Covered Accident. Obtaining coverage is an easy and simple process.

Why Blanket Accident Coverage?

Accidents happen at work every day. They can be minor (papercut) to major (death). In 2018, just over 2.8 million injuries or sicknesses and 5,250 deaths occurred at work ¹. Small businesses have a duty-of-care for their employees while they are working on behalf of your Company. With Blanket Accident Coverage from Pan-American Life Insurance Company, your employees will have peace of mind knowing they are protected.

¹Source is U.S. Bureau of Labor Statistics <https://www.bls.gov/iif/>

Who is covered?

Everyone who works for your company, no matter what their role is.

How to apply for this important coverage

Applying for this coverage can be accomplished in 3 simple steps
All you have to do is:

(1) Step One:

Review the plan design

(2) Step Two:

Complete the Questionnaire for Insurance

(3) Step Three:

Submit your documents along with payment to: _____

[Broker Information] will send confirmation and a welcome kit.

Coverage can start right away!

This is a brief summary of coverage that outlines the terms and conditions of a valuable offer of coverage and describes important features of the policy. If needed, a full specimen policy can be made available by request.

Eligibility

Class 1 – The Owner of the Policyholder

Class 2 – All Other Employees of the Policyholder

When does Coverage apply?

24-Hour World-Wide Coverage – Provides worldwide 24-hour Accidental Death & Dismemberment coverage when a Class 1 Insured suffers a Covered Loss anywhere in the world while insured under the Policy.

Full Occupational Coverage (including Business Travel) – Provides worldwide 24-hour Accidental Death & Dismemberment coverage when a Class 2 Insured suffers a Covered Loss while on the Policyholder’s premises; in the course of an Insured’s job or on a Business Trip authorized by the Policyholder.

What benefits are included with Blanket Accident coverage?

	Class 1	Class 2
Accidental Death	\$25,000	\$10,000
Accidental Dismemberment	Up to \$25,000	Up to \$10,000
Accident Medical Expense		
Maximum Amount	\$10,000	\$10,000
Deductible	\$250 per Accident	\$250 per Accident
Benefit Period	1 year	1 year
Brain Death	\$5,000	\$5,000
Coma	\$25,000	\$25,000
Depression Counseling	\$100 per session, 10 sessions	\$100 per session, 10 sessions
Emergency Room / Urgent Care Facility	\$100 per visit, 2 visits	\$100 per visit, 2 visits
Extended Felonious Assault	\$10,000	\$10,000
Home Alteration or Vehicle Modification	\$10,000	\$10,000
Home Health Care	\$2,500	\$2,500
Hospital Confinement	\$250 per day for 30 days	\$250 per day for 30 days
Living	\$15,000	\$15,000
Mortgage Repayment	\$5,000 for 12 months	\$5,000 for 12 months
Occupational Retraining	\$5,000	\$5,000
Paralysis	\$100,000	\$100,000
Prosthesis	\$5,000	\$5,000
Weekly Accident Indemnity	50% of Base Weekly Earnings up to \$250 per week for 52 weeks	50% of Base Weekly Earnings up to \$100 per week for 52 weeks

Description of Coverage

Accidental Death and Dismemberment Benefit – If Injury to an Insured results from a Covered Accident and within 365 days from the date of the Covered Accident, We will pay the Benefit Amount shown below. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Four Fingers of the Same Hand	25% of the Principal Sum

Member means hand or foot, sight, speech, and hearing. Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete separation and dismemberment of the part from the body through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Accident Medical Expense Benefit – We will reimburse up to the Benefit Amount, if an Insured suffers a Covered Injury that, within 90 days, requires the Insured to be treated by a Doctor. We will pay the Coinsurance percentage of the Usual and Customary charges incurred for Covered Medical Services that are Medically Necessary and received due to that Covered Injury. The benefit is payable only for such charges incurred after the Deductible has been met. Benefits are then payable for charges incurred within the Benefit Period. No benefits will be paid for any expenses incurred that, in Our judgement, are in excess of Usual and Customary charges. Benefits are payable in excess of any other Benefit Plan with an Integrated Deductible.

Brain Death Benefit – We will pay the Benefit Amount, if the Insured suffers a Covered Injury that results in Brain Death within 365 days of the Covered Accident that causes the Covered Injury, as determined by a Doctor. Brain Death means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain.

Coma Benefit – We will pay the Benefit Amount if an Insured becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days. We will pay this Benefit in periodic payments. Periodic payments will end on the first of the following dates: (1) the end of the month in which the Insured dies; (2) the end of the Benefit Period; (3) the end of the month in which the insured recovers from the Coma. Coma means a profound state of unconsciousness, as determined by a Doctor according to the Glasgow Coma Scale, from which an Insured cannot be aroused to consciousness even by powerful stimulation.

Depression Counseling Benefit – We will pay the Benefit Amount for each counseling session, when the Insured requires and completes counseling sessions due to a Covered Accident that leaves the Insured feeling Depressed. To be eligible for this benefit counseling sessions must meet all of the following conditions: (1) the sessions must begin within 180 days of the Covered Accident; (2) all sessions payable under this benefit must be complete within one year from the date of the Covered Accident; (3) counseling must be provided under the: care; supervision; or order of a Doctor; (4) a charge would have been made if no insurance existed. Depressed means an Illness that involves the body, mood and thoughts and that affects the way an Insured eats, sleeps, feels about himself or herself, and things about things. A Doctor must certificate that the Insured is Depressed.

Emergency Room / Urgent Care Facility Benefit – We will the Benefit Amount if the Insured requires treatment due to a Covered Accident in an Emergency Room or Urgent Care Facility.

Extended Felonious Assault Benefit – We will pay the Benefit Amount when the Insured suffers a Covered Injury for which benefits are payable under the Accidental Death and Dismemberment Benefit caused by or resulting from a Felonious Assault committed or attempted against an Insured while such Insured is performing the duties of his or her regular occupation. Felonious Assault means any willful and unlawful use of force by an individual against an Insured in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or the equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the incident occurs.

Home Alteration and Vehicle Modification Benefit –

We will pay the Benefit Amount when the Covered Person suffers a Covered Loss, other than a Loss of Life, from a Covered Accident. This benefit will be payable if all of the following conditions are met: (1) prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle; (2) as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; (3) the Covered Person requires home alteration or vehicle modification within 1 year(s) of the date of the Covered Accident.

Home Health Care Benefit – We will pay the Benefit Amount if due to Covered Injuries the Insured is confined to his or her home after a Hospital Confinement of at least 7 days. In order to receive benefits under this Benefit, the Insured must receive Home Health Care within 6 months of the Covered Injury. No Benefit Amount for Home Health Care shall be paid if: (1) treatment is educational, experimental or investigational or does not constitute accepted medical practice; or (2) services are provided by a person who is an Immediate Family Member.

Hospital Confinement Benefit – We will pay the Benefit Amount if the Insured is Hospital Confined and all of the following conditions are met: (1) the Hospital Confinement is the direct result of Covered Injuries that occurs while the Policy is in effect; (2) the Hospital Confinement begins within 1 day from the Covered Accident and last for the Benefit Waiting Period. Benefit payments will end on the first of the following dates: (1) the date the Hospital Confinement ends; (2) the date the Insured dies; (3) the date the Benefit Period for this benefit ends; or (4) the date insurance under this Policy ends.

Living Benefit – We will pay the Benefit Amount if the Insured (1) has a Terminal Condition due to participating in the Covered Activities; (2) is under 65 years of age when the Terminal Condition due to participating in a Covered Activities commenced; and (3) requested in writing that a portion of the amount of his or her Accidental Death Benefit Amount be paid as a Living Benefit Option. The Living Benefit Option Amount is the lesser of: (1) 50% of the Insured’s Accidental Death Benefit Amount; or (2) the Benefit Amount for this Benefit. The Insured’s Accidental Death Benefit Amount payable upon his or her death will be reduced by any Living Benefit Option Amount already received for

this Benefit. Terminal Condition means the Insured has a life expectancy of 12 months or less due to a Covered Injury sustained in a Covered Accident as defined under this Policy.

Mortgage Repayment Benefit – We will pay the Benefit Amount if the Insured dies, get dismembered as a result of a Covered Injury and an Accidental Death and Dismemberment Benefit is payable under this Policy. In order for this Benefit to be payable: (1) the Insured must have a surviving Spouse or Domestic Partner at the time of his or her death, dismemberment; (2) the surviving Spouse or Domestic Partner must be a Co-borrower on the Mortgage; and (3) there must be an outstanding balance on the Mortgage loan at the time of the Insured’s death, dismemberment. This Benefit will be paid monthly until the earliest of: (1) the Insured’s Spouse or Domestic Partner dies; (2) the Mortgage loan is paid in full; (3) the house is sold; and (4) the Benefit Period.

Occupational Retraining Benefit – We will pay the Benefit Amount if as a result of a Covered Injury, the Insured is unable to engage in their current occupation and chooses to enroll in an Education or Training Program. Benefits under this Benefit will be available upon completion of 6 months coverage under this Policy. The objective of the selected Education or Training Program must be to return the Insured to work in an occupation to which he or she is suited. The Education or Training Program must be agreed upon by the Insured and Us. The Insured must remain continuously enrolled in the Education or Training Program for its full duration. If the insured returns to an occupation during the course of the Education or Training Program for a period of 30 days, the We will cease issuing benefit payments under this Benefit. The benefits under this Benefit will be excess of any benefits paid or payable under a workers’ compensation law, occupational disease law or similar law.

Paralysis Benefit – We will pay the Percentage of Maximum Benefit shown below up to the Benefit Amount when the insured suffers a Covered Injury within 365 days of the date of the Covered Accident, resulting in any one of the types of Paralysis specified below. The percentage of the Maximum Benefit is shown in the table below and is subject to all applicable policy conditions and exclusions.

<u>Covered Loss</u>	<u>Percentage of Maximum Benefit</u>
Quadriplegia	100%
Paraplegia	75%

Hemiplegia	50%
Uniplegia	25%

Quadriplegia means permanent total paralysis of both upper and both lower limbs. Hemiplegia means permanent total paralysis of the upper and lower limbs on one side of the body. Paraplegia means permanent total paralysis of both lower limbs. Uniplegia means permanent total paralysis of one upper or one lower limb.

Prosthesis Benefit – We will pay the Benefit Amount if the Insured suffers a Covered Injury for which the Accidental Dismemberment Benefit is payable under this Policy and: (1) such Covered Injury requires use of a Prosthetic Device; and the Prosthetic Device is required within 365 days of the Covered Accident that caused the Covered Injury. Prosthetic Device means a removable artificial substitute or replacement of a part of the body. A Prosthetic Device does not include: (1) dental aids, including false teeth or other artificial dental services; (2)

eyeglasses; (3) cosmetic prosthesis such as hair wigs; (4) other types of prosthesis devices that are permanently implanted such as artificial hip or tooth; (5) any Experimental Prosthesis; or (6) any auditory prosthesis.

Weekly Accident Indemnity Benefit – We will pay the Benefit Amount if an Insured is Totally Disabled as a direct result of a Covered Accident. Benefit will begin when: (1) the applicable Benefit Waiting Period for this Benefit is satisfied and (2) the Insured provides satisfactory proof of Total Disability to Us. Benefit payments will end on the first of the following dates: (1) the date the Insured dies; (2) the date the Insured is no longer Totally Disabled; (3) the date the Benefit Period for this benefit ends; or (4) the date the Insured fails to submit satisfactory proof of continuing Total Disability. Totally Disabled or Total Disability means the Insured is unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.

Optional Benefits

Specified Disease(s) Benefit – We will pay the Maximum Benefit Amount, if (1) the Insured is Diagnosed for the first time by a Doctor as having a Covered Condition and the Diagnosis is made while this Benefit is in force; (2) the Covered Condition is not a Pre-Existing Condition; (3) the Covered Condition is first Diagnosed after 30 days from the Insured’s Effective Date; (4) none of the exclusions and limitations described in this Benefit or Policy apply; (5) the Insured survives for a period of not less than 30 days after the first Diagnosis of a Covered Condition. If Diagnosis of Cancer can only be made post mortem, liability shall be assumed retroactively beginning with the terminal date of hospital admission for not less than 30 days before the date of death; (6) the Insured signs up for this Benefit prior to age 65; and (7) the Insured is less than age 70.

The Maximum Benefit Amount will be reduced as described below: (1) if the amount of the Benefit on this and any other Specified Disease(s) Benefit or Policy issued by Us for the Insured exceeds \$100,000, the benefit amount for each such Benefit and policy will be decreased proportionately such that the sum of all benefit amounts becomes \$100,000 before any claim is paid. We will adjust the premiums for such Benefits or policies and refund to the Insured the excess of premiums already paid over the premiums that should have

been paid for the new benefit amount, without interest.

Covered Condition include: (1) Invasive Cancer; (2) In-Situ Cancer; (3) Heart Attack (Myocardial Infarction); (4) Coronary Artery Bypass Graft; (5) Kidney (Renal) Failure; (6) Major Organ Transplant; (7) Paralysis; (8) Stroke; (9) Coma. Please read the policy for the definition of each Covered Condition.

Diagnosis means the definitive establishment, acceptable to Us, of the condition listed in this Benefit through the use of clinical and/or laboratory findings and subject to the terms and conditions of this Benefit. The Diagnosis must be made by a Doctor who is a board-certified specialist where required under the terms of this Benefit. We reserve the right to request a Doctor of our choice to review any Specified Disease(s) Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of such Diagnosis. We reserve the right to require the Insured to submit to an examination to confirm a disputed Diagnosis. We also reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review. Pre-Existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within 6 month period

before the Insured's coverage effective date. A Pre-Existing Condition is excluded from coverage for a period of 6 months following the Insured's coverage effective date. If the Insured is Diagnosed with a condition listed in this Benefit that is determined to be a Pre-Existing Condition, no benefit amount is payable for that listed condition. We may have the Insured examined by a Doctor of Our choosing at Our expense.

For the purpose of this Benefit, the Exclusion Section of the Policy is amended to include the following: (1) Benign tumors or polyps that are histological described as non-malignant, pre-malignant or non-invasive; (2) All tumors, benign or malignant, in the presence of HIV infection; (3) All skin cancers with the exception of invasive melanoma classified as Clark level II or higher or having a thickness measured in excess of 0.75 mm; (4) All tumors of the prostate, unless having progressed to at least TNM classification T2 N0 M0 or histological classified as having a Gleason score greater than 6; (5) Chronic Lymphocytic Leukemia (CLL) unless Rai Stage 3 or

greater; (6) Papillary micro invasive cancer of the thyroid, bladder, cervix or breast; (7) Refusing certain types of recommended medical treatment as follows: (a) A Doctor has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Insured refuses this treatment, and the Insured suffers a heart attack. (b) A Doctor has recommended treatment for a brain aneurysm or carotid artery stenosis, the Insured refuses treatment, and the Insured suffers a stroke. (c) A Doctor has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Insured refuses, and the Insured develops cancer; (8) Conditions that have not been Diagnosed by a Doctor; (9) Condition that were Diagnosed after this Benefit has been terminated; (10) If the Insured's date of birth or age was misstated on the application and, using the correct date of birth or age, this Benefit would not have become effective or would have terminated prior to Diagnosis of a listed condition; (11) Pre-Existing Conditions

COVERAGE	MAXIMUM BENEFIT AMOUNT
Invasive Cancer	\$5,000
In-Situ Cancer	\$500
Heart Attack	\$3,750
Coronary Artery Bypass Graft	\$3,750
Kidney Failure	\$2,500
Major Organ Transplant	\$2,500
Paralysis	\$2,500
Stroke	\$2,500
Coma	\$2,500

General Limitation and Exclusions

Economic Sanction – We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

Exposure and Disappearance – Benefits as shown in the Policy will be payable if an Insured suffers a Covered Loss which results from unavoidable exposure to the elements following a Covered Accident. If the Insured disappears and is not found within 1 year after the Insured's Spouse or Domestic Partner or personal representative has exhausted all law enforcement resources following the date of the an avalanche, or wrecking, sinking or disappearance

of the conveyance in which the Insured was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Insured's death resulting directly and independently of all other causes from a Covered Accident.

Limitation on Multiple Covered Losses – If a Covered Person suffers more than one Covered Loss as a result of the same Accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Policies: If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.

General Exclusions: The following exclusions apply to all Benefits or Coverage under this Policy. Additional exclusions may apply to specific Benefits or Coverage. Please read this entire Policy carefully.

1. suicide or attempted suicide.
2. internationally self-inflicted injury.
3. war or any act of war, whether declared or not. War or act of war does not include acts of terrorism.
4. Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
5. piloting or serving as a crewmember.
6. commission of or attempt to commit: a felony; an assault; or other illegal activity.
7. active participation in a riot or insurrection.
8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as:
 - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
10. an Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program.
11. travel in any aircraft: owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
12. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
13. the insured being under the influence of drugs or intoxicants while operating a motorized vehicle. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater.
14. participation in professional; club; intercollegiate; interscholastic; intramural sports.

Accident Medical Expense Benefit Exclusions: The following exclusions apply to all Benefits or Coverage under this Policy. Additional exclusions may apply to specific Benefits or Coverage. Please read this entire Policy carefully.

1. suicide or attempted suicide.
2. internationally self-inflicted injury.
3. war or any act of war, whether declared or not. War or act of war does not include acts of terrorism.
4. Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
5. piloting or serving as a crewmember.
6. commission of or attempt to commit: a felony; an assault; or other illegal activity.
7. active participation in a riot or insurrection.
8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as:
 - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
10. an Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program.
11. travel in any aircraft: owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year.

12. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
13. the insured being under the influence of drugs or intoxicants while operating a motorized vehicle. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater.
14. participation in professional; club; intercollegiate; interscholastic; intramural sports.
15. pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
16. compliance of pregnancy or miscarriage, except as a result of a Covered Accident;
17. elective or cosmetic surgery, except for reconstructive surgery needed as a result of a Covered Injury;
18. treatment or service provided by a private duty nurse;
19. routine physical exams and medical services or wellness visits;
20. overuse symptoms including, but not limited to, bursitis; tendonitis; shin splints; stress fractures; heat exhaustion; heat stroke; heat prostration; malfunction of the heart; embolism; reinjuries or the aggravation thereof; sprains; hernia; strains; muscle tears; repetitive motion injuries and/or treatment of injuries that result over a period of time (such as blisters and tennis elbow) and that are normal result of participation in a Covered Activities;
21. expenses due to an aggravation or re-injury of a Pre-Existing Condition;
22. chiropractic adjustment or spinal/neck manipulation;
23. mental and nervous disorders;
24. medical emergency evacuation;
25. experimental or investigative treatment or procedures;
26. treatment by persons employed or retained by the Policyholder or by an Immediate Family Member;
27. treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered Injury;
28. blood; blood plasma; or blood storage except expenses by a Hospital for processing or administration of blood;
29. covered medical expenses for which the Insured would not be responsible for in the absence of this Policy;
30. conditions that are not cause by a Covered Accident;
31. participation in any activity or Coverage not specifically covered by this Policy;
32. any: treatment; service or supply not specifically covered by this Policy;
33. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals;



Questionnaire for Insurance

Applicant Information

Name of Applicant: _____
(legal name of entity)

Nature of Entity: _____ SIC Code: _____ Tax ID (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

Premium

The Policyholder is responsible for the collection and remittance of all required premium. Premium is calculated as follows:

Class 1	Number of Employees: _____	X	Annual Rate	\$350.00	Total Premium	\$
Class 2	Number of Employees: _____	X	Annual Rate	\$66.00	Total Premium	\$
					Total Annual Policy Premium:	\$

Additional premium to add Critical Illness Benefit to the policy

Number of Employees: _____	X	Annual Rate	\$70.00	Total Premium	\$	
					Total Annual Policy Premium:	\$

Annual Rate is Per Person, Per Year.

Effective Date of Coverage

Request Effective Date of Coverage: _____

Producer Information

Agent or Broker

Name of Firm

Address

Email

Phone

Producer Number in Policyholder's State

Commission Requested

Important Fraud Notice

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Printed Name of Applicant

Authorized Signature of Applicant

Date

Title