



PARTICIPANT ACCIDENT INSURANCE PROPOSAL

PREPARED FOR:

Delaware Volunteer Firefighter's Association

Date Prepared: 8/25/2015
Proposed Effective Date: 1/1/2016
Policyholder State: DE
Requested By: Provident Agency, Inc.
Claims TPA: Provident Agency, Inc.

This proposal summary is valid for 90 days from the Date Prepared or 1 day prior to the Proposed Effective Date, whichever date is earlier.

Underwritten by:
AXIS INSURANCE COMPANY

Marketed as:
AXIS Accident & Health

U.S. insurance coverage is underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws.

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



Class	Eligibility	Covered Activities
1	All Active Volunteer Members of the Policyholder	24 Hour Coverage
2	All Active Volunteer Members of the Policyholder	Line of Duty Coverage

Quote Option:	1	2	3	4
Accidental Death and Dismemberment				
Principal Sum				
Class 1	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000
Class 2	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000
Aggregate Limit of Indemnity	\$ 100,000	\$ 150,000	\$ 200,000	\$ 250,000

Additional Benefits	
Benefit	Amount
<p>Bereavement & Trauma Counseling Benefit</p> <p>A benefit is payable if an Insured Person requires bereavement and trauma counseling as a result of a Covered Death or Covered Loss.</p>	<p>Covered Counseling must occur within 30 days of the Covered Accident. Benefit Amount per Session: \$100 Maximum Number of Sessions: 10 Maximum Benefit per Covered Loss: \$1,000</p> <p>Includes Immediate Family Members or Fellow Participant</p>
<p>Coma Benefit</p> <p>A benefit is payable if an Insured Person becomes Comatose or suffers a Covered Loss that results in Coma.</p>	<p>Coma must occur within 30 days of the Covered Accident. Monthly benefit: 1% of the Principal Sum for the first 11 months, 100% of the Principal Sum in the 12th Month.</p>
<p>Felonious Assault and Violent Crime Benefit</p> <p>A benefit is payable for a Covered Loss that occurs during a felonious assault or violent crime.</p>	<p>Covered Loss must occur within 365 days of the Covered Accident.</p> <p>10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis as shown in the Schedule of Benefits subject to a maximum of \$10,000</p>
<p>Home Alteration and Vehicle Modification Confinement Benefit</p> <p>A benefit is payable for Home Alteration, Vehicle Modification when an Insured Person suffers a Covered Loss.</p>	<p>Alteration or Modification must occur within 365 days of the Covered Loss.</p> <p>10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis as shown in the Schedule of Benefits subject to a maximum of \$10,000</p>
<p>Medical Evacuation Benefit</p> <p>A benefit is payable if the Insured Person suffers a Covered Loss that requires or warrants Emergency Evacuation.</p>	<p>Included 100% of Usual & Customary Expenses.</p> <p>Includes Traveling Companion Includes Emergency Sickness While he or she is outside a 100 mile radius from his or her current place of primary residence.</p>



<p>Paralysis Benefit</p> <p>Quadriplegia (total paralysis of both upper and lower limbs) Paraplegia (total paralysis of both upper limbs or both lower limbs) Hemiplegia (total paralysis of upper and lower limbs on one side of the body) Uniplegia (total paralysis of one upper or lower limb)</p>	<p>100% of the Principal Sum 75% of the Principal Sum 50% of the Principal Sum 25% of the Principal Sum</p>
<p>Rehabilitation Benefit</p> <p>A benefit is payable if the Insured Person requires rehabilitation services after sustaining a Covered Loss.</p>	<p>Covered Treatment must occur within 365 days of the Covered Accident. 10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis as shown in the Schedule of Benefits subject to a maximum of \$10,000</p>
<p>Repatriation Benefit</p> <p>A benefit is payable if an Insured Person dies due to a Covered Injury.</p>	<p>Included 100% of Usual & Customary Charges. Includes Emergency Sickness While he or she is outside a 100 mile radius from his or her current place of primary residence.</p>
<p>Seatbelt and Airbag Benefit</p> <p>A benefit is payable if an Insured Person dies from a Covered Accident while wearing a seatbelt and riding in a private passenger automobile.</p> <p>An additional benefit is provided if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Airbag.</p>	<p>Seatbelt Benefit pays: 25% of the Principal Sum, subject to a maximum of \$50,000 Airbag Benefit pays: 10% of the Principal Sum, subject to a maximum of \$25,000 Default Benefit \$1,000</p>

OTHER Additional Benefits

Benefit	Amount										
<p>Accidental Severe Burn and Disfigurement Benefit</p> <p>A benefit is payable if an Insured Person suffers a Third Degree Severe Burn and Disfigurement from a Covered Loss.</p>	<p>Covered Loss must occur within 365 days of the Covered Accident.</p> <table border="0"> <tr> <td align="center">Percentage of Burn Area</td> <td align="center">Benefit Amount</td> </tr> <tr> <td align="center">75%-100%</td> <td align="center">100% of the Principal Sum</td> </tr> <tr> <td align="center">50-74%</td> <td align="center">75% of the Principal Sum</td> </tr> <tr> <td align="center">25%-49%</td> <td align="center">50% of the Principal Sum</td> </tr> <tr> <td align="center">10-24%</td> <td align="center">25% of the Principal Sum</td> </tr> </table> <p align="center">Subject to a maximum of \$100,000.</p>	Percentage of Burn Area	Benefit Amount	75%-100%	100% of the Principal Sum	50-74%	75% of the Principal Sum	25%-49%	50% of the Principal Sum	10-24%	25% of the Principal Sum
Percentage of Burn Area	Benefit Amount										
75%-100%	100% of the Principal Sum										
50-74%	75% of the Principal Sum										
25%-49%	50% of the Principal Sum										
10-24%	25% of the Principal Sum										
<p>Burial and Cremation Benefit</p> <p>A benefit is payable for the burial or cremation of an Insured Person who dies from a Covered Injury and an Accidental Death benefit is payable.</p>	<p align="center">\$5,000</p>										
<p>HEP C Occupational Accident Benefit Benefit Amount</p>	<p align="center">Incurrral Period 365 Days 50% of the Principal Sum subject to a Maximum of \$50,000</p>										
<p>Prosthesis Appliance Benefit The Insured Person suffers a Covered Loss that requires use of a Prosthetic Appliance Device.</p>	<p align="center">Covered Loss must occur within 365 days of the Covered Accident Benefit Amount \$1,000 per Covered Loss</p>										



Premium	
Option 1	\$ 16,740.00
Option 2	\$ 25,110.00
Option 3	\$ 33,480.00
Option 4	\$ 41,850.00
Rate Guarantee: Rates are guaranteed for 3 years.	
Premium Due Date: Within 30 days of the effective date of coverage	



CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

24-HOUR (Business & Pleasure) COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy, including riding in or entering or exiting an Aircraft.

Exclusions Other exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.

LINE OF DUTY OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss that occurs during a Covered Activity and while the Insured Person is Acting in the Line of Duty.

The Covered Loss must take place while:

1. the Insured Person is on duty, on or off the Policyholder's premises;
or
2. Acting in the Line of Duty during response to an emergency while off duty.

Definitions

For purposes of this Condition of Coverage:

Acting in the Line of Duty means acts done according to the standards set by the Policyholder for the type of work in which the Insured Person is engaged. It does not include 1) commuting between home and place of work; or 2) travel or any other act not considered to be in the covered Line of Duty.

Exclusions

Exclusions that apply to this Condition of Coverage are in the Common Exclusions Section



DESCRIPTION OF BENEFITS

This Description of Benefits Section describes the Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the Common Exclusions section in order to understand all of the terms, conditions and limitations applicable to these Benefits.

Aggregate Maximum Applies to	Refer to Schedule of Benefits Accidental Death, Dismemberment, Coma
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Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss must occur within	365 days of the Covered Accident
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Covered Loss	Benefit Amount
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Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears)	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of or Loss of Use of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in Both Ears)	50% of the Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all Toes of the Same Foot	25% of the Principal Sum
Loss of Thumb	25% of the Principal Sum
Loss of Index Finger	25% of the Principal Sum
Loss of Any Joint on Either Hand	6.25% of the Principal Sum
Loss of 2 nd , 3 rd or 4 th Finger of Either Hand	12.5% of the Principal Sum
Loss of Large Toe of Either Foot	5% of the Principal Sum
Loss of a Joint of a Toe	1% of the Principal Sum

Exposure and Disappearance	Included
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ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a loss as a result of a Covered Injury within the applicable time period specified in the *Schedule of Benefits*.

If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the total of Benefits the Company will pay will not exceed the Principal Sum.

Exposure and Disappearance

If by reason of an Accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment Benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the Insured Person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered an Accidental Death that would have been payable under the Policy.

Definitions

For purposes of this Benefit:

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Severance means complete separation and dismemberment of the part from the body.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.



COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
10. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
11. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
12. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;
 - c. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
or
 - d. the Insured Person.



Underwritten by:
AXIS INSURANCE COMPANY

Marketed as:
AXIS Accident & Health

For: **Delaware Volunteer Firefighter's Association**

Effective Date: /1/201

Check to bind coverage	Premium
<input type="checkbox"/> Option 1	\$ 16,740.00
<input type="checkbox"/> Option 2	\$ 25,110.00
<input type="checkbox"/> Option 3	\$ 33,480.00
<input type="checkbox"/> Option 4	\$ 41,850.00

I verify that the proposal/binder information provided is correct and I would like to bind coverage. This binder shall remain in force for 30 days from the effective date or when, if earlier, it is replaced by a policy of AXIS Insurance Company. All premiums are due 30 days from the effective date of the policy.

Please attach the proposal when returning this document.

Insured's Taxpayer ID#: _____

INSUREDS SIGNATURE
<u> X </u> Authorized Signature of Applicant
<u> X </u> Printed or typed name of Applicant's Authorized Representative
<u> X </u> DATE

and/or

LICENSED BROKER/AGENT SIGNATURE
<u> X </u> Authorized Signature of Applicant
<u> X </u> Printed or typed name of Applicant's Authorized Representative
<u> X </u> DATE

AXIS Accident & Health Use Only: No coverage is bound until the binder is executed by the carrier

CARRIER SIGNATURE _____
Authorized Signature of Carrier Representative

Authorized Representative DATE