



Multiple Plans Available!

Benefits outlined below are provided by Plan G, our most popular benefit package.

We are pleased to provide important Occupational Accident coverage available to Owner /Operators or Contract Drivers leased on to a Motor Carrier.

Program Amount	\$1,000,000 per Insured Person Limit of Liability
Accident Death & Dismemberment	\$250,000 Principal Sum \$50,000 Lump Sum plus a Survivor's Benefit of \$1,600/mth up to 125 months Accidental Dismemberment Incurred Period of 104 weeks
Accidental Medical	\$1,000,000 Maximum Benefit \$0 Deductible 104 week incurred period \$10,000 lifetime Accidental Dental benefit with \$1,000 per injury
Temporary Disability	\$600 weekly maximum / \$150 minimum 7 day waiting period 104 week maximum benefit period*
Long Term Disability	\$600 weekly maximum / \$150 minimum 104 week waiting period Maximum benefit payable to age 70
Non-OccAcc	\$15,000 Principal Sum \$500/mth up to 30 months \$10,000 medical benefit with 104 week incurred period \$0 deductible per accident
Hernia, Hemorrhoid, Occupational Disease, Cumulative Trauma	\$7,500 per accident limit \$15,000 maximum \$0 deductible per accident 10 week maximum benefit period
Passenger Coverage Included	The following AD&D and Accidental Medical sub-limits apply!
Passenger Accident Death & Dismemberment	\$50,000 Principal Sum \$25,000 Lump Sum plus a Survivor's Benefit of \$1,000/mth up to 25 months
Passenger Accidental Medical	\$50,000 Maximum Benefit \$100 Deductible 104 week Incurred Period \$1,000 lifetime Accidental Dental benefit with \$100 per injury
Certificate Aggregate	\$1,000,000 Certificate Combined Single Limit for any one accident

All this from a quality, A+ rated carrier with many years experience in providing this important protection.

Ineligible States: CO, DC, MA, NV, NY and VT

COVERAGE, OPTIONS, ETC.	PLAN E	PLAN G	PLAN H	PLAN J 70+
Plan Amount	\$750,000	\$1,000,000	\$2,000,000	\$1,000,000
Accidental Death & Dismemberment	\$200,000 Principal Sum \$50,000 Lump Sum, plus a Survivor's Benefit of \$1,200/mth up to 125 months Accidental Dismemberment Incurred Period of 104 weeks	\$250,000 Principal Sum \$50,000 Lump Sum, plus a Survivor's Benefit of \$1,600/mth up to 125 months Accidental Dismemberment Incurred Period of 104 weeks	\$250,000 Principal Sum \$50,000 Lump Sum, plus a Survivor's Benefit of \$1,600/mth up to 125 months Accidental Dismemberment Incurred Period of 104 weeks	\$250,000 Principal Sum \$50,000 Lump Sum, plus a Survivor's Benefit of \$1,600/mth up to 125 months Accidental Dismemberment Incurred Period of 104 weeks
Accidental Medical	\$750,000 Max Benefit \$0 Deductible 104 week Incurred Period \$10,000 lifetime Accidental Dental benefit with \$1,000 per injury	\$1,000,000 Max Benefit \$0 Deductible 104 week Incurred Period \$10,000 lifetime Accidental Dental benefit with \$1,000 per injury	\$2,000,000 Max Benefit \$0 Deductible 104 week Incurred Period \$10,000 lifetime Accidental Dental benefit with \$1,000 per injury	\$1,000,000 Max Benefit \$0 Deductible 104 week Incurred Period \$10,000 lifetime Accidental Dental benefit with \$1,000 per injury
Temporary Disability	\$500 weekly max \$150 minimum 7 day waiting period 104 week max benefit period	\$600 weekly max \$150 minimum 7 day waiting period 104 week max benefit period	\$700 weekly max \$150 minimum 7 day waiting period 104 week max benefit period	\$500 weekly max \$150 minimum 7 day waiting period 104 week max benefit period
Long Term Disability	\$500 weekly max \$150 minimum 104 week waiting period Max benefit payable to age 70	\$600 weekly max \$150 minimum 104 week waiting period Max benefit payable to age 70	\$700 weekly max \$150 minimum 104 week waiting period Max benefit payable to age 70	N/A
Non-OccAcc	\$15,000 Principal Sum \$500/mth up to 30 months \$0 Deductible per accident \$10,000 medical benefit with 104* week Incurred Period. (*52 week for PLAN J 70+ Plan)			
Hernia, Hemorrhoid, Occupational Disease, Cumulative Trauma	\$7,500 per accident limit \$15,000 Maximum \$0 Deductible 10 week maximum benefit period			
Passenger Accident Death & Dismemberment	\$50,000 Principal Sum \$25,000 Lump Sum, plus a Survivor's Benefit of \$1,000/mth, up to 25 months			
Passenger Accidental Medical	\$50,000 Max Benefit \$100 Deductible \$1,000 lifetime Accidental Dental benefit with \$100 per injury 104* week Incurred Period (*52 week for PLAN J 70+ Plan)			
*Contingent Liability	AVAILABLE			N/A
Certificate Aggregate	\$750,000	\$1,000,000	\$2,000,000	\$1,000,000
**Association Dues	\$10 - Not included in rates below			
Standard Rate	\$118	\$137	\$144	\$155
***Non-Standard Rate	\$130	\$150	\$163	\$170

*Owner/Operator must be under a long-term lease agreement to a Motor Carrier for this coverage to apply. A copy of the lease agreement must be provided prior to binding for review and final approval by the insurance carrier. Not available in NY, NJ, NC & IL.

**Association Dues are required, fully earned, and pay for membership into the United Truckers Association. For additional info, please visit utatruckers.com.

***Non-Standard means flatbeds, dump or tanker. Exposure for groups with 25% or more gross receipts for vehicles engaged in transportation or distribution of natural or artificial fuel, gas or liquefied petroleum gases, gasoline or other hazardous chemicals are COMPANY REFERRAL ONLY.

The Following is Required for a Comparison Quote of Large Groups Over 25 Drivers:

1. Completed motor carrier application
2. 3-5 years hard copy loss runs
3. Copy of lease agreement
4. Contingent Liability not available in NY, NJ, NC & IL



Contingent Liability Overview: Protection for the Motor Carrier, Section 1

1. Insuring Agreement In the event of a COVERED CONTINGENCY as defined herein, we will, at our sole option and in accordance with applicable law, either: a. Pay benefits that are equivalent to the benefits payable under the workers' compensation and employers' liability law that would apply to the NAMED INSURED if this Policy was a policy of workers' compensation insurance, but only with respect to an OWNER/OPERATOR or CONTRACT DRIVER who is deemed in accordance with applicable law to be an employee of the NAMED INSURED by order of any administrative regulatory agency or court of competent jurisdiction; or b. Pay benefits that are equivalent to the benefits payable under the workers' compensation and employers' liability law that would apply to the NAMED INSURED if this Policy was a policy of workers' compensation insurance, but only with respect to the OWNER/OPERATOR or CONTRACT DRIVER who is seeking to be deemed an employee of the NAMED INSURED in accordance with applicable law. This policy provides for our right and duty to defend the NAMED INSURED with respect to those benefits required under the workers' compensation laws of such state or such other states as may be determined to apply to the OWNER/OPERATOR and/or CONTRACT DRIVER.

Brochure Disclaimer

This brochure is a summary for general reference only and does not guarantee coverage and is for informational purposes only, and it should not be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in this brochure are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this brochure and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.