

**INDEPENDENT TRUCK OWNER/OPERATORS
OR
CONTRACT DRIVERS**

**OCCUPATIONAL
ACCIDENT
INSURANCE
PROTECTION**



Administered by:

PALLAY INSURANCE AGENCY

PO Box 727

Mokena, IL 60448

Questions?

Contact Pallay Insurance Agency

Toll-Free Phone: 888-549-8533

E-mail: service@pallayinsurance.com

www.pallayinsurance.com/truckers

DISCLAIMER

THIS POLICY IS NOT OFFERED AS A SUBSTITUTE FOR LEGALLY REQUIRED WORKERS' COMPENSATION INSURANCE. PALLAY INSURANCE AGENCY AND CHARTIS RECOMMEND CONSULTING YOUR ATTORNEY FOR INTERPRETATION AND APPLICATION OF LOCAL WORKERS' COMPENSATION LAWS.

Underwritten by:

**NATIONAL UNION FIRE INSURANCE COMPANY
OF PITTSBURGH, PA.,**
a division of CHARTIS.

Truckers Occupational Accident Insurance – Summary of Benefits

TRK 000910 4961

BENEFIT	PLAN 1	PLAN 2	PLAN 2B	PLAN 3	PLAN 3B
<u>OCCUPATIONAL ACCIDENT BENEFITS</u>					
ACCIDENTAL DEATH BENEFIT					
Principal Sum	\$50,000	\$10,000	\$10,000	\$50,000	\$50,000
Incurral Period	365 days	365 days	365 days	365 days	365 days
Deductible Amount	\$0	\$0	\$0	\$0	\$0
SURVIVOR'S BENEFIT					
Principal Sum	\$250,000	\$240,000	\$240,000	\$250,000	\$250,000
Monthly Benefit Percentage	1%	1%	1%	1%	1%
Monthly Benefit Amount (for 100 months)	\$2,500	\$2,400	\$2,400	\$2,500	\$2,500
ACCIDENTAL DISMEMBERMENT & PARALYSIS BENEFITS					
Principal Sum	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Incurral Period	365 days	365 days	365 days	365 days	365 days
Deductible Amount	\$0	\$0	\$0	\$0	\$0
TEMPORARY TOTAL DISABILITY					
Commencement Period (Initial Disability)	30 days	30 days	30 days	30 days	30 days
Waiting Period	7 days	7 days	7 days	7 days	7 days
Participation Percentage	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Maximum Weekly Benefit Amount	\$300	\$300	\$300	\$300	\$300
Maximum Benefit Period	52 weeks	52 weeks	52 weeks	104 weeks	104 weeks
CONTINUOUS TOTAL DISABILITY					
Participation Percentage	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Maximum Weekly Benefit Amount	\$300	\$300	\$300	\$300	\$300
Maximum Benefit Period	To age 70	To age 70	To age 70	To age 70	To age 70
ACCIDENT MEDICAL EXPENSE (Primary)					
Commencement Period	N/A	30 days	30 days	30 days	30 days
Deductible Amount		\$100.00	\$100.00	\$100.00	\$100.00
Maximum Benefit Period		52 weeks	52 weeks	52 weeks	52 weeks
Maximum Benefit Amount		\$300,000	\$300,000	\$500,000	\$500,000
Dental Maximum: Per Tooth / Per Accident		\$100 / \$500	\$100 / \$500	\$100 / \$500	\$100 / \$500
<u>NON- OCCUPATIONAL ACCIDENT BENEFITS</u>					
ACCIDENTAL DEATH BENEFIT					
Principal Sum			\$15,000		\$15,000
Incurral Period			365 days		365 days
Deductible Amount			\$0		\$0
ACCIDENTAL DISMEMBERMENT BENEFIT					
Principal Sum			\$15,000		\$15,000
Incurral Period			365 days		365 days
Deductible Amount			\$0		\$0
ACCIDENT MEDICAL EXPENSE (Primary)					
Commencement Period			30 days		30 days
Deductible Amount			\$0		\$0
Maximum Benefit Period			52 weeks		52 weeks
Maximum Benefit Amount			\$10,000		\$10,000
Dental Maximum: Per Tooth / Per Accident			\$100 / \$500		\$100 / \$500
LIMITS OF LIABILITY					
OCCUPATIONAL COVERAGE					
Combined Single Limit	\$250,000	\$300,000	\$300,000	\$500,000	\$500,000
Aggregate Limit of Liability	\$500,000	\$600,000	\$600,000	\$1,000,000	\$1,000,000
NON-OCCUPATIONAL COVERAGE					
Combined Single Limit			\$15,000		\$15,000
Aggregate Limit of Liability			\$30,000		\$30,000
PREMIUM RATES					
Monthly Premium (Per Person)	\$53.00	\$114.00	\$119.00	\$135.00	\$140.00

EXCLUSIONS

The Policy does not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- A. Suicide or any attempt at suicide; intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- B. Sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
- C. Any Pre-Existing Condition, until the Insured Person has been continuously covered under the Policy for twelve consecutive months;
- D. Occupational Cumulative Trauma, unless (and to the extent as) specifically provided by the Policy;
- E. Occupational Disease, unless (and to the extent as) specifically provided by the Policy;
- F. Hernia of any kind, unless (and to the extent as) specifically provided by the Policy;
- G. Hemorrhoids of any kind, unless (and to the extent as) specifically provided by the Policy;
- H. Performing, learning to perform or instructing others to perform as a master or crew member of any vessel while covered under the Jones Act or the United States Longshore and Harbor Workers' Act, or similar coverage;
- I. Declared or undeclared war, or any act of declared or undeclared war;
- J. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training is not excluded.)
- K. Any Injury for which the Insured Person is entitled to benefits pursuant to any workers' compensation law or other similar legislation;
- L. Any loss insured by employer's liability insurance;
- M. Accidents occurring while the Insured Person is working for or under contract with an entity other than the Policyholder;
- N. The Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of his or her Physician; or
- O. The Insured Person's commission of or attempt to commit a felony;
- P. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - i. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - iii. riding as a passenger in an aircraft owned, leased or operated by the Policyholder; or
- Q. Any union "stop work" action.

**NOTE: If you operate a tanker hauling gas or diesel – contact Pally Insurance Agency
for special plan benefits and rates**

Coverage is not available for transport of hazardous materials.

The information contained in this brochure is only a brief description of coverage. Certain exclusions and limitations apply. Certain coverages may not be available in every state. For complete details, please refer to the policy. In the event of any conflict between this information and the policy, the insurance policy will govern in all cases.

This coverage is not workers' compensation or sickness coverage and it does not provide coverage authorized or required under the Workers' Compensation Act. This is not a substitute for workers' compensation coverage.

ENROLLMENT FORM: TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE
National Union Fire Insurance Co. of Pittsburgh, PA (TRK 000910 4961)

DRIVER INFORMATION

Name (print) _____ Social Security # _____
(LAST) (FIRST)

Street Address _____

City _____ State _____ Zip _____

Phone: _____ Birth Date _____

Do you manually load and/or unload your vehicle? Yes No

Describe and give percentages of specific commodities hauled (avoid general terms). Use a separate sheet if necessary.

Commodity						
% Hauled						Total: 100%

VEHICLE INFORMATION

Year _____ Make _____ Model _____

ID No. _____

Vehicle Type: Box Car Truck Van Other (please specify) _____

BENEFICIARY INFORMATION

Beneficiary Name _____ Relationship _____
(Please print)

Street Address _____

City _____ State _____ Zip _____

BENEFIT ELECTION

I hereby elect coverage under the following:

- PLAN 1 PLAN 2 PLAN 2B PLAN 3 PLAN 3B
\$53.00 \$114.00 \$119.00 \$135.00 \$140.00

REQUESTED EFFECTIVE DATE

I hereby request coverage to be effective:

____ / ____ / ____

ACCEPTANCE: I hereby accept the insurance provided by the group insurance plan. I understand the cost of the insurance is my sole obligation and responsibility with the premiums to be paid by me through direct billing, or by means of authorized payroll deductions from my earnings of the required contribution toward the cost of the insurance. I understand that continuous total disability will terminate at age 70, and that all other coverage ceases upon my 80th birthday. I understand that coverage will begin following my completing and signing this enrollment form and the required premium has been paid.

Driver Signature _____ Date _____

This coverage is not workers' compensation or sickness coverage and it does not provide coverage authorized or required under the Workers' Compensation Act. This is not a substitute for workers' compensation coverage. National Union Fire Insurance Company of Pittsburgh, PA, a division of CHARTIS.

Make check payable to: PALLAY INSURANCE AGENCY
Mail to: PO Box 727, Mokena, IL 60448