Accident Insurance Program for Volunteer Groups

S3 Direct
INSURANCE SERVICES

Email: s3direct llc.com
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Phone: 469-802-8297
Address: P.O. Box 600183 Dallas, TX 75360

Accident Insurance Coverage for Volunteers

Why Accident Insurance?

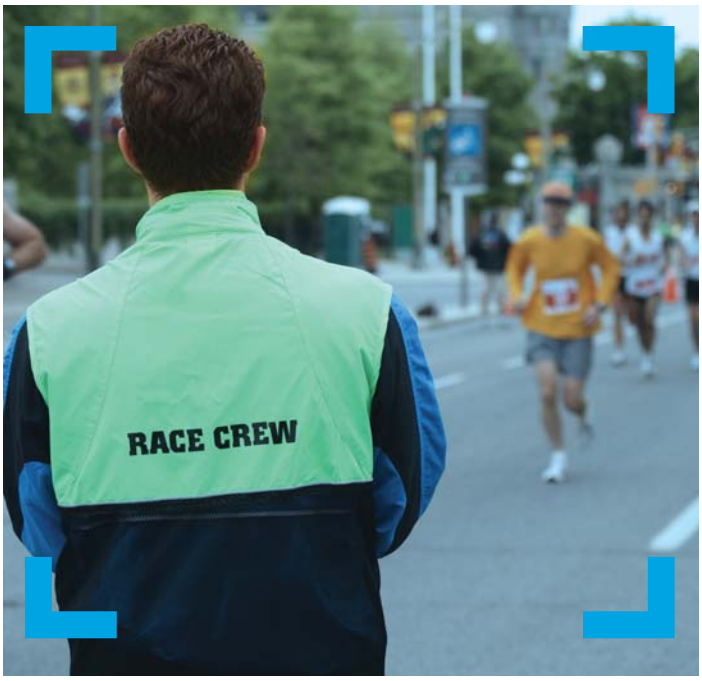
People volunteer at a wide variety of organizations every single day. As part of their volunteer duties they may be involved in a diverse range of activities where an Injury can occur. Organizations have a responsibility to care for the well-being of their volunteers. Accident insurance can help cover volunteers against some of the inherent risks they may face.

What Can Accident Insurance Offer?

- Volunteers are covered while engaging in specified covered activities that are sponsored or supervised by the organization. Benefits are available for Injury(ies) sustained as a result of a covered Loss.
- Accident insurance can complement an organization's general liability policy by filling in gaps that may exist or by offering broader limits. For example, providing coverage while volunteers commute directly between their home and the assignment location is an especially valuable feature of accident insurance.
- Volunteers may not be covered by Workers' Compensation (this varies by state). Accident insurance can offer an alternative to volunteers going without sufficient coverage during volunteer activities.
- Multiple plan options are available to meet each organization's specific needs.

Eligibility*

Many types of organizations may be eligible to purchase coverage for their volunteers. However, the insurance program outlined in this brochure is NOT available for organizations using volunteer firefighters, first responders, law enforcement assistants, civil defense volunteers, missionaries, ambulance attendants, or construction site volunteers. In Arizona, the insurance program outlined in this brochure is NOT available for sports teams, sports leagues, or child care organizations using volunteers.



Covered Activities

All eligible volunteers registered with your organization will be covered under the accident insurance policy issued to your organization. Coverage will generally apply while volunteers are participating in the following Covered Activities:

- Authorized participation in any scheduled and sponsored activities of your organization, whether on or off the premises.
- Travel directly to and uninterruptedly from the assignment location and home.

DID YOU KNOW?

ACCORDING TO THE U.S. BUREAU OF LABOR STATISTICS, about 62.8 million people volunteered through or for an organization for the year ending in September 2014.[1]

IMPORTANT: This brochure provides only a brief summary of the Program available for sale. The Program provides insurance for covered accidents incurred while insureds are participating in Covered Activities.

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Benefits

Accidental Death Benefit

If Injury results in the death of the Insured within 365 days of the date of the accident causing the Injury, the policy will pay the Accidental Death Benefit.

Accidental Dismemberment Benefit

If Injury to an Insured result in any one of the losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the policy will pay the percentage of the Accidental Dismemberment Maximum Amount specified for that loss.

For Loss Of	Percentage
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Sight in Both Eyes	100%
Sight in One Eye	50%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

Accident Medical Expense Benefit

If the Insured suffers an Injury that requires treatment by a Physician within 180 days of the date of the accident causing the Injury, the policy will pay the usual and customary charges incurred for medically necessary Covered Accident Medical Services, up to the Accident Medical Expense Maximum

Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Each available plan allows for Accident Medical Expense Benefits to be provided on a primary or excess basis. Primary coverage means that our policy provides coverage for covered accident medical expenses regardless of other insurance coverage available to the Insured. Excess coverage means that covered accident medical expense benefits under our policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance. If the Insured has no other insurance in place, then covered accident medical expenses benefits are paid on a primary basis. Excess coverage is not available in all states.

Covered Coma or Paralysis	Percentage
Coma	100%
Paralysis[6] of:	
Two or more limbs (upper and/or lower)	100%
One limb (upper or lower)	50%
One or more other parts of the body	25%

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Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit and Accidental Dismemberment Benefit, the maximum amount payable under all these Benefits combined will not exceed the amount payable for the largest of these losses.

Maximum Benefit Amounts	Plan 1	Plan 2
Accident Medical Expense	$50,000	$100,000
Deductible per Injury	$0	$0
Accidental Death	$25,000	$50,000
Accidental Dismemberment	$50,000	$100,000

The actual amounts payable will not exceed the maximums and may be less than the maximums under circumstances specified in the Policy. For insured persons age 70 or older, the Accidental Death and Accidental Dismemberment Maximum Amounts will be reduced to a percentage of the Maximum Amount in accordance with the Policy's reduction schedule.

Premium Rates Per Person Per Year (as of August 2016)	Plan 1	Plan 2
Primary Accident Medical Expense Coverage	$3.29	$5.53
Excess Accident Medical Expense Coverage (excess coverage is not available in all states)	$2.36	$3.62

DID YOU KNOW?

CERTAIN TYPES OF WORKERS AND JOBS ARE NOT COVERED BY WORKERS' COMPENSATION.[8]

VOLUNTEERS ARE NOT CONSIDERED EMPLOYEES and so do not have to be covered by workers' compensation insurance when they are doing charitable work for a nonprofit organization, as long as they are unpaid (but they can receive food, transportation, or lodging).[8]

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PRODUCER INFORMATION

Producer of Record: _____

Producer Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Website Address: _____

Are you the incumbent? ☐ Yes ☐ No

(Only appropriately licensed and appointed producers can sell, solicit, and negotiate insurance products with prospective customers.)

Standard commission for this program is 15 percent.

PROPOSED POLICYHOLDER INFORMATION

Proposed Policyholder Legal Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FEIN Number: _____

Website Address: _____

TYPE OF ORGANIZATION

☐ Government ☐ Nonprofit ☐ Municipality ☐ Other (describe) _____

TYPE OF FACILITY

☐ Office ☐ Hospital ☐ Library ☐ Park/Recreation Area ☐ Other (describe) _____

CHOICE OF COVERAGE

The premium rates shown below are per person per year.

Choose the plan you want:	Plan 1	Plan 2
With Primary Accident Medical Expense Coverage:	☐ $3.29	☐ $5.53
With Excess Accident Medical Expense Coverage:	☐ $2.36	☐ $3.62

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PREMIUM CALCULATION

Number of volunteers utilized per year _____

X rate per person per year $ _____

Total premium $ _____

The minimum premium is $500 per policy per year*.

PROPOSED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the insurance company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the insurance company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year from the volunteer organization's Policy effective date.

_____/ _____/ _____

APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization's volunteers, please give full details for the past three (3) years:

Policy year:	_____	_____	_____
Total premium:	$ _____	$ _____	$ _____
Total paid claims:	$ _____	$ _____	$ _____
Number of claims:	_____	_____	_____

Name(s) of previous carrier(s): _____

_____

_____

☐ Check here if no prior coverage (Upon review, more detail may be requested.)

All information on the questionnaire is correct to the best of my knowledge. I understand that the insurance company must accept and approve this questionnaire before coverage is effective. I agree that the insurance company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer'sname(print) _____

Signature _____

Title(print) _____

Date _____

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Exclusions

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. Sickness, disease bodily or mental infirmity or medical or surgical treatment thereof, bacterial, or viral infection, regardless of how contacted. This does not include bacterial infection that is natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
3. Disease or disorder of the body or mind.
4. Mental or Nervous disorders.
5. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
6. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
7. Intoxication or being under the influence of any drug or narcotic.
8. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
9. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
10. Driving while intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area w where the loss occurs.
11. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
12. Conditions that are not caused by a covered Accident.
13. Covered Expenses for which the Covered Person would not be responsible in the absence of this Certificate.
14. Any treatment, service or supply not specifically covered by this Certificate.
15. Loss resulting from participation in any activity not specifically covered by this Certificate.
16. Charges which are in excess of Usual, Reasonable and Customary charges.
17. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
18. Regular health check-ups.
19. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
20. Services or treatment rendered by an Immediate Family member of the Covered Person.
21. Injuries paid under Worker's Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
22. That part of the medical expense payable by any automobile Insurance policy without regard to fault. (Does not apply in any state where prohibited.)
23. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
24. Travel or activity outside the United States.
25. Participation in any motorized race or speed contest.
26. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless we receive a written medical release from the Covered Person; s Physician,
27. Heart attack, stroke or other circulatory disease or disorder,
28. whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
29. Treatment of a hernia whether or not caused by a Covered Accident.
30. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
31. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges, or abutments, or the installation maintenance or removal of orthodontic or occlusal appliances or equilibration therapy, or craniomandibular and associated myofascial pain, except as specifically provided in the Certificate.
32. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an accident while Covered Person is covered under this Certificate and rendered within 6 months of the accident.
33. Any Accident where the Covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
34. Travel in or upon:
    a. A snowmobile,
    b. Water jet ski,
    c. Any two wheeled motor vehicle, other than a motorcycle registered for on-road travel,
    d. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
35. Travel or flight in or on any vehicle for arial navigation, including boarding or alighting from:
    a. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers, or
    b. While being used for any test or experimental purpose, or
    c. While piloting, operation, learning to operate as a member of the crew thereof, or
    d. While traveling in any such aircraft or device which is owned or leased or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or covered Person or any member of his household.
    e. A spacecraft or any craft designed for navigation above or beyond the earth's atmosphere, or
    f. An ultralight hang-gliding, parachuting, or bungi-cord jumping
36. Treatment for an Injury that is caused b or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and,
    a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and,
    b. The Covered Person was within a 25-mile radius of the site of release either,
       I. At the time of the release, or
       II Within 24 hours of the start of the release.

36, Rest Cures or custodial care.

37. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
38. Massage Therapy, Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
39. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of

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or related to distortion, misalignment or subluxation of or in the vertebral column.

Definitions

The terms shown below shall have the meaning given in this section whenever they appear in this Certificate. Additional terms may be defined within the provision to which they apply. The terms shown below shall have the meaning given in this Section whenever they appear in this Certificate. Additionally, terms may be defined within the provisions which they apply

Accident means a sudden, unforeseeable external event Which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Benefit Period means the period of time from the date of Injury, as shown in the Schedule of Benefits.

C**overed Expenses** means expenses actually incurred by or on behalf of a covered person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under this Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the change, was rendered or obtained. A Covered Expense for an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible as identified in the Application for whom proper premium payment has been made and who is therefore insured under this Certificate.

Eligible Expenses means the usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Certificate is in force.

He, his and him includes she, her and hers.

Health Care Plan means any contract, or policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis.
2. Hospital or medical service organizations on a group basis.
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans.
5. Employee benefit organization plan.
6. Professional association plans on a group basis, or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an Institution which:

1. Is operated pursuant to law.
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis,
3. Is under the supervision of a staff of Physicians.
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse. (RN).
5. Has medical, diagnostic and treatment facilities, with major surgical facilities,
   a. On its premises, or,
   b. Available to it on a prearranged basis, and
6. Charges for its services,
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for
   a. Convalescent, custodial, educational, or nursing care,
   b. The aged, drug addicts or alcoholic
2. A military or veterans hospital contracted for or operated by a national government or its agency unless:
   a. The services are rendered on an emergency basis, and
   b. A legal liability exists for the changes made to the individual for the services given in the absence of insurance

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Hospital Stay means a Medically Necessary overnight confinement In a Hospital when room and board and general nursing care are provided for which a periderm charge is made by the hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Immediate Family Member means the Covered Person's parent (includes stepparent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-child(ren). Grandchild(ren), or in-laws. A member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a physician or furnished by a Hospital.
3. Performed in the least costly setting required by the condition,
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy or this Certificate.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at our discretion, consider the cost of alternative to be the Covered Expense.

Nurse means either a professional, licensed, graduate registered nurse (RN) or a professional, licensed practical nurse (LPN).

Other Valid and Collectible Insurance means any reimbursement for or recovery of any element of Covered Expenses incurred available from any source whatsoever, except gifts and donations, but including without limitation:

1. Any individual, group. Blanket, or franchise policy of Accident, disability or health Insurance.
2. Any arrangement of benefits for members of a group, whether

Insured or uninsured.

3. Any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations.
4. Any amount payable for Hospital, medical or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy.
5. Any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
7. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

Supervised or Sponsored Activity means a Policyholder or School authorized function:

1. In which the Covered Person participates.
2. Which is organized by or under its auspices.

which is within the scope of customary activities for such entity**;**

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are;
    a. Usually charged by the provider for the service or supply given; and
    b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Waiting Period means the length of time from the date of loss to the time when benefits can be received.

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