



# PROTECTING THOSE WHO PROTECT OTHERS



Proposal Created For:

**North Carolina Sheriff Police Alliance**

**Law Enforcement Officer Members**

[isinsurance.com](http://isinsurance.com)

## QUOTATION AND APPLICATION

**Form:** As Per Lloyd's Underwriters

**Eligibility:** Law Enforcement Officer

**Policy Term:** 36 months at effective date to be agreed

### **Felonious Assault/Violent Crime**

**Benefit Amount:** \$200,000.00

**Schedule of Benefits:** \$20,000.00 per month of total disablement following a Felonious Assault, up to a maximum of 10 months.

### **Occupational HIV/Hepatitis B/Hepatitis C**

**Benefit Amount:** \$200,000.00 level

### **In-Hospital Indemnity**

**Benefit Amount:** \$1,000.00 per day

**Benefit Period:** 12 days after one day(s) of confinement, retroactive to the first Day of Confinement.

### **Psychological Therapy**

**Benefit Amount:** The lesser of \$5,000.00 or 5% of the Insured Person's Principal Sum

### **Bereavement and Trauma Counseling**

**Benefit Amount:** \$150.00 per session for up to 10 sessions

## Accidental Death and Dismemberment

**Benefit Amount:** \$200,000.00 level

**Coverage:** Worldwide, full twenty-four hour

The coverage applies to those benefits for which a Benefit Amount is shown:

<b>Coverage</b>	<b>Benefit Amount</b>
-Loss of Life.....	100%
-Loss of Both Hands or Both Feet or Entire Sight of Both Eyes.....	100%
-Loss of One Hand and One Foot.....	100%
-Loss of Speech and Hearing in Both Ears.....	100%
-Quadriplegia (Total paralysis of upper and lower limbs).....	100%
-Paraplegia (Total paralysis of both lower limbs).....	75%
-Hemiplegia (Total paralysis of upper and lower limbs on one side of the body).....	50%
-Uniplegia (Total paralysis of one upper or lower limb).....	25%
-Loss of One Hand or Foot.....	50%
-Loss of Sight in One Eye.....	50%
-Severance and Reattachment of One Hand or Foot.....	50%
-Loss of Speech.....	50%
-Loss of Hearing (in both ears).....	50%
-Loss of Hearing (in one ear).....	25%
-Loss of Thumb and Index Finger of the Same Hand.....	25%
-Coma.....	100%

*(1% of the Principal Sum is payable monthly for 11 months at the each of each month during which the Covered Person remains comatose. The remaining balance of 100% of the Principal Sum is payable at the beginning of the 12<sup>th</sup> month)*

**Total Premium:** **\$189.00** annual premium per life insured

\*Inclusive of state surplus lines taxes & fees

\*\*Premium is subject to increase in policy year 3 based upon the loss ratio but any increase shall not be greater than 3% in any Policy Year.

**CONDITIONS (the following information must be considered):**

- Copy of the Confirmation of Coverage or the Notice or Evidence of Insurance that will be issued to each insured member of the group.
- Specification of the state in which the group is headquartered.
- Marketing: Explanation of how the insured members are initially informed about the coverage available and a copy of any promotional or marketing material used in connection with the coverage or in connection with the solicitation of new members of the group where the material mentions the coverage, together with an explanation of how, to whom, and by whom such materials will be distributed.
- We may provide information to enable agents and brokers to satisfy insurance regulatory requirements.

**POLICY SPECIFICS:**

This is a brief description of the insurance provided by this plan to Law Enforcement Officers. The Certificate of Insurance is the complete description of coverage and will be made available by International Specialty Insurance to the Insured Persons.

**INSURED PERSON:**

Law Enforcement Officer.

**FELONIOUS ASSAULT/VIOLENT CRIME**

Loss occurs while on business for/or on the premises of their employer.

**IN-HOSPITAL INDEMNITY**

Loss occurs and hospital stay required. Limited to covered losses under the policy.

**OCCUPATIONAL HIV/HEPATITIS B/HEPATITIS C**

If during the Period of Coverage the **INSURED PERSON** suffers an **ACCIDENT** which directly results in the **INSURED PERSON** being first **DIAGNOSED** as **HIV POSITIVE/POSITIVE FOR HEPATITIS B** and/or **HEPATITIS C** as defined below as a direct result of **BODILY INJURY** occurring whilst the **INSURED PERSON** is carrying out his duties in connection with his occupation then Underwriters agree to pay to the **INSURED PERSON** the compensation stated in the Schedule of Compensation after the total claim has been substantiated.

**PSYCHOLOGICAL THERAPY**

The company will pay this additional benefit when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death benefit, Accidental Dismemberment benefit, Paralysis benefit, Coma benefit, Felonious Assault benefit or In-Hospital Indemnity benefit provided by the Policy.

**BEREAVEMENT AND TRAUMA COUNSELING**

The company will pay this additional benefit when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death benefit, Accidental Dismemberment benefit, Paralysis benefit, Coma benefit, Felonious Assault benefit or In-Hospital Indemnity benefit provided by the Policy for the Insured Person, all of his or her Immediate Family Members and employees of the Insured Person's Employer who are victimized personally or may be traumatized by witnessing a workplace violence incident with respect to all such losses caused by the same accident.

**COMA BENEFIT**

If during the Period of Coverage, the Insured sustains injury caused by an Accident which, directly or independently of any other cause and within one (1) year from the date of the Accident, resulting in a Coma, the benefit will be payable according to the Statement of Benefits.

## **EXCLUSIONS**

This policy does not cover loss directly or indirectly arising out of, contributed to or caused by or resulting from any of the following:

1. Intentionally self-inflicted Injury, suicide or attempted suicide, whether attempted or inflicted while sane or insane;
2. Any act of war, whether declared or not. Declared or undeclared War does not include acts of terrorism.  
"War" is used to mean:
  - a) hostilities following a declaration of War by a governmental authority;
  - b) if there is no declaration of War, then armed, open and continuous hostilities between two countries.
3. Any Accident occurring while riding on, boarding or alighting from, any aircraft:
  - a) as a pilot, crew member or student pilot;
  - b) being used for stunt flying, racing or endurance tests, fire fighting, exploration  
*\*(This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.)*
4. Commission or attempted commission of a felonious act, as defined by the laws of the jurisdiction where the crime takes place, which results in a conviction of the Insured Person.
5. The Insured being under the influence of an intoxicant or any drugs or narcotics not legally available unless used as prescribed by a licensed Physician for a medical condition other than drug addiction;
6. Insured's Mental or Nervous Disorder.
7. Any activity or condition specifically excluded by name on an Endorsement or Specific Activity Rider forming a part of the Insured Person's Policy;
8. Riding or driving in any kind of motorized race;
9. While the Insured is engaging or participating in naval, military or air force service or operation;
10. The Insured's Intoxication as defined herein;
11. Illness, disease, sickness or bacterial infection; except bacterial infection of an Accidental bodily injury or Accidental ingestion of a substance contaminated by bacteria, unless specifically stated to be included;
12. Any activity specifically prohibited under the terms and conditions of the Insured's Employment Contract;
13. An Act of Force or Violence, as defined, which involves the use, release or escape of pathogenic or poisonous biological or chemical materials or of nuclear materials, or which involves, directly or indirectly, nuclear reaction or radiation or radioactive contamination.
14. An Act of Terrorism
15. Nuclear Reaction, nuclear radiation or radioactive contamination.

**I have received a copy of this illustration. On behalf of the Policy Owner, the undersigned authorized representative acknowledges that the above benefits, policy specifications, and exclusions are acceptable and understood. Acceptance of this proposal is contingent upon and subject to the terms of the policy as issued.**

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Number of Law Enforcement  
Officers to be covered

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Policy Owner

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Signature of Authorized Business  
Representative of the Policy Owner

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Name and Title of Authorized  
Business Representative of the  
Policy Owner

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Address

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Telephone

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Email Address

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Date