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DESCRIPTION	FORM NUMBER
POLICY	BSR-1000
SCHEDULE	BSR-1100

**CLASS I:**

BENEFIT	BENEFIT DESCRIPTION	FORM NUMBER
AD&D	Accidental Death & Dismemberment Benefits	BSR-1000

B-5	Adaptive Home & Vehicle	BTA PA-9934
B-7	Bereavement Counseling	BTA PA-9937
B-12	Coma	BTA PA-9944
B-16	Cosmetic Disfigurement Burn	BTA PA-9975
B-26	Funeral Expense	BTA PA-9954
B-23	Evacuation	BTA PA-9951
B-43	Paralysis	BTA PA-9968
B-49	Prosthesis	BTA PA-9970
B-50	Rehabilitation Expense	BTA PA-9991
B-51	Repatriation of Remains	BTA PA-9971
B-53	Seat Belt and Airbag	BTA PA-9973

BENEFIT	MAXIMUM AMOUNT
Accidental Death	\$10,000
Incurral Period:	365 days
Accidental Dismemberment	\$10,000
Incurral Period:	365 days
Adaptive Home & Vehicle	\$10,000
Incurral Period:	24 months
Bereavement Counseling	
Commencement Period:	365 days
Incurral Period:	2 years
Max Amount per session:	\$150
Max Number of sessions:	10
Coma	
Commencement Period:	30 days
Waiting Period:	30 days, not retroactive



Cosmetic Disfigurement and Severe Burn	Subject to Cosmetic Burn Chart
Funeral Expense	\$5,000
Evacuation	actual cost
Family Travel	
Lodging:	\$100 per day
Meals:	\$50 per day
Paralysis Benefit	\$100,000
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
Prosthesis	\$1,000
Rehabilitation Expense	\$10,000
Incurral Period:	2 years
Repatriation of Remains	actual cost
Family Travel	
Lodging:	\$100 per day
Meals:	\$50 per day
Identification and Escort Expense	
Lodging:	\$100 per day
Meals:	\$50 per day
Seat Belt and Air Bag	
Seat Belt:	the lesser of: \$25,000 or
Percentage of Principal Sum:	10%
Air Bag:	the lesser of: \$25,000 or
Percentage of Principal Sum:	10%

**Aggregate Limit: \$500,000**



**BENEFITS:**

**Accidental Death and Dismemberment Schedule:      **BENEFIT:****

**FOR LOSS OF:**

Life.....	100% of the Accidental Death Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	100% of the Accidental Dismemberment Principal Sum
One Hand and One Foot.....	100% of the Accidental Dismemberment Principal Sum
One Hand and Sight of One Eye.....	100% of the Accidental Dismemberment Principal Sum
One Foot and Sight of One Eye.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in Both Ears.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in One Ear.....	75% of the Accidental Dismemberment Principal Sum
One Arm or One Leg.....	75% of the Accidental Dismemberment Principal Sum
One Hand or One Foot.....	50% of the Accidental Dismemberment Principal Sum
Sight of One Eye.....	50% of the Accidental Dismemberment Principal Sum
Speech or Hearing in Both Ears.....	50% of the Accidental Dismemberment Principal Sum
Thumb and Index Finger on the Same Hand.....	25% of the Accidental Dismemberment Principal Sum
Hearing in One Ear.....	25% of the Accidental Dismemberment Principal Sum
One Thumb.....	10% of the Accidental Dismemberment Principal Sum

**B-5: Adaptive Home & Vehicle Benefit**

If an Insured Person suffers an Injury, other than loss of life, that results in a loss payable under the Accidental Dismemberment or Paralysis Benefit, We will pay an additional benefit that is the lesser of:

- 1) the Benefit Amount as indicated; or
- 2) the actual cost

for Home Alteration and Vehicle Modification Expenses that are incurred within 24 months of the date of the Covered Accident that caused the Injury if an Insured Person:

- 1) did not require, prior to the date of the Covered Accident that caused the Injury, the use of a wheelchair or other adaptive device to be ambulatory; and
- 2) as a direct result of such Injury, the use of a wheelchair or other adaptive device to be ambulatory is now compulsory.

**B-7: Bereavement Counseling Benefit**

If the Insured Person suffers an accidental death or an accidental dismemberment or Paralysis for which an Accidental Death, or Accidental Dismemberment or Paralysis Benefit is payable or if he or she goes into a Coma for which a Coma Benefit is payable, We will pay the Bereavement Counseling Benefit if an Insured Person or his or her Spouse and/or Dependent Child(ren) receives Bereavement Counseling.

**B-12: Coma Benefit**

If an Injury renders the Insured Person Comatose within 30 days of the date of the Covered Accident, and if the Coma continues for a period of 30 consecutive days, We will pay a benefit equal to the Maximum Benefit Amount shown in the Rider Schedule. No benefit is provided for the first 30 days of the Coma.



**B-16 Cosmetic Disfigurement Benefit**

If, as a result of participation in a Covered Activity an Insured Person incurs a Severe Burn in one or more than one area of the body, as listed in the Rider Schedule, We will pay a benefit as described in this Rider.

**B-26 Funeral Expense Benefit**

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy, We will pay the Funeral Expense Benefit. The Funeral Expense Benefit is the least of:

- 1) the actual charges incurred for Funeral Expenses;
- 2) the Percentage of the Accidental Death Principal Sum shown in the Rider Schedule; or
- 3) the Maximum Benefit Amount shown in the Rider Schedule.

**B-23: Evacuation Benefit**

We will pay for Covered Medical Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Medical Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount for all Medical Emergency Evacuations due to all Injuries from the same Covered Accident or all Emergency Sicknesses from the same or related causes.

**B-43: Paralysis Benefit**

We will pay the percentage of the Maximum Benefit Amount shown below if Injury to the Insured Person results in any one of the types of loss(es) specified below within 365 days of the date of the Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

If an Insured Person dies within 365 days of the Covered Accident, then We will pay a lump sum equal to the Insured Person's Maximum Benefit Amount, less any Benefit Amount for Paralysis already paid.

**Loss**

Quadriplegia	100% of the Maximum Benefit Amount
Triplegia	75% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

**B-49: Prosthesis**

If the Insured Person suffers an Injury for which the Accidental Dismemberment Benefit is payable under the Policy, We will pay an additional Benefit Amount shown in the Rider Schedule once Proof of Loss is received if:



- 1) such Injury requires use of a Prosthetic Device; and
- 2) the Prosthetic Device is required within 365 days of the Accident that caused the Injury.

#### **B-50: Rehabilitation Expense Benefit**

If the Insured Person is participating in a Covered Activity and suffers a Covered Accident for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, We will reimburse the Insured Person for Covered Rehabilitative Expenses that result from the Injury causing the dismemberment or Paralysis up to the Maximum Benefit Amount shown in the Rider Schedule for all Injuries caused by the same Covered Accident. The Covered Rehabilitative Expenses must be incurred within 2 years after the date of the Covered Accident causing the Injury.

#### **B-51: Repatriation of Remains**

If an Insured Person suffers an Injury or Emergency Sickness that results in loss of life payable under this Policy, We will pay for the following expenses, but are not limited to:

- 1) the expense incurred for the preparation of the deceased's body for burial or cremation;
- 2) the most economical coffin or receptacle adequate for transporting the remains; and
- 3) transportation of the deceased's body to the place of burial or cremation;

provided that the death of the Insured Person occurred outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount shown in the Rider Schedule below.

#### **B-53: Seat Belt and Airbag Benefit**

##### **Seat Belt Benefit**

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy and the Covered Accident causing death occurs while the Insured Person is operating, or riding as a Passenger in, an Automobile and wearing a properly fastened Seat Belt, We will pay the Seat Belt Benefit. The Seat Belt Benefit is equal to the lesser of

- 1) the Percentage of Principal Sum; or
- 2) the Maximum Benefit Amount.

##### **Airbag Benefit**

If the Insured Person is wearing a Seat Belt and received a payment as indicated above, We will pay the Airbag Benefit if:

- 1) the Insured Person was positioned in a seat equipped with a factory installed Airbag;
- 2) the Insured Person was properly strapped in the Seat Belt when the Airbag inflated; and
- 3) the police report establishes that the Airbag inflated properly upon impact.

The Airbag Benefit is equal to the lesser of:

- 1) the Percentage of Principal Sum; or
- 2) the Maximum Benefit Amount.



### Policy Exclusions:

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury;
  - 2) war or act of war, whether declared or undeclared;
  - 3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
  - 4) Injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
  - 5) Injury sustained while on any aircraft:
    - a) as a pilot, crewmember or student pilot;
    - b) as a flight instructor or examiner;
    - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
    - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
  - 6) Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
  - 7) Injury sustained while under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
  - 8) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
  - 9) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
  - 10) Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred);
  - 11) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
  - 12) Sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
  - 13) Mental and Nervous Disorders;
  - 14) services for which no charge is normally made; or
  - 15) Injury sustained while playing or practicing in:
    - a) any inter-school club sports;
    - b) any intramural sports;
    - c) any form of tackle football
- Any sports activity that is a Covered Activity is not included in this exclusion; or
- 16) any loss incurred while outside the United States, its Territories or Canada.