

**SCHEDULE OF BENEFITS  
LONG HAUL TRUCKING**

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 will depend on the circumstances of the Insured Person's claim. Please read the policy carefully.

**OCCUPATIONAL ACCIDENTS:**

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

<b>I. Accidental Death</b>	
<b>Lump Sum:</b>	\$75,000
<b>Survivors Benefit:</b>	\$2,000/month
<b>Maximum Accidental Death Benefit:</b>	\$300,000

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

<b>III. Paralysis</b>	Up To:
<b>Quadriplegia</b>	\$150,000
<b>Paraplegia</b>	\$75,000
<b>Hemiplegia</b>	\$75,000

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**Coverage B: DISABILITY**

<b>Benefit:</b>	75% of average weekly earnings as defined by the policy up to \$500/week.
<b>Maximum Disability Benefit:</b>	\$300,000
<b>Elimination Period:</b>	7 days
<b>(Benefits paid from 1st day of disability after 8 days of disability)</b>	
<b>Temporary Disability: (Disability from current occupation)</b>	Up to 104 weeks. Medical care must begin within 30 days of a covered accident for disability to be payable under the Master Policy.
<b>Permanent Disability: (Disabled from any occupation)</b>	Up to a Maximum Disability Benefit
<b>Hernia &amp; Hemorrhoids</b>	Limited to maximum of 10 weeks disability if surgically repaired

**Coverage C: ACCIDENT MEDICAL EXPENSE:**

<b>Maximum Benefit:</b>	Up to \$500,000
<b>Duration of Benefit:</b>	104 weeks from the date of loss.
<b>Commencement Period:</b>	First expense must be incurred within 30 days of the accident.
<b>Incurral Period:</b>	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 21 and under age 75 to enroll in the Plan.

**NON-OCCUPATIONAL ACCIDENTS:**

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

<b>I. Accidental Death</b>	
<b>Lump Sum:</b>	\$10,000
<b>Survivors Benefit:</b>	\$0
<b>Maximum Accidental Death Benefit:</b>	\$10,000
<b>II. Dismemberment</b>	
<b>Loss Of:</b>	Up to:
<b>Both Hands or Both Feet</b>	\$10,000
<b>One Hand and One Foot</b>	\$10,000
<b>Sight of Both Eyes</b>	\$10,000
<b>Sight of One Eye and One Hand</b>	\$10,000

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<b>One Hand or One Foot</b>	\$10,000
<b>Sight of One Eye</b>	\$10,000
<b>Speech</b>	\$10,000
<b>Hearing in Both Ears</b>	\$10,000
<b>One Finger or One Toe</b>	\$2,500
<b>Two Fingers or Two Toes</b>	\$2,500
<b>Three Fingers or Three Toes, or Thumb</b>	\$3,000

“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.

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

**Coverage B: DISABILITY**

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

**Coverage C: ACCIDENT MEDICAL EXPENSE:**

**Maximum Benefit:** Up to \$5,000  
**Duration of Benefit:** 52 weeks from the date of loss.  
**Deductible:** N/A  
**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.

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**LIMITS OF LIABILITY**

**Occupational Accident**

**Aggregate Per-Insured Person Limit of Liability (Combined Single Limit)** \$500,000  
**(All covered losses with respect to any one Occupational Accident.)**

**Total Aggregate Limit of Liability** \$1,000,000  
**(All covered losses with respect to all Insured Persons in any one Occupational Accident)**

**Non-Occupational Accident**

**Aggregate Per-Insured Person Limit of Liability (Combined Single Limit)** \$10,000  
**(All covered losses with respect to any one Non-Occupational Accident.)**

**Total Aggregate Limit of Liability** \$20,000  
**(All covered losses with respect to all Insured Persons in any one Non-Occupational Accident)**

**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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