This is a summary of the accident insurance We provide on behalf of the Policyholder to You if You are within a class of eligible persons described in the Schedule and if the required premiums are paid when due.

BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE PROVIDES ACCIDENT COVERAGE ONLY.
THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

THIS IS A SUMMARY OF COVERAGE ONLY WHICH SUMMARIZES AND EXPLAINS THE PARTS OF THE POLICY WHICH APPLY TO YOU.

FOR ALL TERMS AND CONDITIONS OF COVERAGE, PLEASE REVIEW THE POLICY ISSUED TO THE POLICYHOLDER AND ON FILE WITH THEM AT THEIR PLACE OF BUSINESS. YOU CAN OBTAIN A COPY OF THE POLICY FROM THE POLICYHOLDER.

THIS CERTIFICATE IS NOT AN INSURANCE POLICY. IN THE EVENT OF A CONFLICT OF PROVISIONS BETWEEN THE POLICY AND THIS CERTIFICATE, THE PROVISIONS OF THE POLICY WILL GOVERN.

IMPORTANT NOTICE
THIS IS NOT A WORKERS’ COMPENSATION POLICY AND IS NOT A SUBSTITUTE FOR WORKERS’ COMPENSATION COVERAGE.

PLEASE READ THIS CERTIFICATE CAREFULLY
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION I</th>
<th>SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION II</td>
<td>GENERAL DEFINITIONS</td>
</tr>
<tr>
<td>SECTION III</td>
<td>EFFECTIVE DATES AND TERMINATION DATES</td>
</tr>
<tr>
<td>SECTION IV</td>
<td>PREMIUMS</td>
</tr>
<tr>
<td>SECTION V</td>
<td>BENEFITS</td>
</tr>
<tr>
<td>SECTION VI</td>
<td>ADDITIONAL BENEFITS</td>
</tr>
<tr>
<td>SECTION VII</td>
<td>LIMITS OF LIABILITY</td>
</tr>
<tr>
<td>SECTION VIII</td>
<td>GENERAL EXCLUSIONS AND LIMITATIONS</td>
</tr>
<tr>
<td>SECTION IX</td>
<td>CLAIM PROVISIONS</td>
</tr>
<tr>
<td>SECTION X</td>
<td>GENERAL PROVISIONS</td>
</tr>
</tbody>
</table>
THIS CERTIFICATE IS NOT WORKERS’ COMPENSATION AND DOES NOT REQUIRE PRE-AUTHORIZATION OF A PHYSICIAN FOR COVERED SERVICES OR TREATMENT. YOU MAY CONSULT US AT 1-800-821-5401 TO DETERMINE IF A SERVICE OR TREATMENT IS COVERED.

YOU CANNOT BE COVERED BY ANY OTHER OCCUPATIONAL ACCIDENT POLICY ISSUED BY US. IF YOU PAY PREMIUM BUT ARE NOT ELIGIBLE FOR COVERAGE OR DO NOT QUALIFY FOR BENEFITS UNDER THE POLICY, WE WILL REFUND ANY UNEARNED PREMIUM PAID IN ERROR.

SECTION I - SCHEDULE

Policy Effective Date: 1/01/2013

Policy Period: 1/01/2013 to 1/01/2014

Policy Premium Due Date: 1/01/2013

Policy Number: OCA 5465558

Policyholder: Independent Contractors of Landstar System, Inc.
1000 Simpson Rd.
Rockford, IL 61102

Eligible Persons

You are eligible to become an **Insured Person** under the **Policy** if **You** meet the following criteria:

**CLASS I:** Actively at Work Owner/Operators who have enrolled for coverage under this **Policy**.
**CLASS II:** Actively at Work Contract Drivers who have enrolled for coverage under this **Policy**.
### Benefits Summary

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Occupational Injuries</th>
<th>Non-Occupational Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accidental Death Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Sum*</td>
<td>$75,000.00</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Commencement Period</td>
<td>365 days</td>
<td>365 days</td>
</tr>
<tr>
<td><strong>Survivor's Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Sum*</td>
<td>$225,000.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Monthly Benefit Amount</td>
<td>$2,500.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Accidental Dismemberment Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Sum*</td>
<td>$100,000.00</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Commencement Period</td>
<td>365 days</td>
<td>365 days</td>
</tr>
<tr>
<td><strong>Accidental Paralysis Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Sum*</td>
<td>$150,000.00</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Commencement Period</td>
<td>365 days</td>
<td>365 days</td>
</tr>
<tr>
<td><strong>Accident Medical Expense Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commencement Period</td>
<td>90 days</td>
<td>90 days</td>
</tr>
<tr>
<td>Deductible Amount</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Maximum Benefit Amount</td>
<td>$2,000,000.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>104 weeks</td>
<td>104 weeks</td>
</tr>
<tr>
<td>Dental Benefit Maximum</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Lifetime Maximum Benefit Amount</td>
<td>$2,000,000.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Physical, Occupational, or Work Hardening Therapies</td>
<td>To a maximum-combined</td>
<td>To a maximum-combined</td>
</tr>
<tr>
<td>Ambulance for Medically Necessary Services</td>
<td>5 round trip to and from a Hospital to a Maximum of $25,000.00 per Accident</td>
<td>1 round trip to and from a Hospital to a Maximum of $7,500.00 per Accident</td>
</tr>
<tr>
<td>Acupuncture Care and Chiropractic Care</td>
<td>$1,000.00 per Injury</td>
<td>$1,000.00 per Injury</td>
</tr>
<tr>
<td>Mental and Nervous or Depressive Condition</td>
<td>1 visit per day to a maximum of $25.00 per visit and 20 visits per Accident</td>
<td>1 visit per day to a maximum of $25.00 per visit and 20 visits per Accident</td>
</tr>
<tr>
<td>Pre-Existing Conditions</td>
<td>$25,000.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Occupational Cumulative Trauma</td>
<td>$50,000.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Occupational Disease</td>
<td>$50,000.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Temporary Total Disability Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commencement Period</td>
<td>180 days</td>
<td>90 days</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>7 days</td>
<td>7 days</td>
</tr>
<tr>
<td>Benefit Percentage</td>
<td>75% of AWE</td>
<td>75% of AWE</td>
</tr>
<tr>
<td>Minimum Weekly Benefit Amount</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Maximum Weekly Benefit Amount</td>
<td>$600.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Maximum Benefit Period**</td>
<td>104 weeks</td>
<td>104 weeks</td>
</tr>
<tr>
<td>Maximum Benefit Period for Hernia</td>
<td>90 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Maximum Benefit Period for Hemorrhoid</td>
<td>90 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Maximum Benefit Period for Occupational Trauma</td>
<td>90 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Maximum Benefit Period for Occupational Disease</td>
<td>90 days</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Continuous Total Disability Benefit: ***

<table>
<thead>
<tr>
<th><strong>Waiting Period</strong></th>
<th>( \text{Benefit Percentage} )</th>
<th>( \text{Minimum Weekly Benefit Amount} )</th>
<th>( \text{Maximum Weekly Benefit Amount} )</th>
<th>( \text{Maximum Benefit Amount} )</th>
<th>( \text{Maximum Benefit Period} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \text{equals Maximum Benefit Period for Temporary Total Disability} )</td>
<td>75% of AWE</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>( \text{Benefit Percentage} )</td>
<td>75% of AWE</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>( \text{Minimum Weekly Benefit Amount} )</td>
<td>$50.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>( \text{Maximum Weekly Benefit Amount} )</td>
<td>$600.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>( \text{Maximum Benefit Amount} )</td>
<td>$300,000.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>( \text{Maximum Benefit Period} )</td>
<td>Up to age 70, but not beyond full Social Security retirement age</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Additional Benefits:**

- **Seat Belt Benefit**
  - $10,000.00
  - N/A

### Limits of Liability:

<table>
<thead>
<tr>
<th><strong>Combined Single Limit of Liability</strong></th>
<th>( \text{Aggregate Limit of Liability} )</th>
<th>( \text{Sub Limits of Liability} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \text{Combined Single Limit of Liability} )</td>
<td>$2,000,000.00</td>
<td>$4,000,000.00</td>
</tr>
<tr>
<td>( \text{Aggregate Limit of Liability} )</td>
<td>$15,000.00</td>
<td>$30,000.00</td>
</tr>
</tbody>
</table>

**Sub Limits of Liability:**

- **Combined Single Limit of Liability for:**
  - Occupational Disease
    - $50,000.00
    - N/A
  - Occupational Cumulative Trauma
    - $50,000.00
    - N/A

* Starting at age 75, the Principal Sum shall be based on the following schedule:

<table>
<thead>
<tr>
<th>Age at Date of Loss</th>
<th>Percent of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>100%</td>
</tr>
<tr>
<td>76</td>
<td>100%</td>
</tr>
<tr>
<td>77</td>
<td>100%</td>
</tr>
<tr>
<td>78</td>
<td>100%</td>
</tr>
<tr>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td>80 and over</td>
<td>100%</td>
</tr>
</tbody>
</table>

** If an Insured Person suffers an Injury at or after age 75 the Maximum Benefit Period shall be two (2) year.

*** If an Insured Person sustains an Injury within six months or less of attaining his or her full Social Security retirement age, as defined by the United States Social Security Administration, the Insured Person does not qualify for the Continuous Total Disability Benefit.
SECTION II - GENERAL DEFINITIONS

**Accident** means an unintended or unforeseeable event or occurrence that occurs while coverage is in effect under the Policy.

**Actively at Work** means under Dispatch for at least 30 hours each week.

**Aggregate Limit of Liability** shown in the Schedule is the maximum amount We will pay under the Policy for all Covered Losses with respect to all Insured Persons arising out of all Injuries sustained as the result of any one Accident.

**Assignment** means the Policyholder has offered and You have accepted a shipment of freight as recorded in the books and records of the Policyholder in the ordinary course of business.

**Certificate** means this Truckers Occupational Accident Insurance Certificate.

**Company** means Zurich American Insurance Company.

**Co-Owner** means a person who has partial ownership of a vehicle operating as an Owner/Operator.

**Combined Single Limit of Liability** means, with respect to You, the maximum amount that We will pay for all Covered Loss under the Policy for or in connection with Injury to You resulting from any one Accident. When the Combined Single Limit of Liability has been reached, no further benefits shall be payable under the Policy, with respect to You, for or in connection with Injury sustained as the result of that one Accident.

**Commencement Period** means the period between the date of the Accident that caused the Injury and the date on which the Covered Loss must occur for benefits to be payable under the Accidental Death Benefit, the Accidental Dismemberment Benefit, Accidental Paralysis Benefit, Accident Medical Expense Benefit and/or the Temporary Total Disability Benefit.

**Contract Driver** means an individual who:
1. has a valid and current commercial driver’s license on the effective date of enrollment;
2. is authorized by an Owner/Operator to operate a power unit owned or leased by an Owner/Operator and must neither own nor lease the power unit;
3. is compensated on a basis other than time expended in the performance of work;
4. is responsible for determining the route and time for Assignment;
5. has the principal duty to operate the power unit;
6. is classified as an independent contractor by the Policyholder and the Owner/Operator who has engaged his or her services and not as an employee for purposes of workers’ compensation insurance, federal income taxes, state income taxes, social security, unemployment insurance, or for any other purpose, unless workers’ compensation coverage is not mandatory for such person as an employee of either the Policyholder or Owner/Operator; and
7. receives for federal income tax reporting purposes a 1099 and not a W-2.

**Covered Loss**, in the singular or plural, means one or more of the losses or expenses identified in Sections V and VI of this Certificate that are not specifically excluded herein.

**Cumulative Trauma or Repetitive Conditions** means Occupational conditions that impair the normal physiological function of the body over an extended period, but do not arise as the result of a single Accident.

**Dependent Child(ren)** means Your unmarried children, including natural children from the moment of birth, step or foster children, or adopted children from the date of the final decree of adoption, who are:
1. under age 26 if he or she relies on You for more than 50% of his or her support and is taken as a dependent on Your Federal Income Tax Return;
2. under age 30 if he or she: (a) is an Illinois resident, (b) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and (c) has received a release or discharge other than a dishonorable discharge; or
3. incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on You for support and maintenance as defined herein.
We may require proof of the Dependent Child(ren)'s incapacity and dependency within 60 days before the Dependent Child(ren) reached the age limit specified above. We may request that satisfactory proof of the Dependent Child(ren)'s continued incapacity and dependency be submitted to Us on an annual basis. If the requested proof is not furnished within 31 days of the request, such child(ren) shall no longer be considered Dependent Child(ren) as of the end of that 31 day period.

Dispatch means the time during which You are on Assignment or You are performing tasks prior to or after an Assignment to prepare the contracted vehicle for a current or future Assignment. Dispatch must be authorized by the Policyholder and includes the following:
1. in route to pick up a load;
2. picking up a load;
3. in route to delivering a load;
4. unloading a load;
5. the waiting time for a load;
6. returning from delivering a load;
7. in route to, returning from or performing a pre-trip inspection as required by a recognized governmental agency and/or the contracted motor carrier;
8. while performing vehicle maintenance or repairs on the contracted vehicle during any of the foregoing times; and
9. while performing verifiable vehicle maintenance or repairs on the contracted vehicle; and
10. performing activities to comply with federal or state laws or to satisfy contracted motor carrier requirements.

Eligible Person(s) means a Class I or Class II individual described in the Schedule.

Household Member means a person who maintains residence at the same address as You and is not an Immediate Family Member.

Immediate Family Member means Your Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent, stepparent, brother, sister, stepbrother, stepsister, child, child who has been legally adopted, or stepchild.

Injury, in the singular or plural, means bodily injury caused by an Accident, which occurs while You are covered under the Policy and the Injury must result directly and independently of disease or illness, in a Covered Loss. All Injuries sustained by You in any one Accident shall be considered a single Injury.

Insured Person(s) means an Owner/Operator or Contract Driver:
1. who is enrolled for coverage under the Policy;
2. who has paid the required premium when due; and
3. whose coverage is in effect under the Policy.

Maximum Benefit Amount means the maximum amount that We will pay under the Continuous Total Disability Benefit or the Accident Medical Expense Benefit. The applicable Maximum Benefit Amount is shown in the Schedule.

Maximum Benefit Period means the maximum period that We will pay benefits, after the Waiting Period, under the Temporary Total Disability Benefit, the Continuous Total Disability Benefit or the Accident Medical Expense Benefit. The applicable Maximum Benefit Period is shown in the Schedule.

Maximum Weekly Benefit Amount means the maximum amount that We will pay each week under the Temporary Total Disability Benefit or the Continuous Total Disability Benefit. The applicable Maximum Weekly Benefit Amount is shown in the Schedule.

Mental and Nervous or Depressive Condition means mental, nervous or emotional diseases or disorders of any type including schizophrenia, dementia, organic brain syndrome, delirium, amnesia syndromes, and organic delusional or hallucinogenic syndromes.

Minimum Weekly Benefit Amount means the minimum amount that We will pay each week under the Temporary Total Disability Benefit or the Continuous Total Disability Benefit. The applicable Minimum Weekly Benefit Amount is shown in the Schedule.
Non-Occupational means benefits payable for an Injury due to an Accident sustained by You while not under Dispatch.

Occupational means, with respect to an activity, Accident, incident, circumstance or condition involving You, that the activity, Accident, incident, circumstance or condition occurs or arises out of or in the course of You performing services within the course and scope of contractual obligations for the Policyholder, and while under Dispatch. Occupational does not encompass any period during the course of everyday travel to and from work, other than as allowed under Dispatch, or while on vacation.

Occupational Assessment means a test of vocational capabilities, including review of medical records, Injury and treatment, history and background (education, military, previous occupation(s)), and evaluation of basic skills such as reading, understanding, spelling and/or math capabilities, and vocational alternatives.

Occupational Cumulative Trauma means bodily injury that impairs the normal physiological function of the body caused by the combined effect of repetitive physical Occupational activities extending over a period of time and does not arise as the result of a single Accident, when:
1. such condition is diagnosed by a Physician;
2. Your last day of last performance of the activities causing the bodily injury occurred while Your coverage is in effect; and
3. such bodily injury resulted directly, and independently of all other causes, in a Covered Loss.

Occupational Disease means a sickness that results in disability or death, and is caused by exposure to environmental or physical hazards during the course of Your Occupational activities, when:
1. such sickness is diagnosed by a Physician and is generally accepted by the National Centers for Disease Control to be a disease caused by such hazards;
2. exposure to such hazards is not an Accident but is caused or aggravated by the conditions under which You perform Occupational activities;
3. Your last day of last exposure to the environmental or physical hazards causing such sickness occurs while Your coverage is in effect; and
4. such exposure results directly and independently of disease or bodily infirmity in a Covered Loss.

Owner/Operator means an individual who leases to or from the Policyholder and:
1. has a valid and current commercial driver’s license on the effective date of enrollment;
2. owns or leases a power unit;
3. is responsible for the maintenance and operating costs of the power unit, including, but not limited to fuel, repairs and supplies;
4. is compensated on a basis other than time expended in the performance of work;
5. is responsible for determining the route and time for Assignment;
6. has the right to select or reject the load;
7. has a written contract or Assignment from the Policyholder and is classified as an independent contractor by the Policyholder and not as an employee for purposes of workers’ compensation insurance, federal income taxes, state income taxes, social security, unemployment insurance or for any other purpose; and
8. receives for federal income tax reporting purposes a 1099 not a W-2.

Physician means a qualified medical doctor acting within the scope of his or her license who is not:
1. You;
2. an Immediate Family Member;
3. a Household Member; or
4. a practitioner retained by the Policyholder.

Policy means the Truckers Occupational Accident Insurance Policy issued to the Policyholder.

Policyholder means the entity named as Policyholder in the Schedule.

Policy Period means the period shown in the Schedule, subject to prior termination pursuant to Section III of the Policy.

Pre-Existing Condition means a condition for which You have sought or received medical advice or treatment at any time during the twelve months immediately preceding Your effective date of coverage under the Policy.
**Principal Sum** means the maximum amount that **We** will pay under the Accidental Death Benefit, the Survivor’s Benefit, the Accidental Dismemberment Benefit or the Accidental Paralysis Benefit. The applicable **Principal Sum** is shown in the **Schedule** and is subject to the **Combined Single Limit of Liability** and the ** Aggregate Limit of Liability**.

**Schedule** means SECTION I of the **Policy** and this **Certificate**.

**Spouse** means **Your** legal spouse.

**Third Party** in the singular or plural means, but is not limited to, the following:
1. the party that caused the **Accident, Injury** or other medical condition and any insurer or indemnifier thereof;
2. **Your** insurer including, but not limited to, uninsured motorist, underinsured motorist, medical payment or no-fault insurers; or
3. any other person, entity, policy or plan that is liable or legally responsible to make payments in relation to the **Accident, Injury** or other medical condition.

**Waiting Period** means the consecutive number of days **You** must be Temporarily Totally Disabled or Continuously Totally Disabled before benefits become payable under the **Policy**. Temporary Total Disability Benefits and Continuous Total Disability Benefits are not retroactive to the first day of disability. The **Waiting Period** is shown in the **Schedule**.

**We, Us, and Our** means Zurich American Insurance Company.

**You, Your, and Yourself** means the **Insured Person** to whom a **Certificate** is issued.

### SECTION III - EFFECTIVE DATES AND TERMINATION DATES

#### Policy Effective and Termination Dates

1. **Policy Effective Date.** The **Policy** begins on the Policy Effective Date shown in the **Schedule** at 12:01 A.M. Standard Time at the address of the **Policyholder** where the **Policy** is delivered.

2. **Policy Termination Date.** The **Policy** will terminate at 12:01 A.M. Standard Time at the **Policyholder's** address on the earliest of:
   a. the Policy Premium Due Date shown in the **Schedule**, subject to the Policy Grace Period set forth in Section IV of the **Policy**;
   b. the date specified in the written notice of **Our** intent to terminate the **Policy**, which will be at least thirty (30) days after the date **We** send such notice to the **Policyholder's** last known recorded address;
   c. the date specified in the written notice of the **Policyholder's** intent to terminate the **Policy**, which will be at least thirty (30) days after the date the **Policyholder** sends such notice to **Us**; or
   d. at the expiration of the **Policy Period**.

   If **We** terminate the **Policy**, any unearned premium will be returned on a pro-rata basis. If the **Policyholder** requests termination, **We** will return any unearned premium paid on a pro-rata basis. Termination will not affect any claim for a **Covered Loss** occurring prior to the effective date of termination.

#### Owner/Operator's Effective and Termination Dates

1. **Owner/Operator's Effective Date.** An **Owner/Operator's** coverage under the **Policy** begins on the latest of:
   a. the Policy Effective Date shown in the **Schedule**;
   b. the date the **Owner/Operator** becomes an **Insured Person**; or
   c. if an individual application is required, the date the written application is received by the **Policyholder** or an authorized person designated by the **Policyholder**.

   Coverage is not effective until the first premium is paid when due. If premium is paid when due, coverage is effective on the later of a, b or c above. If premium is not paid when due, coverage will not be in effect.

2. **Owner/Operator's Termination Date:** An **Owner/Operator's** coverage under the **Policy** ends on the earliest of:
   a. the date the **Policy** is terminated;
   b. the Policy Premium Due Date shown in the **Schedule**, subject to the Policy Grace Period set forth in Section IV of the **Policy**;
   c. the date the **Owner/Operator** requests, in writing, that his or her coverage be terminated; or
   d. the date the **Owner/Operator** ceases to be an **Insured Person**.
Contract Driver's Effective and Termination Dates

1. Contract Driver's Effective Date. A Contract Driver's coverage under the Policy begins on the latest of:
   a. the Policy Effective Date shown in the Schedule;
   b. the date the Contract Driver becomes an Insured Person; or
   c. if an individual application is required, the date the written application is received by the Policyholder or an authorized person designated by the Policyholder.

   Coverage is not effective until the first premium payment is paid when due. If premium is paid when due, coverage is effective on the later of a, b or c above. If premium is not paid when due, coverage will not be in effect.

2. Contract Driver's Termination Date. A Contract Driver's coverage under the Policy ends on the earliest of:
   a. the date the Policy is terminated;
   b. the Policy Premium Due Date shown in the Schedule, subject to the Policy Grace Period set forth in Section IV of the Policy;
   c. the date the Contract Driver requests, in writing, that his or her coverage be terminated;
   d. the date the Contract Driver ceases to be an Insured Person; or
   e. the date the Owner/Operator, with whom the Contract Driver is under contract, ceases to be an Insured Person and/or whose contract with the Policyholder terminated.

A change in Your coverage under the Policy due to a change in Your eligible class or benefit selection becomes effective on the later of: (1) the date the change in Your eligible class or benefit selection occurs; or (2) if premium change is required, the date the first changed premium is paid. However, a change in coverage applies only with respect to Accidents that occur after the change becomes effective.

SECTION IV - PREMIUMS

PREMIUMS

Premiums are payable to Us in the amount shown in the Schedule. We may change the required premiums due by giving the Policyholder at least sixty (60) days advance written notice. We may change the required premiums as a condition of any renewal of the Policy. We may also change the required premiums at any time when any change affecting premiums is made in the Policy.

We may re-underwrite and may change the terms and conditions of the Policy including the premium rate on the date when the number of Insured Persons under the Policy exceeds or is less than the number of Insured Persons in the prior month by fifteen percent (15%) or more. The Policyholder shall provide Us with written notice of such increase or decrease in the number of Insured Persons at least thirty (30) days prior to the effective date of such change.

PLAN AND EXPOSURE CHANGES

The Policyholder must notify Us of any subsidiary or affiliated company that is to be covered under the Policy. Such notice must be sent within thirty (30) days of the acquisition of such subsidiary or affiliated company. If such notice is not provided, the newly acquired entity will not be considered a part of the Policyholder and the owner/operators or contract drivers will not be Insured Persons until the date that notice is provided. We have the right to decline coverage or adjust premium based on the changing exposure.

YOUR PREMIUM

Your Premium is shown in the Schedule and shall be payable as follows:
1. if You enroll on or prior to the fifteenth (15th) day of the month, You shall pay an amount equal to the full monthly premium. No premium shall be payable for the last full or partial month of coverage; and
2. if You enroll after the fifteenth (15th) day of the month, You shall pay a premium equal to the full monthly premium beginning on the first of the month following the month during which coverage becomes effective. With respect to the last full or partial month of coverage, You shall pay an amount equal to the monthly premium.

YOUR GRACE PERIOD

A grace period of thirty-one (31) days will be provided for the payment of Your Premium due after the first premium. Your coverage will not be terminated for non-payment of premium during this grace period if You pay the premium due by the last day of this grace period. Your coverage will terminate if the full amount of the premium due is not paid by the last day of this grace period.

U-OA-402-A IL (08/09)
POLICY GRACE PERIOD
A grace period of thirty-one (31) days will be provided for the payment of any premium due after the first premium. The Policy will not be terminated for nonpayment of premium during this grace period if the Policyholder pays all premiums due by the last day of this grace period. The Policy will terminate on the premium due date if all premiums due are not paid by the last day of this grace period. No Policy Grace Period will be provided if We receive notice to terminate the Policy prior to a premium due date.

If We expressly agree to accept late payment of a premium without terminating the Policy, We do so in accordance with the Noncompliance With Policy Requirements provision in Section X of the Policy. In such case, the Policyholder will be liable to Us for any unpaid premiums for the time the Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by Us in the collection of all overdue amounts.

WAIVER OF PREMIUM
During the period in which You are receiving a Temporary Total Disability Benefit or Continuous Total Disability Benefit, premiums will be waived from the first premium due date on or after the benefit begins to the premium due date following the date the benefit ceases, at which time premium payments must resume. If premium payments are not resumed on that date, Your coverage under the Policy shall terminate on that date. You are responsible for reporting Waiver of Premium to the Policyholder or an authorized person designated by the Policyholder or Us.

SECTION V - BENEFITS

ACCIDENTAL DEATH BENEFIT
If Injury to You results in death within the Commencement Period, We will pay the Principal Sum to the beneficiary in accordance with the Payment of Claims provision in Section IX of the Certificate.

SURVIVOR'S BENEFIT
If an Accidental Death Benefit is payable under the Policy, We will pay the Monthly Benefit Amount, up to the Principal Sum, to Your surviving Spouse.

If You are not survived by a Spouse, or if Your Spouse dies or remarries, We will pay or continue to pay the Survivor's Benefit to Your surviving Dependent Child(ren), if any. If there is more than one surviving Dependent Child, the Survivor's Benefit will be distributed equally among the surviving Dependent Children. Payment of the Monthly Benefit Amount will end on the earliest of the following:
1. the date Your Spouse dies or remarries, if there are no Dependent Child(ren);
2. the date Your last Dependent Child dies or is no longer a Dependent Child; or
3. the date the Principal Sum has been paid.

If You are not survived by a Spouse or any Dependent Child(ren), We will not pay a Survivor's Benefit.

For this benefit, the following definition applies:

Monthly Benefit Amount means the product of the Monthly Benefit Percentage shown in the Schedule multiplied by the Principal Sum.

EXPOSURE AND DISAPPEARANCE BENEFIT
If You are exposed to weather because of an Accident, which results in a Covered Loss, We will pay the applicable Principal Sum, subject to all Policy terms.

If Your body has not been found within one year after Your disappearance, stranding, sinking or wrecking of a power unit in which You were an occupant, then it will be presumed, subject to all other terms and provisions of the Policy, that You have suffered Accidental Death within the meaning of the Policy. If You are found and identified, We have the right to recover any benefits paid.
ACCIDENTAL DISMEMBERMENT BENEFIT
If Injury to You results in any one of the Losses specified below within the Commencement Period, We will pay the Percentage of the Principal Sum shown below:

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Percentage of the Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

If more than one Loss is sustained by You as a result of the same Accident, only one amount, the largest, will be paid.

For this benefit, the following definition applies:

Loss, in the singular or plural, 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; and Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

PARALYSIS BENEFIT
If Injury to You results in any Type of Paralysis specified below within the Commencement Period, We will pay the Percentage of the Principal Sum shown below:

<table>
<thead>
<tr>
<th>Type of Paralysis:</th>
<th>Percentage of the Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

If You sustain more than one Type of Paralysis as a result of the same Accident, only the largest single amount will be considered a Covered Loss.

For this benefit, the following definitions apply:

Quadriplegia means the complete and irreversible paralysis of both upper and both lower Limbs.

Paraplegia means the complete and irreversible paralysis of both lower Limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

Uniplegia means the complete and irreversible paralysis of one Limb.

Limb, in the singular or plural, means entire arm or entire leg.

TEMPORARY TOTAL DISABILITY BENEFIT
If Injury to You results in Temporary Total Disability within the Commencement Period and You are under age 75 on the day the Temporary Total Disability begins, We will pay the following amount, after the Waiting Period:

1. for each week of a Temporary Total Disability during a Single Period of Total Disability the Temporary Total Disability Benefit is equal to the lesser of:
   a. the Benefit Percentage shown in the Schedule of the Average Weekly Earnings; or
   b. the Maximum Weekly Benefit Amount;
2. for less than a full Benefit Week of Temporary Total Disability, the Temporary Total Disability Benefit is one seventh (1/7) of the Weekly Benefit Amount for each day of Temporary Total Disability.
The Temporary Total Disability Benefit shall cease on the earliest of the following:
1. the date You are no longer Temporarily Totally Disabled;
2. the date You die;
3. the date the Maximum Benefit Period has been reached; or
4. the date on which the Temporary Total Disability is not substantiated by objective medical evidence satisfactory to Us.

For this benefit, the following definitions apply:

Average Weekly Earnings means:
1. for Owner/Operators:
   Thirty-three percent (33%) of the gross income You received, less fuel surcharges, in the twelve (12) weeks prior to the Injury, divided by twelve (12). If You worked less than twelve (12) weeks prior to the Injury, then thirty-three percent (33%) of the gross income received, divided by the number of weeks worked. You will have to produce proof of the number of weeks worked, if You worked less than twelve (12) weeks. If You sustain an Injury within seven (7) days of Your contract date with the Policyholder, We will use thirty-three percent (33%) of the average gross income received by other Insured Persons who were contracted within the last three (3) months prior to the Injury. If You and/or the Policyholder are unwilling or unable to produce any evidence of the gross income received in the twelve (12) weeks prior to the Injury, then We will use thirty-three percent (33%) of the gross income You received in the prior year as shown on Your federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of Your prior occupation.
2. for Contract Drivers:
   Seventy-five percent (75%) of the gross income You received in the twelve (12) weeks prior to the Injury, divided by twelve (12). If You worked less than twelve (12) weeks prior to the Injury, then seventy-five percent (75%) of the gross income received, divided by the number of weeks worked. You will have to produce proof of the number of weeks worked, if You worked less than twelve (12) weeks. If You sustain an Injury within seven (7) days of Your contract date with the Policyholder, We will use seventy-five percent (75%) of the average gross income received by other Insured Persons who were contracted within the last three (3) months prior to the Injury. If You and/or the Policyholder are unwilling or unable to produce any evidence of the gross income received in the twelve (12) weeks prior to the Injury, then We will use seventy-five percent (75%) of the gross income You received in the prior year as shown on Your federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of Your prior occupation provided You were not an Owner/Operator. If You were an Owner/Operator, then We will use 33% of the gross income.

You must produce proof of Your gross income and the number of weeks worked. Otherwise, We will pay the Minimum Benefit.

Weekly Benefit Amount means the lesser of seventy percent (75%) of the Average Weekly Earnings or the Maximum Weekly Benefit Amount. In no event will the Weekly Benefit Amount be less than the Minimum Weekly Benefit Amount.

Benefit Week means a seven (7) day period beginning on the first day of Temporary Total Disability after the Waiting Period and on the same day of each week thereafter.

Continuous Care means monthly monitoring or evaluation of the disabling condition by a Physician. We must receive proof of continuing Temporary Total Disability on a monthly basis.

Single Period of Total Disability means all periods of Temporary Total Disability due to the same or related causes (whether or not insurance has been interrupted) except any of the following, which are considered separate periods of disability:
1. successive periods of Temporary Total Disability due to entirely different and unrelated causes, separated by at least one full day during which You are not Temporarily Totally Disabled; or
2. successive periods of Temporary Total Disability due to the same or related causes, separated by at least six (6) months during which You are not Temporarily Totally Disabled.

Temporary Total Disability or Temporarily Totally Disabled means disability that:
1. prevents You from performing the Material and Substantial Duties of Your occupation as a commercial truck driver;
2. requires the care and treatment of a Physician; and
3. requires that and results in Your receiving Continuous Care.
If you do not adhere to the treatment plan the Physician prescribes relating to your disabling condition, you shall not qualify for the Temporary Total Disability Benefit. During this period, you cannot engage in any activity which results in earned income.

**Material and Substantial Duties** means a duty or duties which you are required to perform under the terms of the written contract with the Policyholder or Owner/Operator and as described in your application.

**Offsets**

Subject to the **Minimum Weekly Benefit Amount**, the Temporary Total Disability Benefit shall be reduced by:

1. Social Security disability benefits excluding any amounts for which your dependents may qualify because of your disability;
2. Social Security retirement benefits;
3. the amount of any disability income benefits from any Third Party; and
4. the amount you receive as compensation for lost wages or lost income in a lawsuit or the settlement of a lawsuit.

You must provide tax schedules and returns to us for the purpose of calculating this offset.

**CONTINUOUS TOTAL DISABILITY BENEFIT**

If injury to you resulting in temporary total disability subsequently results in continuous total disability, we will pay the following, after the Waiting Period:

1. for each month of a continuous total disability, the continuous total disability benefit is four and three-tenths (4.3) times the weekly benefit amount for temporary total disability; or
2. for less than a full benefit week of continuous total disability, the continuous total disability benefit is one seventh (1/7) of the weekly benefit amount for each day of continuous total disability, but only if:
   a. temporary total disability benefits ceased solely because the maximum benefit period has been reached, but you remain disabled;
   b. you are not within six (6) months or less of attaining your full social security retirement age, as defined by the United States Social Security Administration, on the day after the maximum benefit period for temporary total disability has been reached;
   c. you have been granted a social security disability award for your disability (if you cannot meet the credit requirement for a social security disability award you cannot qualify for the continuous total disability benefit even if you would otherwise qualify);
   d. your disability is reasonably expected to continue without interruption until you die and is substantiated by objective medical evidence satisfactory to us;
   e. the injury resulting in a continuous total disability occurred before you are within six (6) months or less of attaining your full social security retirement age, as defined by the United States Social Security Administration; and
   f. the injury began within the commencement period; and
   g. the temporary total disability was not principally due to a mental and nervous or depressive condition.

The continuous total disability benefit shall cease on the earliest of the following:

1. the date you are no longer continuously totally disabled;
2. the date you die;
3. the date your social security disability award ceases;
4. the date the maximum benefit period has been reached;
5. the date that the maximum benefit amount has been paid; or
6. the date on which continuous total disability is not substantiated by objective medical evidence satisfactory to us.

For this benefit, the following definitions apply:

**Average Weekly Earnings** will be calculated as follows:

1. for owner/operators:
   thirty-three percent (33%) of the gross income you received, less fuel surcharges, in the twelve (12) weeks prior to the injury, divided by twelve (12). if you worked less than twelve (12) weeks prior to the injury, then thirty-three percent (33%) of the gross income received, divided by the number of weeks worked. you will have to produce proof of the number of weeks worked, if you worked less than twelve (12) weeks. if you sustain an injury within seven (7) days of your contract date with the policyholder, we will use thirty-three percent (33%) of the average gross income received by other insured persons who were contracted within the last three (3) months prior to the injury. if you
and/or the Policyholder are unwilling or unable to produce any evidence of the gross income received in the twelve (12) weeks prior to the Injury, then We will use thirty-three percent (33%) of the gross income You received in the prior year as shown on Your federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of Your prior occupation.

2. for Contract Drivers:
   Seventy-five percent (75%) of the gross income You received in the twelve (12) weeks prior to the Injury, divided by twelve (12). If You worked less than twelve (12) weeks prior to the Injury, then seventy-five percent (75%) of the gross income received, divided by the number of weeks worked. You will have to produce proof of the number of weeks worked, if You worked less than twelve (12) weeks. If You sustain an Injury within seven (7) days of Your contract date with the Policyholder, We will use seventy-five percent (75%) of the average gross income received by the other Insured Persons, who were contracted within the last three (3) months prior to the covered Injury. If You and/or the Policyholder are unwilling or unable to produce any evidence of the gross income received in the twelve (12) weeks prior to the Injury, then We will use seventy-five percent (75%) of the gross income You received in the prior year as shown on Your federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of Your prior occupation provided You were not an Owner/Operator. If You were an Owner/Operator, then We will use 33% of the gross income.

You must produce proof of Your gross income and the number of weeks worked. Otherwise, We will pay the Minimum Benefit.

Weekly Benefit Amount means the lesser of seventy percent (75%) of the Average Weekly Earnings or the Maximum Weekly Benefit. In no event will the Weekly Benefit Amount be less than the Minimum Weekly Benefit Amount.

Benefit Week means a seven (7) day period beginning on the day after the Maximum Benefit Period for Temporary Total Disability has been reached, and on the same day of each week thereafter.

Continuous Total Disability or Continuously Totally Disabled means disability that:
1. prevents You from performing the duties of any occupation for which You are qualified by reason of education, training or experience;
2. requires the care and treatment of a Physician; and
3. requires that, and results in, Your receiving Continuous Care.

We must receive proof of continuing Continuous Total Disability on a quarterly basis; provided however, that We may waive requirements 2 and 3. If You do not adhere to the treatment plan the Physician prescribes relating to Your disabling condition, You shall not qualify for Continuous Total Disability. During this period, You cannot engage in any activity which results in earned income.

Continuous Care means at least quarterly monitoring or evaluation of the disabling condition by a Physician.

Offsets
Subject to the Minimum Weekly Benefit Amount, the Continuous Total Disability Benefit shall be reduced by:
1. Social Security disability benefits excluding any amounts for which Your dependents may qualify because of Your disability;
2. Social Security retirement benefits;
3. the amount of any disability income benefits from any Third Party; or
4. the amount You receive as compensation for lost wages or lost income in a lawsuit or the settlement of a lawsuit.
You must provide tax schedules and returns to Us for the purpose of calculating this offset.

ACCIDENT MEDICAL EXPENSE BENEFIT
If You suffer an Injury requiring treatment by a Physician within the Commencement Period, We will pay the Usual and Customary Charges incurred for Medically Necessary Services or Charges received or incurred due to such Injury, up to the Maximum Benefit Amount and Maximum Benefit Period for all Injuries caused by a single Accident, subject to any applicable Deductible Amount.

For this benefit, the following definitions apply:
Ambulatory Medical Center means a facility that:
1. operates under the laws of the state in which it is situated;
2. has a staff of Physicians and permanent facilities that are equipped and operated primarily for the purpose of providing medical services or performing subject procedures; and
3. provides continuous Physician and Graduate Registered Nurse (RN) services whenever a patient is in the facility.

Ambulatory Medical Center does not include a Hospital, Physician’s office or clinic.

Custodial Services means any services which are not intended primarily to treat a specific injury. Custodial Services include, but shall not be limited to, services:
1. related to watching or protecting You;
2. related to performing or assisting You in performing any activities of daily living, such as:
   a. walking;
   b. grooming;
   c. bathing;
   d. dressing;
   e. getting in or out of bed;
   f. toileting;
   g. eating;
   h. preparing foods; or
   i. taking medications that can usually be self-administered; and
3. that are not required to be performed by trained or skilled medical or paramedical personnel.

Durable Medical Equipment means equipment of a type that is designed primarily for use by people who are injured (for example, a wheelchair or a Hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of Injury or can be used for rehabilitation or improvement of health (for example, a spa or a stationary bicycle).

Deductible Amount means the total amount of Medically Necessary Services or Charges that must be paid by You before any Accident Medical Expense Benefit is paid under the Policy. We shall not be responsible for any Medically Necessary Services or Charges within the Deductible Amount as set forth in the Schedule.

Extended Care Facility means an institution that meets all of the following requirements:
1. operates under the laws of the state that it is situated in;
2. is approved by the United States Department of Health and Human Services or its successor;
3. is regularly engaged in providing skilled nursing care of sick or injured persons as inpatients at the patient's expense;
4. provides 24 hour a day nursing service by or under the supervision of a registered nurse;
5. provides skilled nursing care under the supervision of a Physician; and
6. maintains a daily medical record of each patient.

Home Health Care means nursing care and treatment of You in Your home as part of a treatment plan prescribed by the attending Physician, which is provided by a Hospital or agency certified to provide such services, but only if it:
1. begins within seven (7) days after discharge from a Hospital; and
2. follows a Hospital confinement of five (5) days or more.

Hospital means a facility that:
1. operates under the law of the state in which it is situated;
2. is approved by the United States Department of Health and Human Services or its successor;
3. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
4. has 24-hour nursing service by registered nurses on duty or on call; and
5. is supervised by one or more Physicians.

A Hospital does not include:
1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
2. a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged, or any ward, room, wing or other section of a hospital that is used for such purposes; or
3. any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.
Medically Necessary Services or Charges means one or more of the following, but only if each: (a) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; and (c) is ordered by a Physician and performed under his or her care, supervision or order:

1. Hospital room and board charges or room and board charges in an intensive care unit; Hospital ancillary services (including but not limited to, use of the operating room or emergency room); use of an Ambulatory Medical Center; and Hospital charges for in-patient treatment of a Mental and Nervous or Depressive Condition, as shown in the Schedule;
2. treatment by a Physician of a covered Mental and Nervous or Depressive Condition due to an Injury, as shown in the Schedule;
3. Ambulance service to or from a Hospital, as shown in the Schedule;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. Physical, Occupational or Work Hardening Therapies, Chiropractic Care and Acupuncture, as shown in the Schedule;
9. Durable Medical Equipment rental charges, up to the actual purchase price of such equipment;
10. the initial supply, but not any replacement of: casts, splints, trusses, braces, artificial limbs and artificial eyes;
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
12. repair or replacement of Sound Natural Teeth damaged or lost as a result of Injury, up to the Dental Benefit Maximum, if any, shown in the Schedule;
13. Extended Care Facility; or

Personal Comfort or Convenience Item(s) means those items that are not Medically Necessary Services or Charges for the care and treatment of the Injury, including but not limited to: (1) a non-essential private Hospital room; (2) television rental; and (3) Hospital telephone charges.

Sound Natural Teeth means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.

Usual and Customary Charge(s) means an amount(s) that:
1. does not exceed the usual cost for similar treatment, services or supplies in the locality in which it is incurred; or for a Hospital room and board charge other than for stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board or the fee set by the workers' compensation insurance fee schedule, if applicable; and
2. does not include charges that would not have been made if no insurance existed; and
3. does not exceed the cost of a generic drug, if available. We will only pay up to seventy-five percent (75%) of a non-generic drug if a generic drug is available.

ACCIDENT MEDICAL EXPENSE BENEFIT EXCLUSIONS
In addition to the General Exclusions and Limitations in Section VIII of the Policy, Medically Necessary Services or Charges do not include expenses for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or repair of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums;
3. eye glasses or contact lenses;
4. hearing aids or hearing examinations;
5. rental of Durable Medical Equipment if the total rental expense exceeds the usual purchase price for similar equipment in the locality where the expense is incurred, unless authorized by Us;
6. Custodial Services;
7. Personal Comfort or Convenience Items;
8. services of any government Hospital for which You are not liable for payment;
9. any expenses covered by a Third Party or any other insurance;
10. expenses incurred which are more than the Usual and Customary Charge;
11. cosmetic, plastic or restorative surgery unless otherwise covered;
12. expenses which You are not legally obligated to pay;
13. an Extended Care Facility stay that does not follow a Hospital confinement of five (5) days or more;
14. any mileage costs or lodging expenses, unless authorized by Us;
15. any translation costs, unless authorized by Us; or
16. Home Health Care services provided by an Immediate Family Member or Household Member.

SECTION VI - ADDITIONAL BENEFITS

SEAT BELT BENEFIT
If You suffer an Injury directly resulting from an automobile Accident resulting in a Covered Loss payable under the Accidental Death Benefit or Survivor's Benefit, We will pay an additional benefit equal to ten percent (10%) of the Principal Sum up to a maximum of ten thousand dollars ($10,000), but only if You were:
1. operating or riding as a passenger in a motorized vehicle designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the Accident.

Your actual use of the seat belt or lap and shoulder restraints must be verified in the official law enforcement report of the Accident, through certification by the investigating officers; or by other reasonable proof, acceptable to Us.

SECTION VII - LIMITS OF LIABILITY

The Combined Single Limit of Liability shown in the Schedule is the maximum amount We will pay under the Policy for all Covered Loss with respect to You arising out of Injury sustained by You as the result of any one Accident or Occurrence. The term Occurrence means a single event or related events or originating cause occurring within a 24-hour period.

The Aggregate Limit of Liability shown in the Schedule is the maximum amount We will pay under the Policy for all Covered Losses with respect to all Insured Persons arising out of all Injuries sustained as the result of any one Accident.

If either the Combined Single Limit of Liability or the Aggregate Limit of Liability is not enough to pay all Covered Loss, We will pay reduced benefit amounts based upon the proportion that the Covered Loss bears to each benefit or expected total benefits that would otherwise be payable. If the total benefits are unknown, We will determine the total expected benefits for You.

Limitation on Multiple Covered Loss. If You suffer more than one Covered Loss under one benefit as a result of the same Accident, We will pay only up to the largest Covered Loss amount.

Limitation on Multiple Benefits. If You can recover benefits under two or more of the Accidental Death Benefit, Accidental Dismemberment Benefit, Coma Benefit or the Accidental Paralysis Benefit as a result of the same Accident, We will pay only up to the highest applicable Principal Sum.

SECTION VIII - GENERAL EXCLUSIONS AND LIMITATIONS

The Policy does not cover any losses which are the direct result of any of the following:
1. suicide or any attempt at suicide; intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any Injury resulting from a provoked attack;
2. sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning or routine and temporary non chronic sickness or illness such as a cold, cough, headache or nausea;
3. a Pre-existing Condition, until You have been continuously covered under the Policy for twelve (12) consecutive months;
4. Occupational Cumulative Trauma or Cumulative Trauma and Repetitive Conditions, unless shown in the Schedule;
5. **Occupational Disease**, unless shown in the **Schedule**;
6. performing, learning to perform or instructing others to perform as a crew member of any vessel while covered under the Jones Act or the United States Longshoremen and Harbor Workers’ Act, or similar coverage;
7. declared or undeclared war, or any act of declared or undeclared war;
8. full-time active duty in the armed forces of any country or international authority;
9. any **Injury** for which **You** are entitled to benefits pursuant to any workers' compensation law or other similar legislation;
10. any loss insured by employers' liability insurance;
11. **You** being intoxicated:
   a. **You** are conclusively deemed to be intoxicated if the level of alcohol in **Your** blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle, regardless of whether **You** are in fact operating a motor vehicle when the **Injury** occurs; and
   b. an autopsy report from a licensed medical examiner, law enforcement officer reports or similar items will be considered proof of **Your** intoxication;
12. **You** being under the influence of any illegal substance, drug, narcotic, or hallucinogen, unless such drug, narcotic, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage;
13. **Your** commission of or attempt to commit a felony or a Class A misdemeanor;
14. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if **You** are:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the **Policyholder** or **You**;
15. skydiving, parasailing, hang-gliding, bungee-jumping or any similar activity; or
16. charges incurred for treatment of a covered **Injury**, when **You** obtain compensation for the covered **Injury** from a **Third Party**.

**INCARCERATION LIMITATION**

Benefits provided to **You** will cease while **You** are incarcerated in a penal facility. The benefit will resume, as if the benefits had been paid, subject to all **Policy** conditions, when **You** are released from such facility.

**SECTION IX - CLAIM PROVISIONS**

**NOTICE OF CLAIM**

Written notice of claim must be received by us within twenty (20) days after **Your** loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to us at Gallagher Bassett Services, Inc. P.O. Box 419797 Kansas City, MO 64141 with information sufficient to identify **You**, is deemed notice to us.

**CLAIM FORMS**

**We** will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within thirty (30) days after the giving of notice, the claimant will be deemed to have met the Proof of Loss requirements upon submitting, within the time fixed in the **Policy** for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include **Your** name, the **Policyholder's** name and the **Policy Number**.

**PROOF OF LOSS**

Written Proof of Loss acceptable to us must be received by us within ninety (90) days after the date of the loss. If the loss is one for which the **Policy** requires continuing eligibility for periodic benefit payments, subsequent written proof acceptable to us must be received by us, at such intervals as we may reasonably require, establishing continued eligibility for the benefit. Failure to furnish such proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give such proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time such proof is otherwise required. **We** have a right to investigate any documents that **You** shall make available to us upon request.
PAYMENT OF CLAIMS
Upon receipt of written proof of death, payment for loss of life of You will be made to Your beneficiary or, if there is no beneficiary designated, Your survivors in the following order:
1. Your Spouse;
2. Your child(ren);
3. Your parents;
4. Your brothers and sisters;
5. Your estate.

Upon receipt of written Proof of Loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) You. If You die before all payments due have been made, the amount still payable will be paid to Your beneficiary or, if there is no beneficiary designated, Your survivors in the order as listed above.

BENEFICIARY DESIGNATION AND CHANGE
Your designated beneficiary(ies) is (are) the person(s) so named by You as shown on the Policyholder's records kept on the Policy.

A legally competent Insured Person over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured Person is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment which is made prior to receipt of the request.

Except for the Survivor's Benefit, if there is no designated beneficiary or no designated beneficiary is living after Your death, payment will be made to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding one thousand dollars ($1,000) may be made, at Our option, to any relative by blood or connection by marriage of the payee, who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

We shall pay benefits directly to any Hospital or person rendering covered services, unless You request otherwise in writing and provides proof that payment was made directly to such Hospital or person. Such request must be made no later than the time Proof of Loss is filed. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

TIME OF PAYMENT OF CLAIM
Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid within thirty (30) days upon Our receipt of written Proof of Loss. Benefits payable periodically under the Policy will be paid at four (4) week intervals during the continuance of the period for which We are liable, subject to Our receipt of written Proof of Loss, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

REHABILITATION
We will consider paying for a rehabilitation program for You based on an Occupational Assessment provided You are receiving benefits under either the Temporary Total Disability Benefit or the Continuous Total Disability Benefit. The rehabilitation program must be mutually agreed upon by You and Us. The extent of Our participation will be determined solely by Us. Any benefits payable will continue during Your rehabilitation unless otherwise agreed to by Us.

SUNSET
In no event shall benefits under the Policy be payable unless written Proof of Loss is received by Us within three (3) years from the date of the Accident.

ARBITRATION
An arbitration provision is not a substitute for Your right to maintain a legal action if You so desire, and in no way affects or limits Your ability to take legal action in a court of law, prior to voluntarily agreeing to enter into an arbitration proceeding.
Any controversy of claim arising out of or relating to the Policy, or the breach thereof, may be settled by arbitration. The arbitration will be conducted pursuant to the applicable rules of the American Arbitration Association and in accordance with the Uniform Arbitration Act 710 ILCS 51 et seq. within a reasonable time limit (30 (thirty) days after the parties agree to arbitrate their dispute is a reasonable time limit for selecting and appointing independent arbitrators, 15 (fifteen) days is a reasonable time limit for an expedited review). The arbitration may be binding on both parties, but in all instances must be entered into on a voluntary basis. Arbitrators must be fair, impartial, and free of any conflicts of interest or the appearance of a conflict of interest.

By voluntarily agreeing to enter into an arbitration proceeding, the parties should be aware and understand that they may be giving up certain rights to have their dispute settled in and by a court of law, except to the extent Illinois law may provide for judicial review of arbitration proceedings.

The arbitration shall occur at the offices of the American Arbitration Association nearest to You or the person claiming to be the beneficiary. The arbitrator(s) shall not award consequential or punitive damages in any arbitration under this section. This provision does not apply if You or the person claiming to be the beneficiary is a citizen of a state where the law does not allow binding arbitration in an insurance policy but only if the Policy is subject to its laws. In such a case, binding arbitration does not apply. Non-binding arbitration is required and no legal action may be brought by You, the beneficiary, or Us until thirty (30) days after the arbitrator(s) issues a non-binding award. This provision bars the institution of any individual or class action lawsuit brought by You or the beneficiary if the parties voluntarily agree to an arbitration proceeding.

Any arbitration provision in no way affects Your ability to file a complaint with the Illinois Department of Financial and Professional Regulation, Division of Insurance, Consumer Services division, 320 West Washington, Springfield, Illinois 62727.

SECTION X - GENERAL PROVISIONS

ENTIRE CONTRACT
The Policy, together with any riders, endorsements, amendments, applications, enrollment forms and attached papers, if any, make up the entire contract between the Policyholder and Us. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by You will be used in any contest unless a copy of the statement is furnished to You or Your beneficiary or personal representative.

No changes in the Policy will be valid until approved by an officer of Our’s. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

CERTIFICATE OF INSURANCE
We will provide the Policyholder with a Certificate of Insurance, in either paper or electronic format, for delivery to each Insured Person, where required by state law. Such Certificate of Insurance will contain a summary of terms that affect benefits.

INCONTESTABILITY
The validity of the Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date shown in the Schedule, except as to nonpayment of premiums.

POLICYHOLDER RECORDS
The Policyholder will keep a record of the coverage, premium, beneficiary designation and other pertinent administrative information for each Insured Person which, if acceptable to Us, shall be deemed to be a part of the Policy. We may examine these records at any reasonable time while the Policy is in force and for six (6) years after the termination of the Policy. The Policyholder will report to Us within a reasonable time all changes in information regarding an Insured Person. The Policyholder shall indemnify Us for any benefits or other payments that are caused in whole or in part by the Policyholder’s negligence or error in performing the administration described herein.

PHYSICAL EXAMINATION AND AUTOPSY
We have the right, at Our own expense, to examine the Insured Person whose Injury is the basis of a claim, when and as often as it may be reasonably required while a claim is pending. We may also require an autopsy where it is not prohibited by law.

LEGAL ACTIONS
In those states where binding arbitration is not allowed, no legal action for a claim can be brought against Us until sixty (60) days after receipt of written Proof of Loss. In those states where binding arbitration is not allowed, no legal action for a claim can be brought against Us more than three (3) years (six (6) years in South Carolina and Wisconsin, five (5) years in Kansas, Florida and Tennessee) after the time for giving written Proof of Loss. In those states where binding arbitration is allowed, binding arbitration shall supersede this provision.

NONCOMPLIANCE WITH POLICY REQUIREMENTS
Any express waiver by Us of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

CONFORMITY WITH STATE STATUTES
Any provision of the Policy that, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered, is hereby amended to conform to the minimum requirements of such laws.

CLERICAL ERROR
Clerical error, whether by the Policyholder, the Producer or Us, in keeping records pertaining to the Policy, will not:
1. invalidate coverage otherwise validly in force; or
2. continue coverage otherwise validly terminated.

DATA REQUIRED
The Policyholder must maintain adequate records acceptable to Us and provide any information required by Us relating to this insurance.

AUDIT
We will have the right to inspect and audit, at any reasonable time, all records and procedures of the Policyholder that may have a bearing on this insurance.

ASSIGNMENT
The Policy is non-assignable.

SUBROGATION
We have the right to recover all payments including future payments, which We have made to You or on behalf of Your covered dependents, heirs, guardians or executors or will be obligated to pay in the future to You, from any Third Party. If You recover from any Third Party, We will be reimbursed first from such recovery to the extent of Our payments to You. You agree to assist Us in preserving Our rights against any Third Party, including but not limited to, signing subrogation forms supplied by Us.

MADE WHOLE DOCTRINE
We have the right to recover any and all monies paid (or payable) to or on behalf of You and to any and all claims of or on behalf of You, to the extent of benefits paid by the Policy, and regardless of whether or not the beneficiary has been made whole. Made whole shall include first dollar recovery with no offset for attorneys’ fees.

RIGHT TO RECOVER OVERPAYMENTS
In addition to any rights of recovery, reimbursement or subrogation provided to Us herein, when payments have been made by Us with respect to a Covered Loss in an amount in excess of the maximum amount of payment necessary to satisfy an obligation under the terms of the Policy, We shall have the right to recover such excess payment, from any person to whom such payments were made. We maintain the right to offset the overpayment against other benefits payable to You (and Your assignee) under the Policy to the extent of the overpayment.

CONDITIONAL CLAIM PAYMENT
If You suffer a Covered Loss as the result of an Injury for which a Third Party may be liable, We will pay the amount of benefits otherwise payable under the Policy. However, if You receive payment from the Third Party, You agree to refund to Us the lesser of:
1. the amount actually paid by Us for such Covered Loss; or
2. an amount equal to the sum actually received from the Third Party for such Covered Loss.

If You do not receive payment from the Third Party for such Covered Loss, We reserve the right to subrogate under the Subrogation clause of the Policy.

At the time such Third Party liability is determined and satisfied, this amount shall be paid whether determined by settlement, judgment, arbitration or otherwise. This provision shall not apply where prohibited by law.

CLAIMS FOR WORKERS' COMPENSATION AND OTHER INSURANCE
No benefits shall be payable under the Policy for any loss for which You claim or file for any workers' compensation, employers' liability, occupational disease or similar law or any other insurance until such claim or filing is approved or denied. Upon approval or denial, We shall determine Our liability under the Policy. We reserve the right to recover, from You, any benefits paid under the Policy that are subsequently paid for under any workers' compensation, employers' liability, occupational disease or similar law or any other insurance.
1/01/2013

Re: Independent Contractors of Landstar Systems, Inc.
Policy No. OCA 5465558
Letter of Underwriting Intent

Dear Plan Participant,

In the event of an Accident that is coverable under the Occupational Accident policy, we will use the five articles outlined in this letter in conjunction with the Occupational policy to adjudicate the claim.

**Article I. Excess Benefits.** This benefit applies when an Insured Person has Accident Medical Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other plan as described below, unless both:

1. the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and
2. This Plan has covered the Insured Person longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expense will be reduced when the sum of:

   1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this benefit; and
   2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made;

exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of the Allowable Expenses.

Plan is further defined as:

Plan means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of,
health care: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice and individual practice plans; (5) medical benefits coverage in automobile "no-fault" and traditional automobile "fault" type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other nongovernmental plan.

**Article II. Advance Payments.** If the Insured Person is eligible for Temporary Total Disability Benefits under this policy but the final amount of the benefit cannot be determined prior to the end of the Waiting Period, the company may make good will advance payments to the Insured Person. The advance payments will begin after the satisfaction of the waiting period. The advance payments will be 60% of the Maximum Weekly Benefit Amount shown in the schedule. They will continue to be made until the final amount of the benefit is determined at which time the Insured Person will begin to receive the determined Weekly Benefit amount. The amount of any payments made under this advance payments provision will be deducted from the final determined Weekly Benefit amount made under this Temporary Total Disability Benefit, subject to the Maximum Benefit Period.

**Article III. Hemorrhoids Coverage.** With respect to the Temporary Total Disability and Continuous Total Disability Benefits described in this policy, benefits shall be payable for a loss or claim caused in whole or in part by, contributed to in whole or in part by, or resulting in whole or in part from, the Insured Person’s Hemorrhoids, provided such Hemorrhoids are surgically repaired. The Lifetime Maximum Benefit Period for which such indemnity shall be payable for all such period of disability, subject to the Waiting Period, shall not exceed 10 weeks. The Lifetime Maximum Benefit amount for which such indemnity combined with medical expense shall be payable for all such period of disability, subject to the Waiting Period, shall not exceed $15,000.00 (Fifteen-Thousand dollars). Hemorrhoid as used in this letter of Underwriting Intent, means a mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum.

**Article IV. Hernia Coverage.** With respect to the Temporary Total Disability and Continuous Total Disability Benefits described in this policy, benefits shall be payable for a loss or claim caused in whole or in part by, contributed to in whole or in part by, or resulting in whole or in part from, the Insured Person’s Hernia, provided such Hernia are surgically repaired. The Lifetime Maximum Benefit Period for which such indemnity shall be payable for all such period of disability, subject to the Waiting Period, shall not exceed 10 weeks. The Lifetime Maximum Benefit amount for which such indemnity combined with medical expense shall be payable for all such period of disability, subject to the Waiting Period, shall not exceed $15,000.00 (Fifteen-Thousand dollars). Hernia as used in this letter of Underwriting Intent means a protrusion of an organ or
part through a connective tissue or through a wall of the cavity in which it is normally enclosed. Hernia does not include diaphragmatic (hiatal) hernia.

**Article V. Passenger Accident Coverage.** This coverage applies under this policy as per the following schedule;

**PASSENGER ACCIDENT BENEFITS**

**Accidental Death Benefit:**
- Principal Sum: $50,000
- Incurral Period: 90 days
- Monthly Benefit Amount: $1,000

**Accidental Dismemberment Benefit:**
- Principal Sum: $50,000
- Incurral Period: 90 days
- Monthly Benefit Amount: $1,000

**Accident Medical Expense Benefit:**
- Commencement Period: 90 days
- Maximum Benefit Period: 52 weeks
- Dental Maximum: $1,500 per Accident
- Chiropractic Care Maximum: $1,000 per Accident
- Maximum Benefit Amount per Accident: $25,000

Sincerely,

Gary Lovelace