

Courier

SCHEDULE OF BENEFITS

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

OCCUPATIONAL ACCIDENTS:

Coverage A: ACCIDENTAL DEATH AND DISMEMBERMENT

Applicable to Classes I and II:

I.	Accidental Death	
	Lump Sum:	\$50,000
	Survivors Benefit:	\$1,000/month
	Maximum Accidental Death Benefit:	\$150,000

II.	Dismemberment	
	Loss Of:	Up to:
	Both Hands or Both Feet	\$100,000
	One Hand and One Foot	\$100,000
	Sight of Both Eyes	\$100,000
	Sight of One Eye and One Hand	\$100,000
	One Hand or One Foot	\$50,000
	Sight of One Eye	\$35,000
	Speech	\$25,000
	Hearing in Both Ears	\$25,000
	One Finger or One Toe	\$2,500
	Two Fingers or Two Toes	\$3,000
	Three Fingers or Three Toes, or Thumb	\$4,000

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

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

III.	Paralysis	
	Quadriplegia	Up To: \$150,000
	Paraplegia	\$75,000
	Hemiplegia	\$75,000

**This coverage is not workers' compensation coverage.
Please read this description of coverage carefully.**

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Coverage B: DISABILITY

Applicable to Class I

Benefit:	75% of Average Weekly Earnings as defined by the policy up to \$500/week.
Maximum Disability Benefit:	\$400,000
Elimination Period: (Benefits paid from 1st day of disability after 8 days of disability)	7 days
Temporary Disability: (Disability from current occupation)	Up to 104 weeks. Medical care must begin within 30 days of a covered accident for disability to be payable under the policy wording.
Permanent Disability: (Disabled from any occupation)	Up to a Maximum Disability Benefit
Hernia & Hemorrhoids	Limited to lifetime benefit of \$4,000

Applicable to Class II

Weekly Benefit:	75% of Average Weekly Earnings as defined by the policy up to \$300/week.
Maximum Disability Benefit:	\$400,000
Elimination Period: (Benefits paid from 1st day of disability after 8 days of disability)	7 days
Temporary Disability: (Disability from current occupation)	Up to 104 weeks. Medical care must begin within 30 days of a covered accident for disability to be payable under the policy wording.
Permanent Disability: (Disabled from any occupation)	Up to a Maximum Disability Benefit
Hernia & Hemorrhoids	Limited to lifetime benefit of \$4,000

Coverage C: ACCIDENT MEDICAL EXPENSE:

Applicable to Classes I and II

Maximum Benefit:	Up to \$400,000
Duration of Benefit:	104 weeks from the date of loss.
Deductible	\$250
Hernia & Hemorrhoids	Limited to lifetime benefit of \$3,500
Commencement Period:	First expense must be incurred within 30 days of the accident.
Incurral Period:	Eligible expenses must be incurred within 104 weeks of the accident.

Note: The benefits are reduced after age 75 to Accidental Death only up to \$10,000. The Insured Person must be over age 18 and under age 75 to enroll in the Plan.

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NON-OCCUPATIONAL ACCIDENTS:

Coverage A: ACCIDENTAL DEATH AND DISMEMBERMENT:

Applicable to Classes I and II

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

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

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

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

Coverage B: DISABILITY

Applicable to Classes I and II

Benefit: No coverage – not available for Non-Occupational Accidents

Coverage C: ACCIDENT MEDICAL EXPENSE:

Applicable to Classes I and II

Maximum Benefit: Up to \$5,000
Duration of Benefit: 52 weeks from the date of loss.

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SCHEDULE OF BENEFITS

Deductible	\$250
Commencement Period:	First expense must be incurred within 30 days of the accident.
Incurral Period:	Eligible expenses must be incurred within 52 weeks of the accident.

LIMITS OF LIABILITY

Occupational Accident

Applicable to Classes I and II

Aggregate Per-Insured Person Limit of Liability (Combined Single Limit) (All covered losses with respect to any one Occupational Accident.)	\$400,000
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Total Aggregate Limit of Liability (All covered losses with respect to all Insured Persons in any one Occupational Accident)	\$800,000
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Non-Occupational Accident

Applicable to Classes I and II

Aggregate Per-Insured Person Limit of Liability (Combined Single Limit) (All covered losses with respect to any one Non-Occupational Accident.)	\$10,000
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Total Aggregate Limit of Liability (All covered losses with respect to all Insured Persons in any one Non-Occupational Accident)	\$20,000
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Coverage Underwritten by:

Certain Underwriters at Lloyd's, London whose names and the proportions underwritten by them can be ascertained from the office of Arthur J. Gallagher Risk Management Services, Inc. (Such Underwriters being hereinafter called "Underwriters"). In consideration of the premium paid, Underwriters bind themselves each for his own part, and not one another, their heirs, executors and administrators.

Claims Administered by:

CMC/Gallagher Bassett Services, Inc.
Post Office Box 419797
Kansas City, Missouri 64141-6797
1-800-821-5401

Description of Class

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

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

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