

# TRUCKING INDUSTRY

**PROTECT YOUR TRUCKERS WITH  
PASSENGER ACCIDENT INSURANCE**

Administered by:



P.O. Box 600183

Dallas, TX 75360

(469) 802-8296

[www.s3directllc.com](http://www.s3directllc.com)

[info@s3directllc.com](mailto:info@s3directllc.com)



## **PASSENGER ACCIDENT 24-HOUR COVERAGE**

**Enhanced Coverage Now Offered By The Hartford, A Leader In The Insurance  
Industry For Over 200 Years.**

- ▶ **Accidental Death & Dismemberment and Accident Medical Expense with \$0 Deductible**
- ▶ **Coverage For Any Passenger While Riding In Your Enrolled Trucks**

Blanket Accident Policy is Underwritten & Claims are paid by:



**THE HARTFORD**

Hartford Fire Insurance Company

One Hartford Plaza

Hartford, Connecticut 06155

(888) 560-9632

## ELIGIBILITY

Any passenger of the Vehicle Operator is automatically covered, as long as the driver or Policyholder has paid for the coverage.

## COVERAGE

The Policy provides Accidental Death, Specific Loss, Paralysis and Coma Benefits and Accident Medical Expense Benefits for Passengers riding in a Designated Vehicle with a Vehicle Operator who is on business for the Policyholder and such vehicle identification number is on file with Guarantee Trust Life Insurance Company. An Insured will be covered for Injury while riding as a passenger only, getting in or on, boarding or alighting from, or being struck by a Designated Vehicle while the Insured is accompanying a Vehicle Operator.

## BENEFITS

### Accidental Death, Specific Loss & Paralysis

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the Covered Accident, We will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule. The Accidental Death or Accidental Dismemberment Principal Sum amount is shown in the Schedule.

#### FOR LOSS OF:

Life.....  
Both Hands or Both Feet or Sight of Both Eyes.....  
One Hand and One Foot.....  
One Hand and Sight of One Eye .....  
One Foot and Sight of One Eye.....  
Speech and Hearing in Both Ears.....  
Speech and Hearing in One Ear.....  
One Arm or One Leg.....  
One Hand or One Foot.....  
Sight of One Eye.....  
Speech or Hearing in Both Ears.....  
Thumb and Index Finger on the Same Hand.....  
Hearing in One Ear.....  
One Thumb.....

#### BENEFIT:

100% of the Accidental Death Principal Sum  
100% of the Accidental Dismemberment Principal Sum  
100% of the Accidental Dismemberment Principal Sum  
100% of the Accidental Dismemberment Principal Sum  
100% of the Accidental Dismemberment Principal Sum  
100% of the Accidental Dismemberment Principal Sum  
75% of the Accidental Dismemberment Principal Sum  
75% of the Accidental Dismemberment Principal Sum  
50% of the Accidental Dismemberment Principal Sum  
50% of the Accidental Dismemberment Principal Sum  
50% of the Accidental Dismemberment Principal Sum  
25% of the Accidental Dismemberment Principal Sum  
25% of the Accidental Dismemberment Principal Sum  
10% of the Accidental Dismemberment Principal Sum

For purposes of this benefit:

- 1) **Loss of Arm** means Severance of an arm above the elbow joint, including the Severance of the entire arm.
- 2) **Loss of Both Feet, Loss of One Foot** means Severance of a foot or both feet above the ankle joint, including the Severance of an entire leg or any part of a leg that includes an entire foot.
- 3) **Loss of Both Hands, Loss of One Hand** means Severance of at least four whole fingers at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand) from one or both hands, including the Severance of an entire arm or any part of an arm that includes an entire hand.
- 4) **Loss of Fingers or Thumb** means Severance of more than one finger or the thumb at least at or proximal to the first interphalangeal joint of each finger.
- 5) **Loss of Hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
- 6) **Loss of Leg** means Severance of a leg above the knee joint, including the Severance of the entire leg.
- 7) **Loss of Sight of Both Eyes, Loss of Sight of One Eye** means total and permanent loss of sight or blindness which cannot be corrected by any means, or Severance of one or both eyes.
- 8) **Loss of Speech** means total and permanent loss of audible voice communication which cannot be corrected by any means.
- 9) **Severance** means the complete separation and dismemberment of the part from the body.

## (BENEFITS Continued)

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 60 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.

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

If an Insured Person suffers a loss for which a benefit is payable under more than one of the following provisions: Accidental Death and Dismemberment Benefit, only one benefit, the one which would pay the largest benefit amount, will be paid.

### Accident Only 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 monthly benefit as follows: 5% of the Principal Sum will be paid per month over a 20-month period or until death, whichever comes first. No benefit is provided for the first 30 days of the Coma.

If an Insured Person is in a Coma for which the Monthly Benefit Amount is payable and dies within 365 days after the Covered Accident, We will pay a lump sum equal to the Insured Person's Maximum Benefit Amount, less any benefit amount for Coma already paid.

### Accident Medical Expense

If an Insured Person suffers an Injury that, within 30 days of the date of the Covered Accident that caused the Injury, requires him or her to be treated by a Physician, We will pay the Usual and Customary Charges incurred for Covered Medical Services that are Medically Necessary and received due to that Injury, up to the Maximum Amount per Insured Person for all Injuries caused by the same Covered Accident. Benefits are payable for charges incurred within the Maximum Benefit Period of 52 weeks.

## ADDITIONAL COVERED BENEFITS AND TRAVEL ASSISTANCE SERVICES

COVERED BENEFIT	MAXIMUM
Adaptive Home & Vehicle Benefit	Up to \$25,000
Cosmetic Disfigurement and Severe Burn Benefit	Up to \$25,000
Medical Emergency Evacuation Benefit	Up to \$1,000,000
Rehabilitation Expense Benefit	Up to \$25,000
Seat Belt & Air Bag Benefit	10% of the Principal Sum to a Maximum of \$25,000
Therapeutic Counseling Benefit	\$150 per session up to a maximum of 10 sessions
The Hartford Partners With <b>International Medical Group (IMG)</b> , A Leading Global Assistance Provider, To Give You 24/7 Access To Medical And Travel Assistance Services Anywhere In The World.	

## 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 Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
- 5) except when specifically covered by a Hazard Rider, 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 the Insured Person is 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) while operating any vehicle or means of Transportation or Conveyance;
- 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) any loss incurred while outside the United States, its Territories or Canada.

## DEFINITIONS

**Hemiplegia** means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

**Limb, Limbs** means entire arm or entire leg.

**Paraplegia** means the complete and irreversible paralysis of both lower Limbs.

**Quadriplegia** means the complete and irreversible paralysis of both upper and both lower Limbs.

**Triplegia** means the complete and irreversible paralysis of three Limbs.

**Uniplegia** means the complete and irreversible paralysis of one Limb.

**Coma, Comatose** means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness by external or internal stimulation, as determined by a Physician

**Injury** means bodily injury sustained by an Insured Person caused from a Covered Accident that:

- 1) occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim; and
- 2) occurs under the circumstances described in a Covered Hazard applicable to that Insured Person.

All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

**Physician** means a provider or practitioner who:

- 1) is properly licensed or certified to provide care or Treatment under the laws of the state where he or she practices;
- 2) provides services that are within the scope of his or her license or certificate; and
- 3) is not the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

**Hospital** means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides Medical Care and Treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof, which is used primarily as:

- 1) a nursing home, convalescent home or Skilled Nursing Facility;
- 2) an alcohol or drug treatment facility; or
- 3) a place for rest, custodial care or for the aged.

**PASSENGER ACCIDENT ANNUAL FLEET COVERAGE**  
**PLAN OPTIONS AND BENEFIT MAXIMUMS**

**MAXIMUM AGGREGATE AMOUNT PER ACCIDENT.....\$2,000,000.00**

**PLAN I**

Accidental Death, Specific Loss and Paralysis, Principal Sum ..... \$200,000.00  
Medical Expense Aggregate Maximum Amount, per Injury ..... \$100,000.00

**PLAN II**

Accidental Death, Specific Loss and Paralysis, Principal Sum ..... \$100,000.00  
Medical Expense Aggregate Maximum Amount, per Injury ..... \$300,000.00

**PLAN III**

Accidental Death, Specific Loss and Paralysis, Principal Sum ..... \$100,000.00  
Medical Expense Aggregate Maximum Amount, per Injury ..... \$ 50,000.00

**PLAN IV**

Accidental Death, Specific Loss and Paralysis, Principal Sum ..... \$300,000.00  
Medical Expense Aggregate Maximum Amount, per Injury ..... \$300,000.00

*This Policy does not contain a provision for the refund of premium upon cancelation or notification of death.*  
*Blanket Travel Accident Form Series includes BTA-1000, or state equivalent. Hartford Fire Insurance Company at Hartford, Connecticut. This product, and its features **are subject to state availability** and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the organization and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.*

.....

**ENROLLMENT FORM**

**PASSENGER ACCIDENT ANNUAL FLEET COVERAGE**

*from Hartford Fire Insurance Company*

Your Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Vehicles (Total Fleet): \_\_\_\_\_ Effective Date: \_\_\_\_\_

**COMPANY TRUCKS (Subject to Minimum Annual Premium of \$500.00)**

<input type="checkbox"/>	<b>PLAN I</b>	_____ No. of Trucks x \$100.00 = _____	Total	
<input type="checkbox"/>	<b>PLAN II</b>	_____ No. of Trucks x \$138.00 = _____	Total	
<input type="checkbox"/>	<b>PLAN III</b>	_____ No. of Trucks x \$80.00 = _____	Total	
<input type="checkbox"/>	<b>PLAN IV</b>	_____ No. of Trucks x \$180.00 = _____	Total	<b>TOTAL COST: \$</b> _____

Signature \_\_\_\_\_

Title/Date \_\_\_\_\_

**Send enrollment form, list of vehicle numbers and check payable to:**

**S3 Direct Insurance Services**

P.O. Box 600183, Dallas, TX 75360

(469) 802-8296